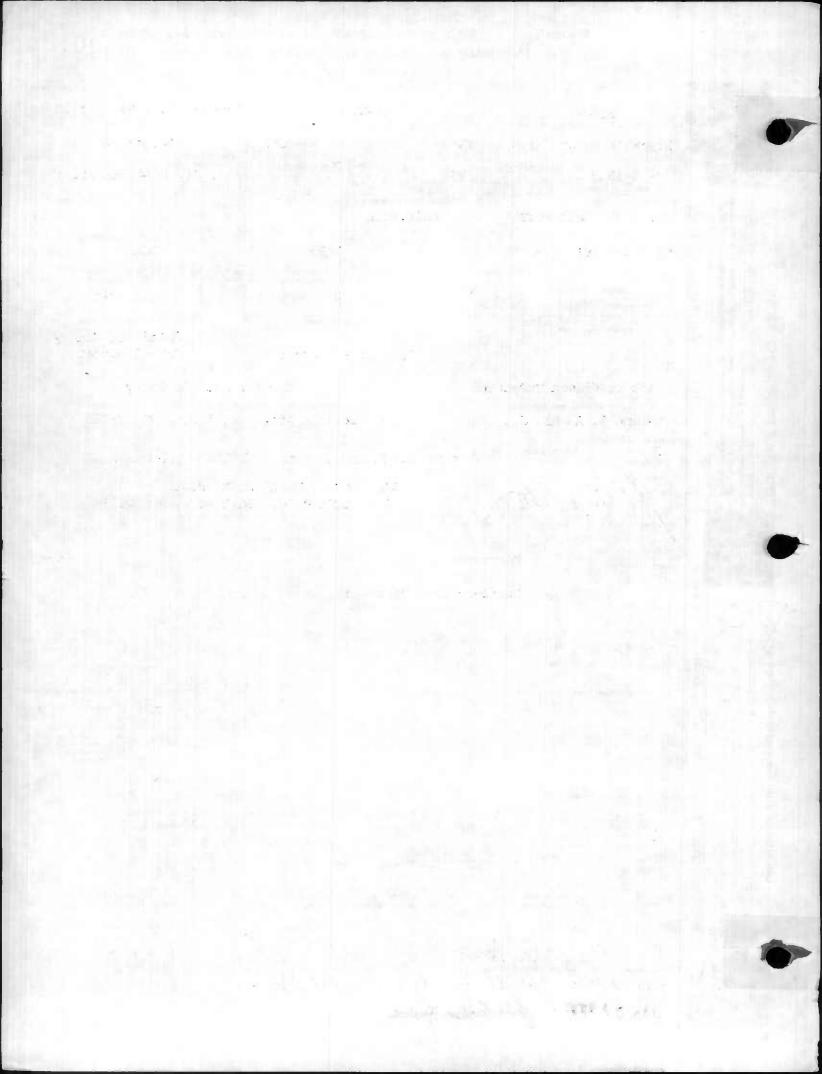
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

	First, Middle, Last))		Ce	rtificate	JI Dea	U1	2. Date of	Reg. No.			3. Time	of Death
A1	ice			Į.	ADAMS			Month Januar	Day 1,	199			3 AM
la Facility Name (If no		street and numb	ber)			4b. City,	, Town, or Lo	ocation of De	ath 4c.	County o	of Death		
Franklin	Square H	lospital	Cent	er			edale			1tim			
5. Social Security Num		х]м 2 X 0 F		. last birthday)	If Under 1 Y	Year If Uni	der 24 Hrs.	8. Data of (Month,	Birth Day, Year)		9. Birthpla	ca (Stat	e or Forei
218-18-136	8	J IVI ZAS F	73	Yrs.				Apr.	24, 19	924	Mary		
Usual Residence of De	ocedent Ob. County		100 C	ity, Town or Lo	eation						10	d Incido	City Limi
MD	Baltimo	re		Baltimo							100		City Limi
		7.6		Darcing	_								20 2 281
9105 Carl					10f. Zip Co	1236			_	USA	hat Countr	yτ	
11. Marital Status		12. Was Decad Armed Force	ant Ever in U	J,S. 13.	Was Decedent	t of Hispanic	Origin? (Sp	ecify Yes or	No- 1		- America		
1 Never Married 3 Widowed 4	**	1 Yes 2 If Yes, Give	⊠No		1 □ Yes 2 🔀			1110011, 010.7			White		
15	5. Decedent's Edu	cetion		16a. Dece	dent's Usual O	Occupation			16b. Kir	nd of Bus	siness/Indu	stry	
(Specify	only highest grade	e completed)	lon 6 · \	(Give	kind of work a DO NOT use r	done during retired)	most of work	king			ore Co		V
Elementary/Seconds 11	iry (0-12)	College (1-4	or 5+)		eteria						Syste		4
17. Father's Nama (Fire	st, Middle, Last)	1 - 37						e (First, Mide			_		
Albert	Gilman M	cFadden	1			F	Emelin	e Mat:	ilda P	erry	7		
19a. Informant's Name				19b. Maili	ng Address (S					_		Code)	
Vernon L					5 Carl						2123	_	
20a. Method of Disposi	ition		20b.	Place of Dispo	osition (Name	of alass		Date	20c. Loc	cation - C	City or Tow	n, Stata	
1 M Burial 2 C 4 Donation 5			ate	_	matory or othe Memoria		k	1/6/98			re, M		
21. Signature of Funer			102		2. Name and A		-	1,0,50	Dar	C.T.IIO	20/ 1.		
1/0	1 Service Licerise	4-			TENBUR			HOME, 1	P.A.				
A. Z	we a	lukon		60	009 Har	ford F	Rd., E	Baltimo	ore, M	D 2	21214		
23 art 1 Enter the c shock, or heart fa	disease, or compli ailure. List only or	ications that only	used tha dea ch line.	ith. Do not en	ter tha mode o	dying, such	as cerdiac	or respirator	/ arrest,		1 1	Approxin	nate Between
/												Onset an	
mmediate Cause (Fin disease or condition	al	Pneum	onia									2 da	237.6
resulting in death)	8	. I HEUIII		or as a conse	quence of):							Z. U.	Lys
	The same	M1.1+1		1000							1		
Sequentially list condit			-Tnfor	ret Di-	entia								
	ions.	MULLI		rct Dim							1		
f any, leading to imme cause. Enter Underlyii	tions, idiate	_Multi							Vita		1		
Sequentially list condit if any, leading to imme cause. Enter Underlyit Cause (Disease or Inju that Initiated events) I ass			Due to (quence of):								
of any, leading to imme cause. Enter Underlyic Cause (Disease or Injuithat Initiated events resulting in death) Lasi		c	Due to (or as a conse	quence of):								
inat initiated events		s	Due to (or as a conse	quence of):								
inat initiated events		1	Due to (or as a consec	quence of):	se given in P	rant I.	23b. D	ld tobacco	usa con	tribute to	the caus	a of deat
resulting in death) Las		1	Due to (or as a consec	quence of):	se given in P	art I.						
resulting in death) Las		1	Due to (or as a consec	quence of):	se given in P	eart I.				tribute to		
resulting in death) Las		1	Due to (or as a consec	quence of):	se given in P	art I.	1 24e. W	Yes 2)	No T	3 ☐ Probe	ably 4	□ Unkno
resulting in death) Las		1	Due to (or as a consec	quence of):	se given In Pi	eart I.	1 24e. W	□ Yes 2)	No T	3 Probe	e autops lable pri	Unkno
resulting in death) Las		1	Due to (or as a consec	quence of):	se given in P	eart I.	24e. W	Yes 2)	No sy	3 Probe	re autops lable pri spletion death?	Unknowsky finding
resulting in death) Last	nt conditions con	1	Due to (or as a consec	quence of):	se given in P	art I.	24e. W	Yes 2)	No sy	3 Probe	e autops lable pri	Unknowsky findings
resulting in death) Last Part II. Other significat 25. Was cese referred examiner?	nt conditions con	d	Due to (or as a consector as	quence of): quanca of): anderlying caus	26. P	Place of Deal	24e. W	as an autopurformed?	No No No	3 Probe	re autops lable pri pletion co eath?	Unknowsky findings
resulting in death) Last resulting in death) Last Part II. Other significat 25. Was cese referred examiner? 1 □ Yes 2 No	nt conditions con	itributing to deal	Due to (or as a consector as	quence of): quanca of): inderlying caus	26. P	Place of Deal	24e. W pt	as an autoportormed? Yes 25 y one) asidence 6	No No No No No	3 Probe 24b. Wer avai com of de 1 or (Specify)	re autops lable pri pletion co eath?	Unknown
Part II. Other significant in Yes 25. Was cese referred examiner? 1 Yes 2 No. 27. Magner of Death	nt conditions con	d	Due to (or as a consector as	quence of): quanca	26. P Other: 4 Injury at Work?	lace of Deal	24e. W	as an autoportormed? Yes 25 y one) asidence 6	No No No No No	3 Probe 24b. Wer avai com of de 1 or (Specify)	re autops lable pri pletion co eath?	Unknowsky findings
Part II. Other eignification of the control of the	nt conditions con to medical H	itributing to deal	Due to (or as a consector as	quence of): quanca of): inderlying caus	26. P	lace of Deal	24e. Wy per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	as an autoperformed? Yes 25 y one) asidence 6 be how injury	No N	3 Probe 24b. Weravai com of de 1 or (Specify)	e autops lable pri lable p	Unknowy finding or to of ceuse
Part II. Other eignification of the control of the	nt conditions con	dospital: 1 Ing. 28a. Date of (Month, 28a. Place of	Due to (Due to (th but not re patient 2 [Injury Par)	or as a consector as	quence of): quanca	26. P Other: 4 Injury at Work? 1 □ Yes 2	lace of Deal	1 24e. W per 1 1 th (Check on ome 5 R. 28d. Descrit 28f. Locatio	as an autoperformed? Yes 25 y one) asidence 6 be how injury	No No S Othe y occurred Number	3 Probe 24b. Weravai com of de 1 or (Specify)	e autops lable pri lable p	Unknowy finding or to of ceuse
Part II. Other signification of the same o	nt conditions con	dospital: 1 Ing. 28a. Date of (Month, 28a. Place of	Due to (Due to (th but not re patient 2 [Injury Day Year)	or as a consector as	quence of): quanca	26. P Other: 4 Injury at Work? 1 □ Yes 2	lace of Deal	1 24e. W per 1 1 th (Check on ome 5 R. 28d. Descrit 28f. Locatio	as an autoputormed? Yes 25 y one) asidence 6 be how injury	No No S Othe y occurred Number	3 Probe 24b. Weravai com of de 1 or (Specify)	e autops lable pri lable p	Unknowy finding or to of ceuse
25. Was cese referred examiner? 1 Yes 2 No 27. Magner of Death 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	nt conditions con	dospital: 1 Ing. 28a. Place of building stclan: To the baser: On the base.	Due to (Due to (th but not re Injury Day Year) Injury - At h,, etc. (Speciest of my kmis of examin	DEP/Outpaties 28b. Time of Injury noma, farm, stify) owledge, deat	nuanca of): quanca of): quanc	26. P Other: 4 Injury at Work? 1 Yes 2 ffice	Place of Deal	1 24e. W point of the Check on the Signature of the Check on the Check on the Control of the Check on the Check on the Check of the Check on the Check on the Check of the Che	as an autoportormed? Yes 25 Yes 25 Young) asidence 6 be how injury In (Street and Town, State)	No No S Other y occurred Number	3 Probe 24b. Wer avail common of de 1 Property or (Specify) and Prove Rural Property as statement as statemen	e autops table price pri	Unkn sy finding or to of couse No
Part II. Other significant II. Other signifi	nt conditions con to medical Definition of the determined Cartifying Phys Madical Examin	dospital: 1 Ingles Ingl	Due to (Due to (th but not re Injury Day Year) Injury - At h,, etc. (Speciest of my kmis of examin	DEP/Outpaties 28b. Time of Injury noma, farm, stify) owledge, deat	nt 3 DOA f 28c. M reet, factory, of	26. P Other: 4 Injury at Work? 1 Yes 2 ffice he time, date my oplnion,	Place of Deal Nursing Ho Deal No Deal No Deal Deal Deal Deal Deal Deal Deal Deal	1 24e. W point of the Check on the Signature of the Check on the Check on the Control of the Check on the Check on the Check of the Check on the Check on the Check of the Che	as an autoportormed? Yes 25 Yes 25 Youne) asidence 6 asidence 6 asidence 7 asidence 7 asidence 6 asidence	No Sy No State No Sy Occurred Number and mar place, so	3 Probe 24b. Wer available availabl	e autops lable pripletion ceath? Yes 2 Route N Autobase Autobas	Unknowy findings of to of ceuse No
25. Was cese referred examiner? 1 Yes 2 No 27. Magner of Death 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	nt conditions con to medical Definition of the determined Cartifying Phys Madical Examin	dospital: 1 Ing. 28a. Place of building stclan: To the baser: On the base.	Due to (Due to (th but not re Injury Day Year) Injury - At h,, etc. (Speciest of my kmis of examin	DEP/Outpaties 28b. Time of Injury noma, farm, stify) owledge, deat	nt 3 DOA f 28c. M reet, factory, of	26. P Other: 4 Injury at Work? 1 Yes 2 ffice	Place of Deal Nursing Ho Deal No Deal No Deal Deal Deal Deal Deal Deal Deal Deal	1 24e. W point of the Check on the Signature of the Check on the Check on the Control of the Check on the Check on the Check of the Check on the Check on the Check of the Che	as an autoportormed? Yes 25 Yes 25 Youne) asidence 6 asidence 6 asidence 7 asidence 7 asidence 6 asidence	No Sy No State No Sy Occurred Number and mar place, so	3 Probe 24b. Wer avail common of de 1 Property or (Specify) and Prove Rural Property as statement as statemen	e autops lable pripletion ceath? Yes 2 Route N Autobase Autobas	Unknowy findings of to of ceuse No
Part II. Other significant II. Other signifi	nt conditions con to medical Definition of the determined Cartifying Phys Madical Examin	dospital: 1 Ing. 28a. Place of building stclan: To the baser: On the base.	Due to (Due to (th but not re Injury Day Year) Injury - At h,, etc. (Speciest of my kmis of examin	DEP/Outpaties 28b. Time of Injury noma, farm, stify) owledge, deat	nt 3 DOA f 28c. M reet, factory, of	26. P Other: 4 Injury at Work? 1 Yes 2 ffice he time, date my oplnion,	Place of Deal Nursing Ho Deal No Deal No Deal Deal Deal Deal Deal Deal Deal Deal	1 24e. W point of the Check on the Signature of the Check on the Check on the Control of the Check on the Check on the Check of the Check on the Check on the Check of the Che	as an autoportormed? Yes 25 Yes 25 Youne) asidence 6 asidence 6 asidence 7 asidence 7 asidence 6 asidence	No Sy No State No Sy Occurred Number and mar place, so	3 Probe 24b. Wer available availabl	e autops lable pripletion ceath? Yes 2 Route N Autobase Autobas	Unknowy findings of to of ceuse No
Part II. Other significant II. Other signifi	nt conditions conditio	dospital: 1 Ing. 28a. Place of building stclan: To the baser: On the base.	Due to (Due to (th but not re attent 2 [Injury Day Year) f Injury - At h,, etc. (Speciest of my kmis of examinar stated.	ER/Outpaties 28b. Time of Injury noma, farm, strify) owledge, deatl	nt 3 DOA f 28c. M reet, factory, of	26. P Other: 4 Injury at Work? 1 Yes 2 ffice he time, date my oplnion,	Place of Deal Nursing Ho Deal No Deal No Deal Deal Deal Deal Deal Deal Deal Deal	1 24e. W point of the Check on the Signature of the Check on the Check on the Control of the Check on the Check on the Check of the Check on the Check on the Check of the Che	as an autoportormed? Yes 25 Yes 25 Youne) asidence 6 asidence 6 asidence 7 asidence 7 asidence 6 asidence	No Sy No State No Sy Occurred Number and mar place, so	3 Probe 24b. Wer available availabl	e autops lable pripletion ceath? Yes 2 Route N Autobase Autobas	□ Unkn by finding for to for ceuse □ No umber,
esulting in death) Last esulting in death Last es	nt conditions conditio	dospital: 1 Ing. 28a. Date of (Month, 28a. Place or building alclan: To the base and manner.	Due to (Due to (th but not re attent 2 [Injury Day Year) f Injury - At h,, etc. (Speciest of my kmis of examinar stated.	ER/Outpaties 28b. Time of Injury noma, farm, strify) owledge, deatl	nt 3 DOA f 28c. M reet, factory, of	26. P Other: 4 Injury at Work? 1 Yes 2 ffice he time, date my oplnion,	Place of Deal Nursing Ho Deal No Deal No Deal Deal Deal Deal Deal Deal Deal Deal	1 24e. W point of the Check on the Signature of the Check on the Check on the Control of the Check on the Check on the Check of the Check on the Check on the Check of the Che	as an autoportormed? Yes 25 Yes 25 Youne) asidence 6 asidence 6 asidence 7 asidence 7 asidence 6 asidence	No Sy No State No Sy Occurred Number and mar place, so	3 Probe 24b. Wer available availabl	e autops lable pripletion ceath? Yes 2 Route N Autobase Autobas	□ Unkn by finding for to for ceuse □ No umber,

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 6876



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year lanuary ELIZABETH MAE ABSALOM 1998 17:50 PM /Medical 02 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE CITY UNION MEMORIAL HOSPITAL N/A If Under 1 Year 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Hours 1 ☐ M 2 💢 F Yrs. 220-24-4212 Director 69 9/5/28 MARYLAND Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23s or 28s-f show Examiner must be notified at 1 Yes 2 No Director TOWSON BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 305 E JOPPA ROAD APT. 1804 21286 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 □ Never Married 2 □ Merried 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: "natural", or 1 ☐ Yes 2 X No Specify: Completed by Specify: 3 Widowed 4 Divorced WHITE traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. NURSE HOSPITAL. 12th GRADE 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Pages 1 and 2 should be nent of Health and Mental TERRENCE HATFIELD HELEN RENNER 19e. informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) -09 or other tri SON 26 RIGHT AILERON ST. BALTIMORE, MD MICHAEL ABSALOM 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other placa) 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremation 3 ☐ Removel from State Important: It any injury o once. PARKWOOD CEMETERY 1/6/98 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 23 Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock or heart feiture. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediete Cause (Final Kespiratory disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examine neumoma Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. Physician/Medical ance Due to (or es e consequenca of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3. Probably 4 Unknown Dehydration. Records, 24b. Were autopsy findings avelleble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 200 No Vital 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospital: 12 Impatient 2 ER/Outpetlent 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 to 28e. Dete of Injury (Month, Day Year) Manner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide to Certifying Physician: To the best of my knowledge, death occurred et the time, dete end placa, and due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29a, Certifier Medical (Check only one) 29b. Signature and title of perific 29c. License number 29d. Dete signed (Month, Day, Year) January 30. Name end eddress of pri son who completed cause of deeth (Item 23e) (Type, Print)

Menund

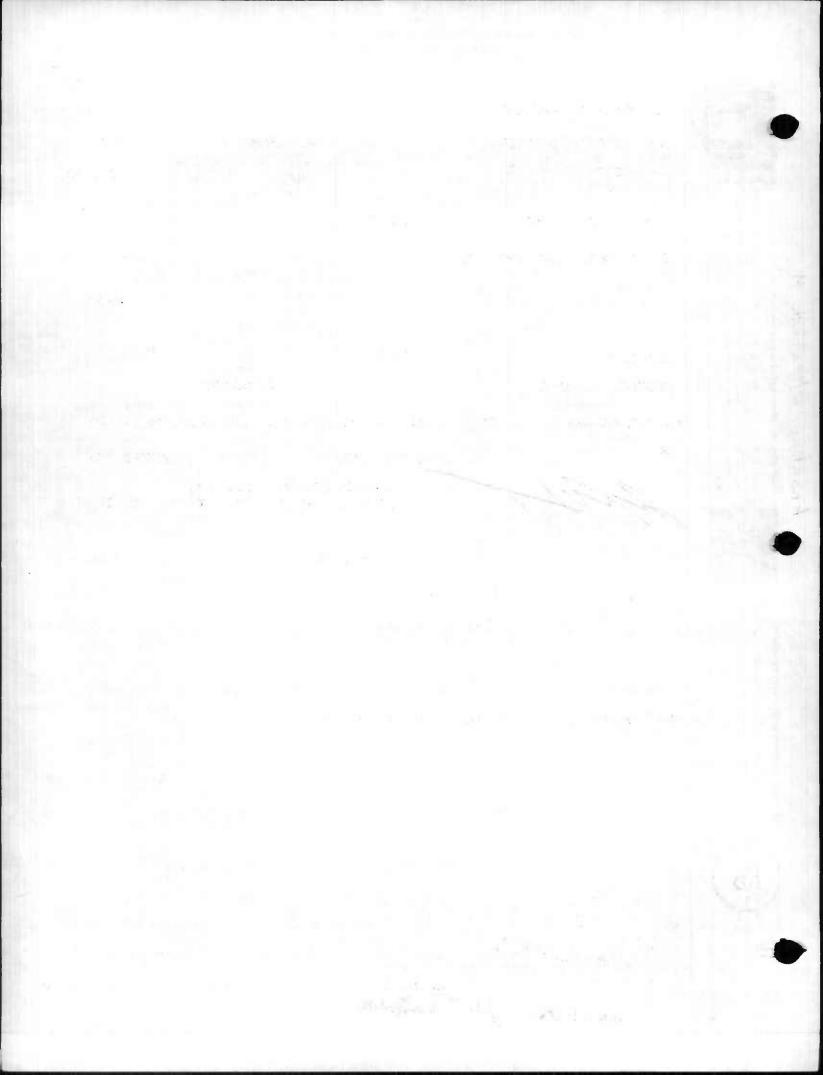
201 University Porkway, Baltomen Md 21218

State Registrar FIELDS MO

JAN 0 5 1998

31. Dete filed (Month, Day, Year)

Absalom,



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Tima of Death Betty Perich Burgoyne 1, 1998 January 12:55 pm 4c. County of Death 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street end number) Odenton Anne Arundel 1242 Roundtop Road 8. Date of Birth (Month, Dey, Yeer) May 18, 19 If Under 24 Hrs. If Under 1 Year 7. Age (In vrs. last birthdev) Birthplece (State or Foreign Country) Months Days Hours 1 M X T F 63 Yrs 165-28-0053 1934 Pennsylvania Usual Residence of Decedent 10e State 10b. Count 10c. City. Town or Location 10d. Inside City Limits Anne Arundel Odenton 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 10e. Street end Number 1242 Roundtop Road 21113 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married White 1 Yes 2 No Specify: 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12 18 Mother's Name (First Middle Meiden Sumame) 17. Father's Name (First, Middle, Last) Michael Perich Mildred Derich 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) Tina Brennan - Daughter Marvin K. Burgoyne - Husband 20b. Place of Disposition (Name of camelery, cremetory or other p MD 21113 1242 Roundtop Road, Odenton, 20c. Location - City or Town, State Metro CRematory 1 Burial 2 Cremation 3 Removal from State 1/2 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatury of Funeral Service Licenses 22. Name and Address of Fecility Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, MD 23a. Parl 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in deeth) 3 your S Cancer Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the ceuse of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en autopsy performed? 1 ☐ Yes 2 No 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Inpatient 2 ER/Outpatlent 3 DOA 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Yes 2 No

Examiner Physician/Medical Division of Vital Records, P.O. Box 687 950 signed by the e should t pega 2 s 9 certificate director, or Attending Physician: Certification: To this funeral death. hours after death

Physician

/Medical

MD

Director

Funeral

þ

Completed

Be

Examiner

þ

Completed

Be

edical

Examiner

Funeral

Director

with the Maryland

permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Marylan Depertment of Health and Mental Hygiene.
Important: if item 27 is marked other than "naturel", or items 23s or 28s-f show any lighty or other traumatic event, the Medical Example traumatic profiled.

Physician

/Medical

Baltimore, Maryland 21215-0020

25. Was cese referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending investigation 2 Accident

3 Suicide

29e. Certifier

4 \ Homicide

(Check only one)

28a. Date of Injury (Month, Dey Year) 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

21227

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

Md

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

MD

BULMAG

1/2/98

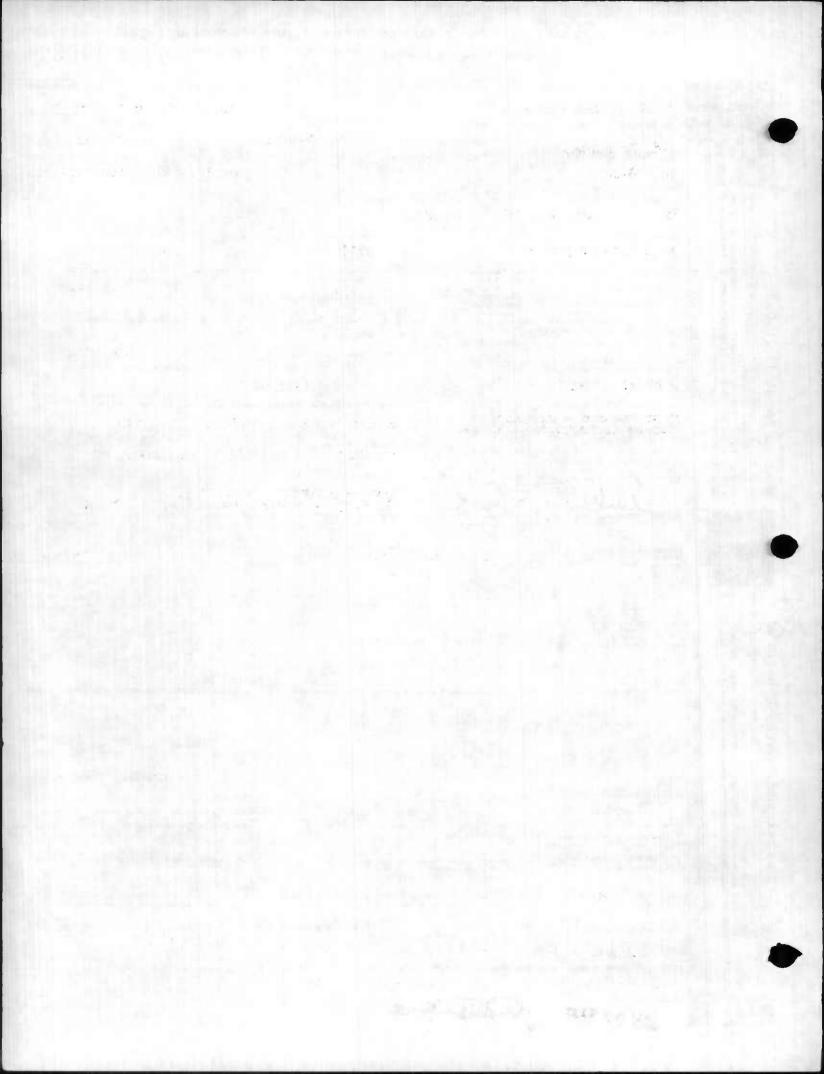
LILLIAM SHMFM

31. Date filed (Month, Dey, Year)



Registrar **DHMH 16 Ray 6/95**

To the Hospital or within 24 hours aft To the Funeral Di completely filled in



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month **Physician** BEAM 05:20 ALONZO 01 /Medical 4a. Facility Neme (If not institution, give street and number, 4b. City. Town, or Location of Death 4c. County of Death Examiner BALTIMORE IS If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) BAYVIEW MED CTR BALTIMORE CITY KINS 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days 1 XM 2 ☐ F 237-01-1946 Yrs Director Feb. 16,1910 North Carolina Usual Residence of Deceden the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show 7 is marked other than "natural", or items 23a or 28a-f shov traumstic avent, I'm Modical Examiner must be notified at 1 ☐ Yes XX No Director Edgemere Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2512 Menser Avenue 21219 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours after Hygiene. MXYes 2 □ No if Yas, Giva Year or Dates: 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify. 3 Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 Is marked other than any Injury or other traumatic avent, It a Me Elemantary/Secondary (0-12) College (1-4or 5+) 3 Years Steelworker Steel Industry 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) David Soloman Beam Carrie Lee Huston 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) 2512 Menser Ave. Edgemere, Maryland Janice L. Parks/Daughter 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 Donation 5 ☐ Qther (Specify) Holly Hill Mem. Gdns. 1/5/1998 Middle River, MD 21. Signature of Funda 22. Name and Address of Fecility
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Part1. Enter the disease, or complications that dused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) Cerebrovascular accident Examiner Dua to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Dua to (or as a consequence of) Physician/Medicai 6876 94 Due to (or es a consequence of): Pert li. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the causa of death? signed by atrial Fibrillation 1 Yes 2 No 3 Probably 4 Unknown Records, 9 dilated cardiomyopathy 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to Completed completion of cause of death? Coronary artery disease
25. Was case referred to medical axaminer? 1 ☐ Yes 2 No Division of Vital Be 26. Placa of Death (Check only one) Hospitat: 1 Inpatient 2 ER/Outpatient 3 DOA 1 ☐ Yes 2 XNo Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medicai Certification: To 27. Manner of Death 28d. Describe how injury occurred 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Attending Altec 1 Natural 2 Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No Director: 3 ☐ Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) after A 4 Homicide To the Hospital or within 24 hours alt To the Funeral Di Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Cartifier

Junior Resident

1005 32. Registra

JAN 0 5 1998

Dept. of Neurology (housestrift

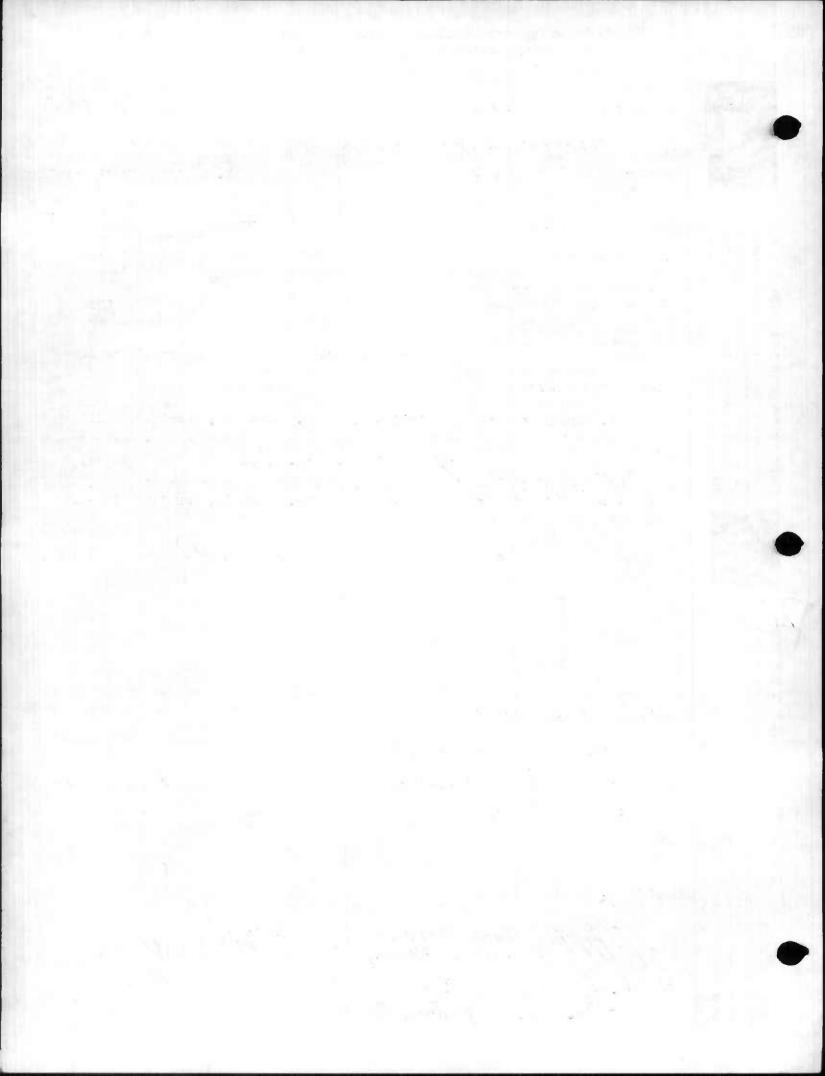
Johns

29c. License number 04696

Hopkins

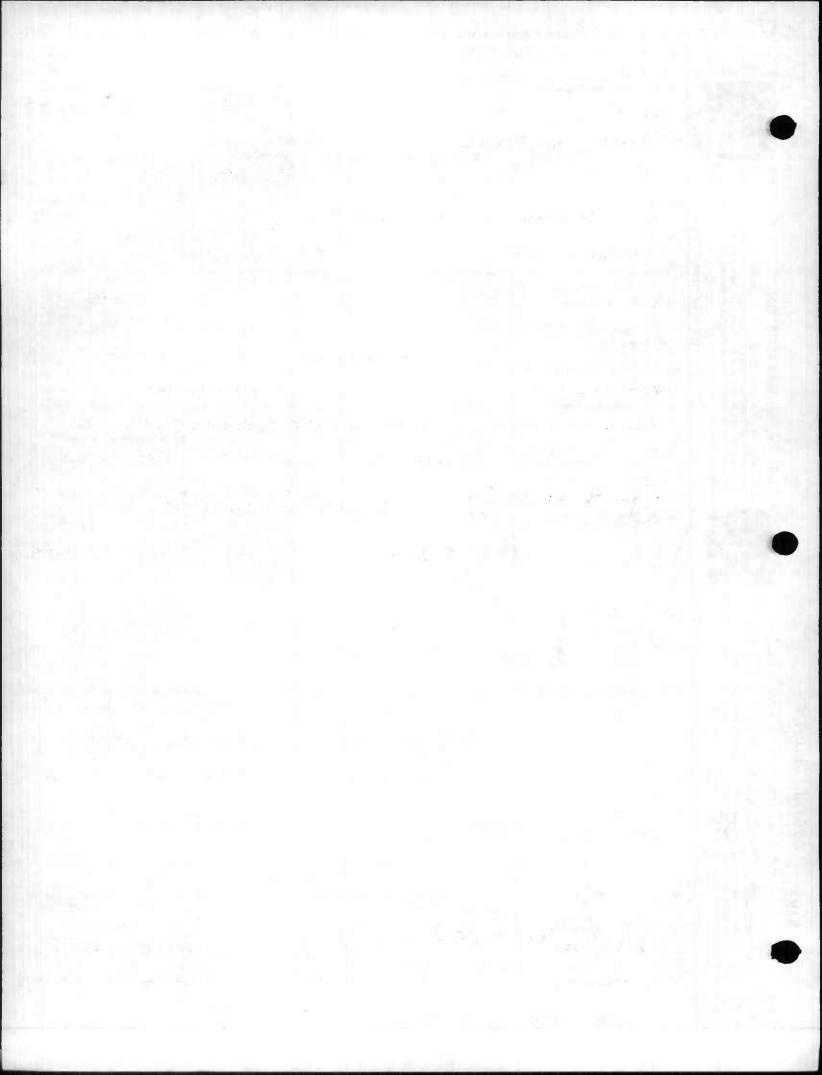
29d. Date signed (Month, Day, Year)

State Registrar 29b. Signature and #the of #



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

						Ce	ertificate o	f Death		Reg. No.	UU	005
		1. Decedent's Nan	ne (First, Middle, L	ast)		201			2. Dete of De	eth	Vane	3. Time of Death
Physic /Med		Pauline		Brown	1				JAN	83 1	498	16:45
Exami			(If not institution, gi					4b. City, Town, or		4c. County		
		ST AG	NES HO	DSPITA	_			BALTIN	102E		N/A	
Funeral	Г	5. Sociel Security I	Number 6.	Sex 7.	Age (In yrs. le	est birthday) If Under 1 Yes			th V Veer)	9. Birthple	oce (Stete or Foreign
Director		213-32-	3242	1□M 2√F	84	Yrs.	MONUTES Dey	rs Hours Miri.		0, 1913	Virg	
9		Usuel Residence										
inylar inhow		10e. Stete	10b. County			, Town or L					100	d. Inside City Limits
Baltimore, Maryland 21215-0020 permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Maryland Department of Health and Manial Hyglens. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-f show any Injury or other traumatic event, the Marical Examiner must be notified at agricult.	Director	Md.	Baltin	ore	Ua	atons	/11le					1 ☐ Yes 2 No
한 다. 12.00	Sire	10e. Street end Nu					10f. Zip Code			10g. Citizen of V		y?
th w	<u>a</u>	20 Hea	ther Hill	Road			2:	1228		USA	ł	
daa	Funeral	11. Meritel Stetus		12. Wes Decade Armed Force	ent Ever in U,S	S. 13.	Wes Decedent o	f Hispenic Origin? (Suban, Mexican, Puer	Specify Yes or No	- 14. Rec	e - Americer	
or the	F	1 Never Mar	ried 2 Married	1 ☐ Yes 2'	No		1□ Yes 2√□ N		10 1110011, 010.7			
ral',	by	3XXVidowed	4 ☐ Divorcad	Yeer or Date	os:		10 100 X	о зресну.		Specify	· whit	,e
72 h	Completed	(Sne	15. Decedent's E	ducation		16e. Dece	edent's Usuel Occ	cupetion	rkina	16b. Kind of Bu	ısiness/Indu	istry
ithin	du	Etementary/Sec		College (1-4	or 5+)	life.	DO NOT use reti	ne during most of wo ired)	, and			
W Miles	S	9				Win	ce Asseml	bler		Westir	ighous	e
al Har	Be	17. Fether's Neme	(First, Middle, Las	1)				18. Mother's Ne	me (First, Middle,	Maiden Sumem	Θ)	
Man Man prke	To	Archie	Leroy Br	right				Leola	a Blanch	e Loan		
and and		19e. Intorment's N	leme/Relationship	(Type, Print)		19b. Mail	ling Address (Stre	et end Number or R	ural Route Numb	er, City or Town,	State, Zip C	2ode)
and alth		Doris	E. Belagy	i-sister		20 He	eather H	ill Road,	Catonsv	ille, Mo	1. 21	.228
of He		20a. Method of Dis	•	7	20b. Ple	ece of Disp	osition (Name of emetory or other p	olece)	Dete 1	20c. Location -	City or Tow	m, Stete
Page nat: If			□ Cremetion 3 [5 □ Other (Speci		118		idge Mem	_	1/7/98	Elkri	ldge,	Md.
Sorts Inju		21. Signeture of F	unerel Service Lice	nsee			O Name and Ade	done of Facility				
FOFE		NQ.	4 Ec	05	6	Ga	ary L. Ka	aufman Fur ington Bl lylng, such es cerdia	neral Ho	me at Me	adowr	idge MP
101111		23a, Part 1, Enter	the disease, or con	plications that cau	sed the deeth.	Do not er	250 Wash:	ington Bly	vd., Elk	ridge, N	ld. 2	1075 Approximate
Physician		shock, or hea	art teilure. List only	one ceuse on eec	h line.			,	, , , , , , , , , , , , , , , , , , , ,	,	li C	Interval Between Onset end Deeth
/Medical		Immediate Ceuse	(Finel	PUF	VMO	110	^					TDANC
Examiner	H	disease or condition resulting in death)	on	e	75.		174.11				/	TDAYS
	9				Due to (or	es e conse	equence ot):				i	
oted Insit	Examiner			b							1	
icata be axecuted physician and s tha burial-transit	Exa	Sequentially list co if eny, leading to it ceuse. Enter Und Cause (Diseese or	onditions, mmediete		Due to (or	es e conse	equence ot):				1	
sicla bur		Cause (Diseese of that initiated event	r Injury	C	D	TT-LEYE						
ing phy a as the	Medical	resulting in deeth)	Lest		Due to (or	es e conse	quence of):				-	
death certificata be axecuted e attending physician and of for usa as tha burial-transit				d								
that tha death ce ed by the attendir detached for usa	Physician/	D-111 On 1										
	ys	Pert II. Other signi	ncent conditions	contributing to deat	n out not resul	iting in the	underlying cause	given in Pert t.				the cause of death?
that ed b deta									10	Yes 2□ No	3 Probe	ably 4 ☑ Unknown
w requires that the been signed by the should be detach.	d by								24e Wes	en eutopsy	24b. Wer	re autopsy tindings
	ete								perfo	rmed?	com	lable prior to
8 8 6	Completed										ot de	éath?
Tha late he	ပိ								10	Yes 2 No	10	Yes 2010
100	B	25. Wes cese refe exeminer?	rred to medicel	11					eth (Check only o	one)		
E DP	5	1 ☐ Yes 2 ☐		Hospital: 1 ☑ Inp		ER/Outpetie	IN 30 DOA		Home 5 Resi			
FIST	5	27. Manner of Dee	th 5 Pending	28e. Dete of I (Month,	njury Day Year)	28b. Time (Injury	V	ijury et Vork?	28d. Describe	how injury occur	ed	
	100	2 Accident	Investigetion				M 1	☐ Yes 2 ☐ No				
after d Direct Jin by	Certiff	3 ☐ Sulcide 4 ☐ Homicide	determined	200. Place of	Injury - At hor etc. (Specify)	me, tarm, s	treet, tactory, offic	e	28f. Location (Street end Numb vn, Stete)	er or Rural I	Route Number,
al Dir	Cel											
Hospital 24 hours Funeral Italy filled	edical	29a. Certifier (Check only	1 Certifying Pi	nysician: To the be	st of my know	riedge, dee	th occurred at the	time, date end plece y oplnion, death occu	e, and due to the	ceuse(s) end ma	inner es stef	ted.
within 24 hours after To the Funeral Dir complataly filled in	Pe	one)	1	end manner	stated.	on analyt II						
To To	Σ	29b. Signature and	title of certifier	11-	MD)		ense number		29d. Dete signe		
		own	ony	VVV	P. V.		41	1706		JAN O	3,1	998
5		30. Name and edd	sess of person who	completed ceuse			, Print)	,	a		4	998 BALTIMOR
		LVAN H	KSENTI	JEVICH	ST	AGN	ES Ho	CPITAL	900	CATON	AVE	DALTIMORI
St	ate	31. Dete filed (Mor		. /	strer's Signati							
Regist	rar		IAN 0 5 19	198	ha David	bon-R	indelle					
	-		-	U								



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death Month William H. Brock January 5:20 A.M. 1998 4a. Fscility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Millennium Health & Rehabilitation Center Glen Burnie Anne Arundel # Under 1 Yaar | # Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | June 10, 5. Social Security Number 9. Birthplaca (Stata or Foraign Country) Virginia 7. Age (In yrs. last birthday) 1X M 2□ F 213 10 5736 Yrs. Usual Residence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Anne Arundel 1 ☐ Yes 2 € No Pasadena 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 121 Appian Way 21122 U.S. 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No tf Yes, Give Yaar or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15, Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) Coilege (1-4or 5+) Steam Fitter Power Plant 10th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Violet Breckenridge William H. Brock 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Catherine Brock / wife 121 Appian Way Pasadena, Maryland 21122 20b. Placa of Disposition (Name of cametary, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Meadowridge Memorial Pk. 1/3/98 Baltimore, Maryland 4 Donation 5 Other (Sp) 21. Signature of Funeral Service/Lice 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 plications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. Part1. Enter the day Approximate Interval Between Onsat and Death Immediate Causa (Final disease or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequanca of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? Mellitus 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings svallable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical 26. Placa of Daath (Check only one) Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred

Examiner pug Ivision of Vital Records, P.O. Box 68760, physician 2 å 8 attending signed by the a d be detached t certificate has # Affair

Physician

/Medicai

Physician

/Medical

Examiner

Directo

Funeral

p

Completed

Be

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Immostant: If them 27 is marked other than "retural", or frems 23a or 28a-f show any injury or other traumetic event. The Interest.

altimore. Maryland 21215-0020

Examiner lan/Medical Physici à Completed 8 2 Certification: 29a, Certifier Medical

State Registrar

845 31. Data filed (Month, Day, Year) JAN 0 5 1998

1 Natural

2 Accident

3 ☐ Suiclda

4 ☐ Homicida

(Check only one)

30. Name and addrass of person

1 Certifying Physicien: To the best of my knowledga, death occurred at the time, date and placa, and due to the causa(s) and manner ss stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner states. 29b. Signature and titla of certil

9

5 Pending Investigation

6 Could not be determined

LIN ed cause of death (Item 23a) (Type, Print)

wie Davidon Pandell

32. Registrar's Signature

28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

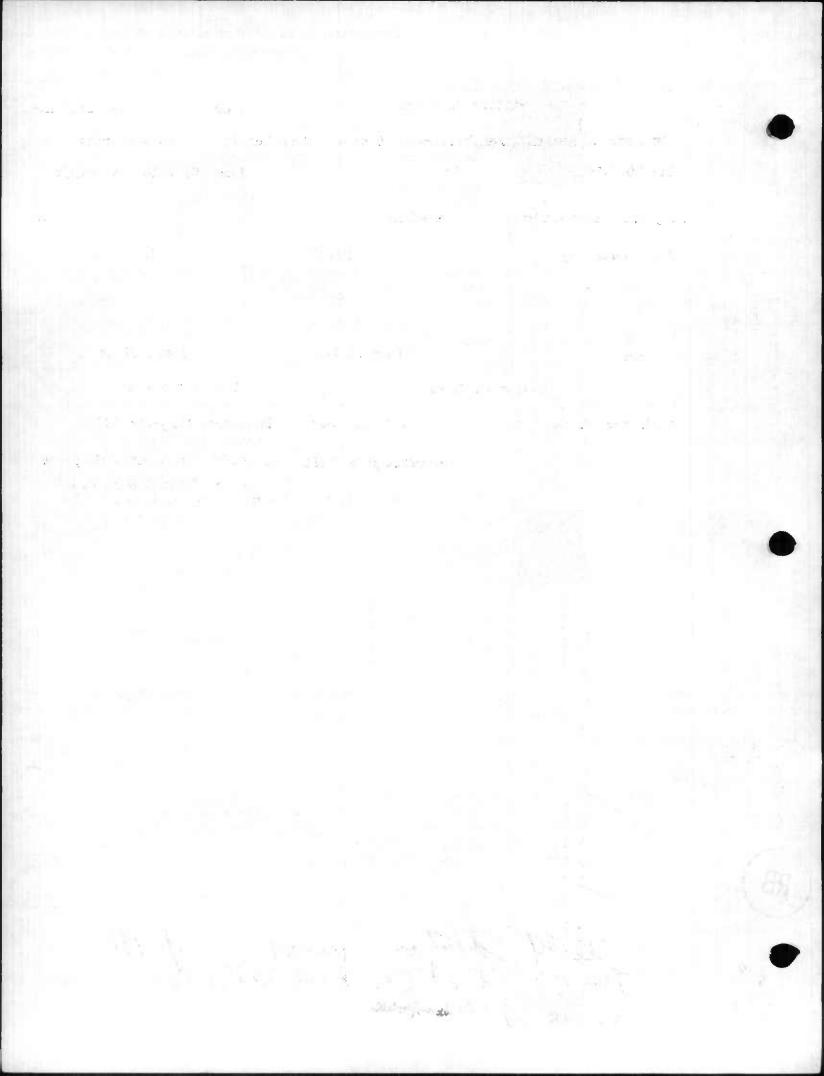
29c. Licansa number

1 Yes 2 No

29d. Date signed (Month, Day, Year)

281. Location (Street and Number or Rural Route Number, City or Town, State)

BUTNIP, Md., 2,06



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

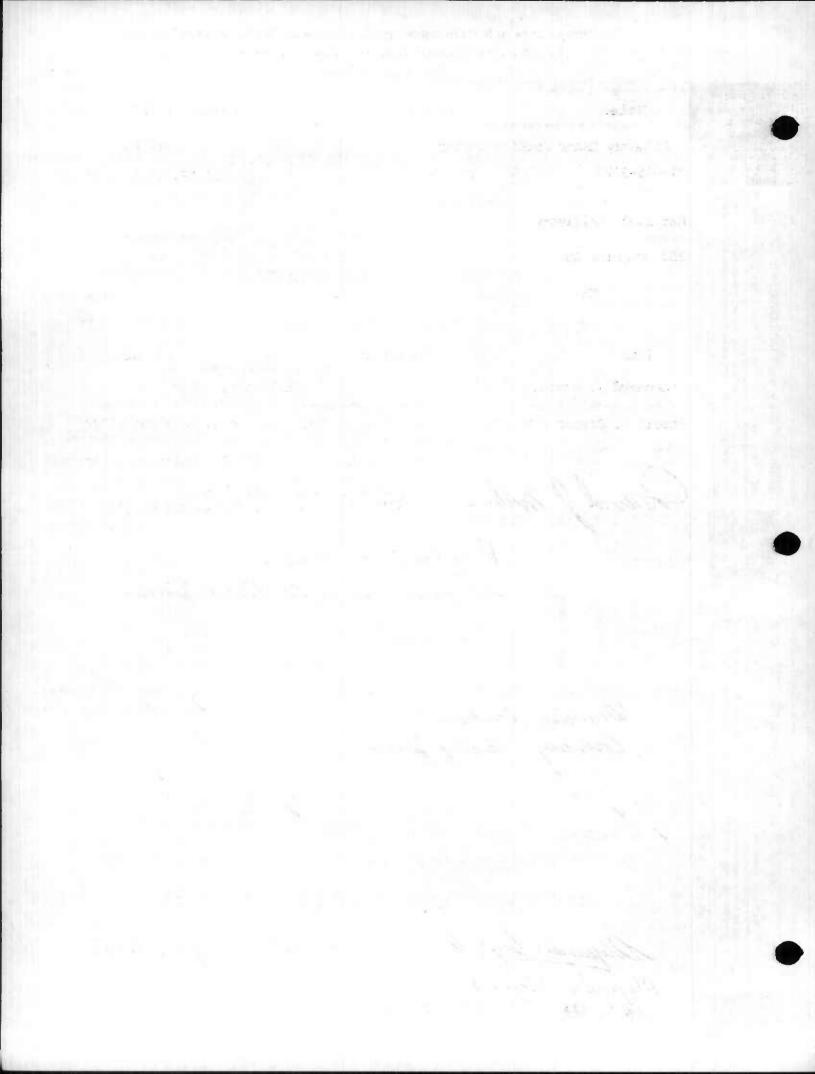
Certificate of Death 1 Decedent's Nama (First Middle Last) 3 Time of Death 2. Date of Death Month **Physician** January 1, Helen 1998 Bryant 2:40 AM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Ridgeway Manor Nursing Center N/A II Under 24 Hrs. Baltimore If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Months 1□M 2☑F Days Hours Min Yrs. 215-18-3927 Director April 12, 1921 Maryland Usual Residence of Decedent the Maryland 10a Stata 10b Counts 10c. City. Town or Location 10d. Insida City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "netural", or item 23a or 28a-1 show any injury or other traumatic avent, Tia Mades. 1 Yas 2 No Directo Maryland Baltimore N/A 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 352 Greenlow Rd. 21228 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Giva Yaar or Dates: 1 Nevar Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2XX No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Secretary Education 17, Fether's Name (First, Middle, Last) 18, Mother'a Name (First, Middle, Maiden Sumame) Be Leonard J. Bruchey Otillia M. Eder 20 19e. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harold E. Bryant / Spouse 352 Greenlow Rd. Baltimore, Maryland 21228 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Woodlawn Cemetery 1/5/98 Baltimore, Maryland 2) Signature of Funeral Service Licenses 22. Name and Addrass of Facility 5311 Edmondson Ave. Baltimore, Maryland 21229

23a. Parti. Enter the disease for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate David J. Weber Funeral Home Approximata interval Between Onset and Death **Physician** Immediate Cause (Final disaase or condition resulting in death) /Medicai Examiner Clustrie Obstantil Dicar Examiner and Il-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury physician s the buriel Box 68760, Physician/Medical that initiated events resulting in death) Last Due to (or as a consequenca of): 981 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? the be deteched 3 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopay findings available prior to completion of cause of death? activy Diseas 24a. Was an autopsy Completed Deen hes page 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Be Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28d. Describe how Injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? : After t Certification: 5 Pending Investigation death. 1 Yes 2 No 2 Accident after death Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide Hospital 24 hours a Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) end manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, end due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) To the within 2 29d. Data signad (Month, Day, Year) 29b. Signature and title of certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 010 Registrat's Signature Wardson-Randelle State Registrar

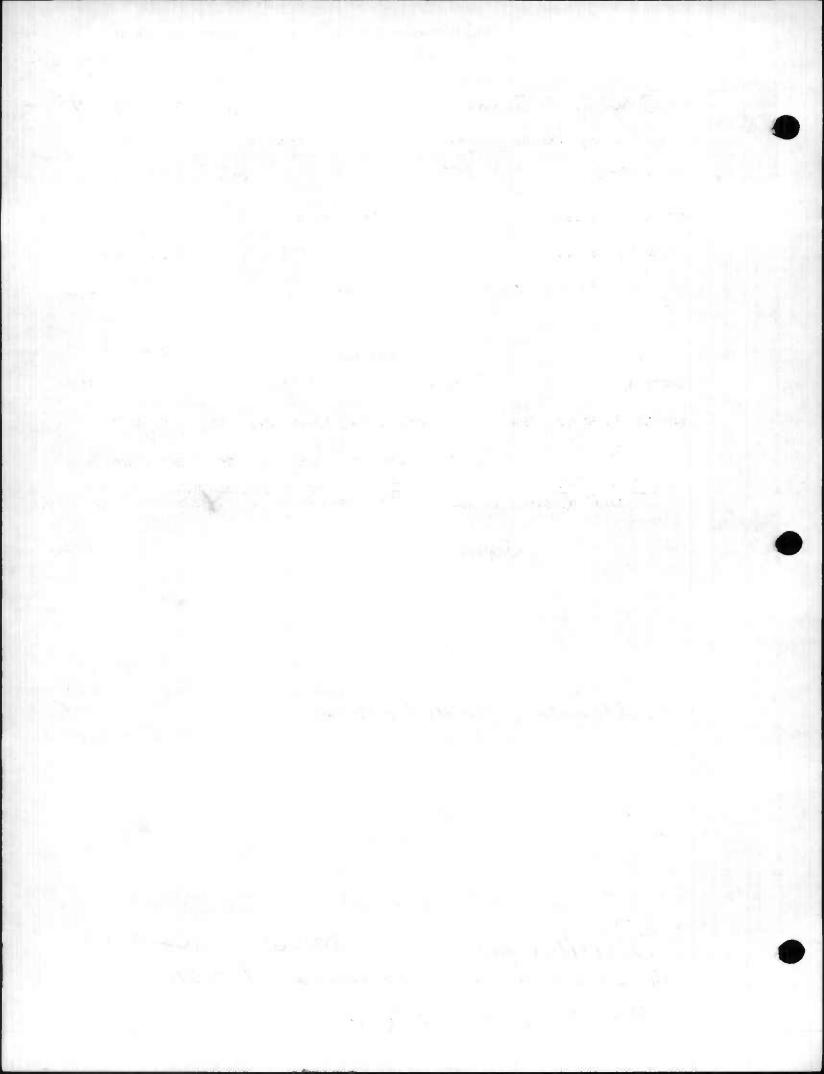


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 9-31 Josephine CS. Brown Jan /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Howard County General Hospital Columbia Howard If Under 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 8. Date of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Days 1□M 20F Months Hours 528 12 9879 77 Yrs Director Dec. 1, 1920 Washington Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be nothed at Carrol1 Director Maryland 1 ☐ Yes 2 No New Windsor 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3700 Hooper Rd. 21776 United States Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status permit. Pagas 1 and 2 should be filed within 72 hours after of Department of Haalth and Mental Hygiena. If them 27 is marked other than "natural", or fren any Injury or other traumatic event. 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes XXNo Specify: White by Specify: 3 X Widowad 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Domestic 12 5+ Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Sterling Snow Leda Wallace 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Hampton E. Brown / Son 2632 Quincy Adams Dr., Herndon, VA 20171 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Crematory 1/5/98 Baltimore, MD 22. Name and Address of Facility CAFA Stephen D. Lohrmann P.A. dolm 8717 Green Pastures Dr., Baltimore, MD 21286 an 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** 1 day Immediate Cause (Final disaasa or condition resulting in death) /Medical Examiner Due to (or as a consequence of) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in daath) Last Due to (or as e consequenca of): P.O. Box 68760 physician Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Atual fibrillation rheumatoid authoritis 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 Z No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica complately filled in by the funeral director, 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Tyes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 | Homicide Medicai 29a. Certifier **12 Certifying Physician**: To the best of my knowledge, death occurred et the time, dete and placa, and due to the cause(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end pleca, and due to the cause(s) and manner stated. 29b. Signature and the of certifier 29c. License number 29d. Date signed (Month, Dey, Yaer) Jan J 1998 Umi MO 30. Name, and address of person who completed cause of deeth (Item 23a) (Type, Print) Yarry Moore M.) Columbia Md 21045 2 Knoll north 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State JAN 0 5 1998 wh Davidson-Randelle Registrar



g g

BE

Pages 1, 2, 3 should

permit.

N	
00	
68	
9	
BOX	
0	
-	
0	
0	
-	
4	
_	
10	
01	
0	
Libra.	
0	
43	
\circ	
111	
-	
RECORDS	
TAL	
4	
_	
=	
~	
44	
No.	
0	
_	
7	1
-	
O,	h

£	9		0
3	2		4
per	pino		ed
etai	S		off
90	Je 5		-
3	ba		0
E m	HOC,		SIL
90e	fire		-
4	100		E .
eath	une		me:
0 5	Je J	6	9
4	4	E C	lea
DUITS	2.	37 70	ned
4	Filled	e,	9
in 2	ely	ratio	5
with	plet	Jen C	ent
99	m0:	9	2
ecul	Du.	Danie	atic
8	2 3	2	Ĕ
9	sicia	INO.	tra
heat	phy	8	10
erti	Bui	gie	to
th c	pual	Í	6
dea	att att	ema	Ę,
the	#	Z o	Ē
that	D P	an	à
Sa	gne	Batt	10
qui	8	T	10
W FE	8	7.	20
6	has	6	12
E	afe	tate	ten
š	ĕ	2	b
뜷	8	ë	ú
ă,	甚	Ξ	죝
g	¥L	ij	Ē
8	2	Ē	*
€	B	F	28
9	월	돚	E
3	K,	2	5
E	ER	be filed within 22 local man death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT is now 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
호	E	T N	2
光	뽀	pel	OR
0	0	De fi	M
TO THE HIGH WIND AND THE AND THE LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	,	_	_
	-		
10			

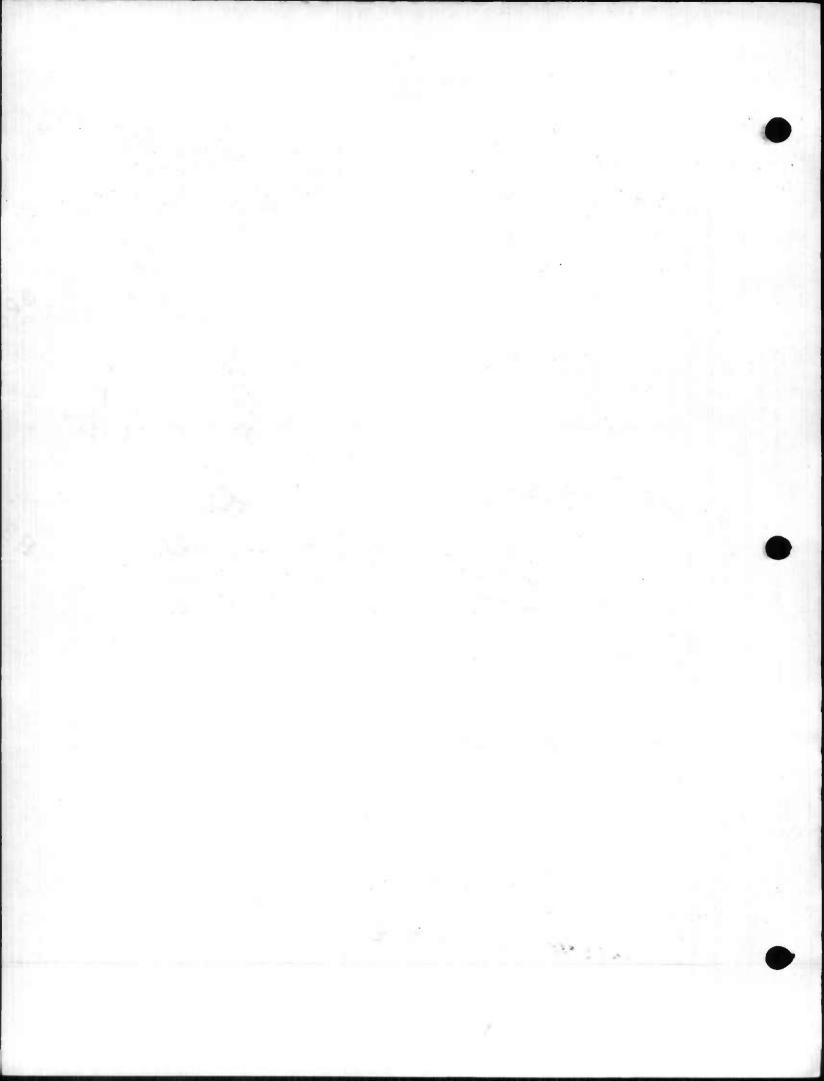
0

98 00009 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 3. TIME OF DEATH 9 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR 4 LUCIUS LEONIDAS BUCKLER IDAVAN 999 AM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH / (Month, Day, Year) 7/23/14 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F 83 YRS 217-01-1070 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. JOSEPH MEDICAL CENTER TOWSON BALTIMORE 10b. COUNTY 10e. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE TOWSON 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 18g. CITIZEN OF WHAT COUNTRY? 705 SEABROOK COURT 21286 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14, RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his Elementary/Secondery (0-12) College (1-4 or 5 +) DEPARTMENT_CHIEF YEARS WESTERN ELECTRIC 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WALLACE BUCKLER ANNIE GATTON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GERALDINE T. BUCKLER 705 SEABROOK COURT TOWSON, MD 21286 20s. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1X Burlat 2 Cremation 3 4 Donation 5 Other (Specify) FAITH CEM 1/ 1/5/98 PARKVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or hasrt fallure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ wye resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION 20 Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO CDMPLETION OF CAUSE DF DEATH? 1 YES 2 THO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINENT! HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 5 | Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

1 CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 DIMEDICAL EXAMINER: On the basis of exam nation and/or investigation, in my opinion, dasth occured at the time, data and placa, end due to the cause(s) and manner as stated. MATURE AND TITLE OF CERTIFIE age. LICENSE NUMBER BE

30. NAME AND ADDRESS OF PERSON WHO COMPLE

31, DATE FILED (Month, Day, Year)



98-0017-510

se Type or Print in Black Indelible ink Assure All Conles Are Legible

ase	ype of Frint in black indelible link. Assure All Copies Are Legible.
	State of Maryland / Department of Health and Mental Hygiene 9

CHARLES	State of Maryland / Department of Health an
BROOKS	Certificate of Death
DROOMS	

	ROOKS				Certificate	of Death	Re	g. No.		
	Physicia		1. Decedent's Name (First, Middle, Las	T Bro	065		2. Date of Death Month JANUARY	Day	Year	Time of Death 5:20A.M
	/Medic: Examine		4a Fecility Name (If not Institution, give	street and number)		4b. City, Town, o	r Location of Deeth	4c. County of		
			ST.AGNES HOSPITAL			BALTIM		1	IM	
	Funeral Director		212-04-7116	M 2 F	last birthday) If Under Months Yrs.	1 Year If Under 24 H Days Hours Mi		70ar) 7	9. Birthplace Country)	(State or Foreig
	/land		Usuel Residenca of Decedent 10a. State 10b. County	/ 10c. City	y, Town or Location				10d.	Inside City Limits
		tor	MD N/	A	BAITIN	IORE				1 1 Yes 2 □ No
	or 28a-f	Director	10e. Street and Number		10f. Zip	Code	10	g. Citizen of W	hat Country?	
	23e or	a	505 K	DCK GIE	VRD	2/22	9		15A	
	ter death from 23	Funerai	11. Maritei Status	12. Was Decedent Ever in U, Armed Forces?	S. 13. Was Deced If Yes, spec	ent of Hispanic Origin? ify Cuben, Mexican, Pue	(Specify Yes or No- erto Rican, etc.)		- American I	ndian,
20	0 0	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	1□ Yes 2	No Specify:		Specify:	RIA	CK
21215-002	72 hours		15. Decedent's Ed		16a. Decedent's Usua	l Occupation	1	6b. Kind of But	siness/Indust	N
215	within 72 ene. than "ne	Completed	(Specify only highest gra	de com <i>pleted)</i> College, (1-4or 5+)	(Give kind of wor life, DO NOT us	k done during most of w	vorking	D.		
	od withli or than t, the	Com	640	NA	Mach	ine Ope	rator	PAP	ER	COMPA
Maryland	事件	Be	17. Father's Name (First, Middle, Last)	1 0 21 25		18. Mother's N	ame (First, Middle, M	teiden Sumeme	9)	711111111
yla	should bud Menta	L L	NATHANIEL N	1. BROOKS	1	HEL	EN BR	OOKS	5	
Mai	2 6 9 8		19a. Informent's Name/Relationship (19b. Malling Address	(Street and Number or	Hurai Houte Number,			
	1 an Heal em 2 other		20a. Method of Disposition	20b. P	lace of Disposition (Nam		Date 2	10c. Location - (2/229 Stete
Baltimore,	80= 5		1 Burial 2 Cremation 3 4 Donation 5 Other (Specify	Hemoval from State	emetery, cremetory or of	her place) DV	Jan. 6,98	RA	TIME	RE, MO
alti	in to and	1	21. Signeture of Funeral Service Licen		22. Name an	Address of Facility	41 BF PT 1	O. WIUT		necal Hi
ä	Depa Impo any li		1 dans		- 126	N. GILM	in a	0017		
	Physician /Medical Examiner		M. Part1. Enter the disease, or compands, or heer failure. List only smediate Ceuse (Final disease or condition resulting in death)	Arteriosclero	n. Do not enter the mode	of dying, such as card	iac or respiratory arre		Ap	proximate erval Between aset and Death
	A STATE OF	Je.		Due to (o	r es e consequence of):					
	and I-transit	Examiner	Sequentially list conditions,	b Due to (or	r as a consequence of):					
00	5		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	•						
68760,	certificate beta nding physicia use as the bun	edicai	that Initiated events resulting in death) Last	Due to (or	r as a consequence of):				1	
9 X	nding puse as	2		d					j	
Box		clan								
0	that the death	Physician/	Part It. Other algorificant conditions of	ontributing to death but not resu	ulting in the underlying ca	tuse given in Part I.			3 Probabl	e cause of death
0.	5 60	by PI					_	18 2UNO	3 Probab	ly 4 Unknow
Records,	law requires as been sign 2 should be	Completed b					24a. Was ar perform	autopsy ned?	availat	eutopsy findings ble prior to etion of cause th?
A.	The law ate has page 2	E					t X □ Ye	s 2 No	1 X Ye	es 2 No
Vital	sician: The certificate irector, pag	Be	25. Wes case referred to medical examiner?			26. Plece of D	eeth (Check only one	e)		
of V	hy his	P	1 Yes 2 □ No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3□ DO		Home 5 ☐ Reside			
- L	ding P. After t	on o	27. Manner of Deeth 1 ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)		Bc. Injury et Work?	28d. Describe ho	w injury occurr	ed	
Division	or Attending latter death. Director: After in by the fune	ertificat	2 Accident Investigation 3 Sulcide 6 Could not be determined		ome, farm, street, factory	1 Yes 2 No , office	28f. Location (Str City or Town	reet and Number, Stete)	er or Rural Ro	oute Number,
J	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edical Certification:		ysician: To the best of my know liner: On the basis of examinat end menner stated.						
	o the	W E	29b. Signeture end title of certifier	a f	290	. License number	25	d. Date signed	(Month, Dey	r, Year)
	F S F O		AU A	c M)					

O.C.M.E.

JANUARY 2,1998

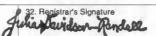
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Dennis Chute M.D. 31. Date filed (Month, Dey, Year)

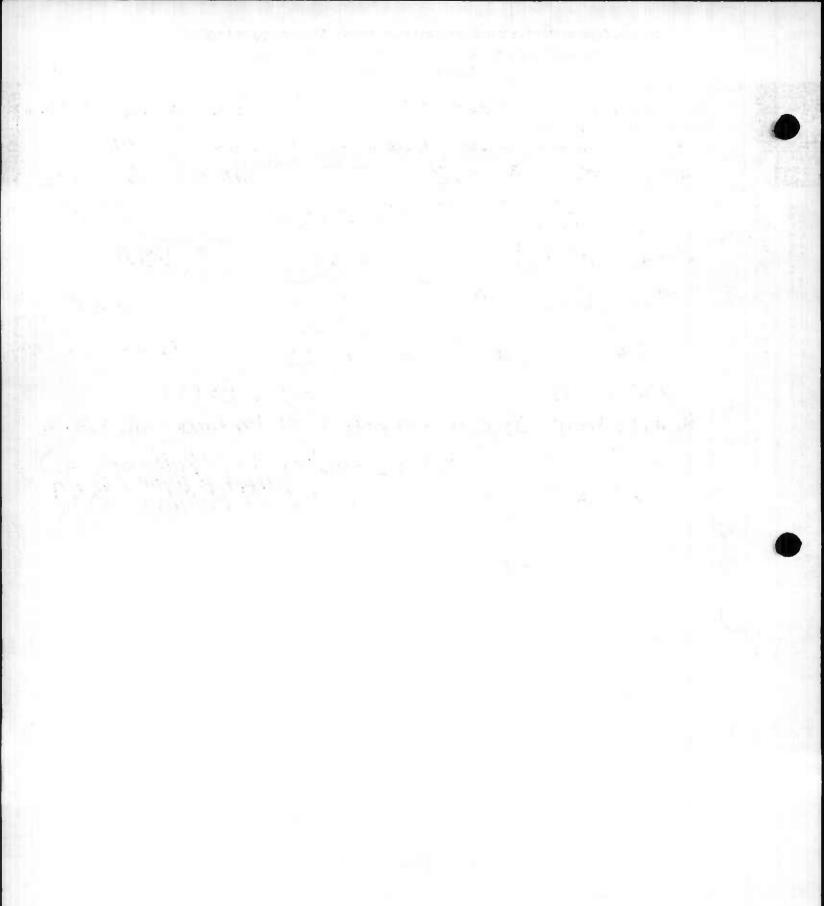
JAN 0 5 1998



Please Type or Print in Black Indelibie Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 8 00011

				Certificate of Death	Reg. No.	000011
-	Physici	an.	1. Decedent's Nama (First, Middle, Last)		2. Data of Death Month Day	3. Time of Death
	/Medic		MURIEL BARRE	77	JAN. 03	1998. 9:45/Pm
	Examir		4a. Facility Nama (If not institution, give street and number)	4b. City, Town, or L		County of Death
	٠,				IMORE	NA
H	Funeral Director		5. Social Security Number 6. Sax 1 M 2 MF 7. Aga (In yrs. las	t birthday) If Undar 1 Yaar If Undar 24 Hrs. Months Days Hours Min.	8. Data of Birth (Month, Day, Year)	9. Birthplaca (Stata or Foreign Country) Baltimore
	pc .		Usual Rasidance of Decedant			
	with the Maryland a or 28a-f show	ctor	10a. Stata 10b. County 10c. City,	BALTIMORE		10d. Inside City Limits 1 ☐ Yas 2 ☐ No
	23a or 2	Funeral Director	5240 York Rd.	10f. Zip Coda 2/2/2		en of What Country?
020	filed within 72 hours after death Hygiene. ther than "nature!", or fleme 23 int, the Moorce Examiner mus	þ	11. Marital Status 1	13. Was Decedent of Hispanic Origin? (Spirit Yas, specify Cuban, Maxican, Puanto		4. Race - Amarican Indian, Black, Whita, atc.
5-0	natural',	eted	15. Decedant's Education (Specify only highest grada completed)	16a. Decedant's Usual Occupation (Give kind of work done during most of work	king 16b. King	d of Businass/Industry
21215-0020	within jene. r than	Completed	Elamantary/Secandary (0-12) Collega (1-4or 5+)	(Give kind of work done during most of work life. DO NOT use retired)	C	LOTHING FACTURE
0	filed with Hygiene. rther than	Ö	17. Fathar's Nama (First, Middle, Last)	SEAMSTIESS 18. Mothar's Nam	na (First, Middle, Maiden S	Sumame)
an	should be filed nd Mental Hyg merked other imetic svent,	To Be	unknown	5/15/16	Borry	/
Maryland	d 2 should be filed the and Mental Hyg 7 is marked othe traumatic svent,	-	19a. Informant's Name/Ralationship (Type, Print)	19b. Mailing Addrass (Street and Number or Rus	ral Route Number, City or	Town, State, Zip Code)
_	C 2 0 F		Ruth Williams-Cousin	343 Roberts St. 1	201 timore	MDAJAJA
Saltimore,	SOFE		: A	e of Disposition (Name of efery, crematory or other place)	Data 20c. Loc	eation - City or Town, Stata
Ĕ	y it:		1 ☐ Burial 2 🕅 Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify)	Motimes ont	1-6-98 Pril	timore MD
at	permit. Pa Departmen Important: any injury 2000		21. Signature of Funaral Service Licenses	22. Nama and Addrass of Facility	xert 4.714	TIE FALDA
Ω	89728		1 Marci	638 11 6 June 5	St Baltin	no MX2/2/7
	-		23a Part1. Entar tha disaasa, or complications that caused tha daath. shock, or haart fallura. List only one cause on each line.	Do not antar tha moda of dying, such as cerdiac	or raspiratory arrast,	Approximata Interval Batween
4	Physician		and the state of t			Onset and Death
-4	/Medical Examiner		Immediata Causa (Final diseasa or condition	CHROME OBSTRUCTIV	IF PULMO	MAKY 3 months
	LXammer	-	rasulting In death) Dua to (or a	s a consequence of):	DISEASE	1 3.116.42
	b d d ansit	Examiner	b. Due to for a	s a consaquance of):		
ó	the death certificate be associated by the attending physican and ached for use as the buriel-transi		Sequantially list conditions, if any, leading to immadiate cause. Entar Undarlying Cause (Disaasa or Injury	s a consadanto oij.		
68760,	physics the b	edical		s a consequance of):		
0.00	ing ph	Med	lasuring in datin) East			
Box	eath ce attendii for use	lan/	d			
0	the at	Physician/	Part II. Other significant conditions contributing to death but not resulti	ng In tha undarlying ceusa givan In Part I.	23b. Did tobacco u	use contribute to the cause of death?
o.		Phy			1 Yes 2	No 3□ Probably 4 onknown
Vital Records,	Se Co	d by			24a. Was an autops	sv 24b. Wara autopsy findings
00		lete			performed?	available prior to completion of cause
Re	vicien: The law certificate has b rector, page 2 s	Completed				of death?
a	n: Th ficate or, pa		OF Was soon referred to modical		1 ☐ Yas 2	No 1 □ Yas 2 □ No
5		o Be	25. Was cesa rafarrad to medical axaminar? 1 ☐ Yas 2 ☐ No Hospital: 1 ☐ Inpatiant 2 ☐ EF	Other	ath (Check only one)	Don. 10 - 14 1
o	Phys eral di	7: To	TEMparant ZEE	Bb. Tima of 28c. Injury at	oma 5 Rasidance 6 28d. Dascribe how Injury	
ion	o funer	atio	1 ☐Natural 5 ☐ Panding (Month, Day Year) 2 ☐ Accident Invastigation	Injury Work? M 1 Yas 2 No		
Division	or Attending Faffer death. I Director: After d in by the funer	Certification:	3 Suicida 6 Could not be determined 28a. Place of Injury - At hom	a, farm, straat, factory, office	28f. Location (Street and City or Town, State)	Number or Rural Route Number,
Ö	s afte	Cer	4 Homicida building, atc. (Specify)		City of Town, State)	
	To the Hospital or Attanowithin 24 hours after death To the Funeral Director: completely filled in by the	edicai	29a. Cartifiar (Check only one) 1 Cartifying Physician: To tha bast of my knowle control one) 1 Medical Examinar: On the bast of axamination and nannar statad.	dga, daath occurrad at tha tima, data and place, n and/or Invastigation, in my opinion, daath occur	, and dua to tha causa(s) a rrad at tha tima, data and p	and mannar as stated. place, and dua to tha causa(s)
	withir To th comp	Me	29b. Signature and title of cartifier	29c. Licansa numbar		signed (Month, Day, Year)
			holwrah lelen	H45931	Jano	Jary 5th 1992
	8		30. Nama and addrass of person who completed cause of death (Itam 2	3a) (Type, Print) Re BALLINGE, 1	11	1
			31. Data filed (Month, Day, Year) 32. Aegistras's Signatur	e DAltimore, 1	MARY MAND	21208
	Sta Registr		JAN 0 5 1998	-Randell		

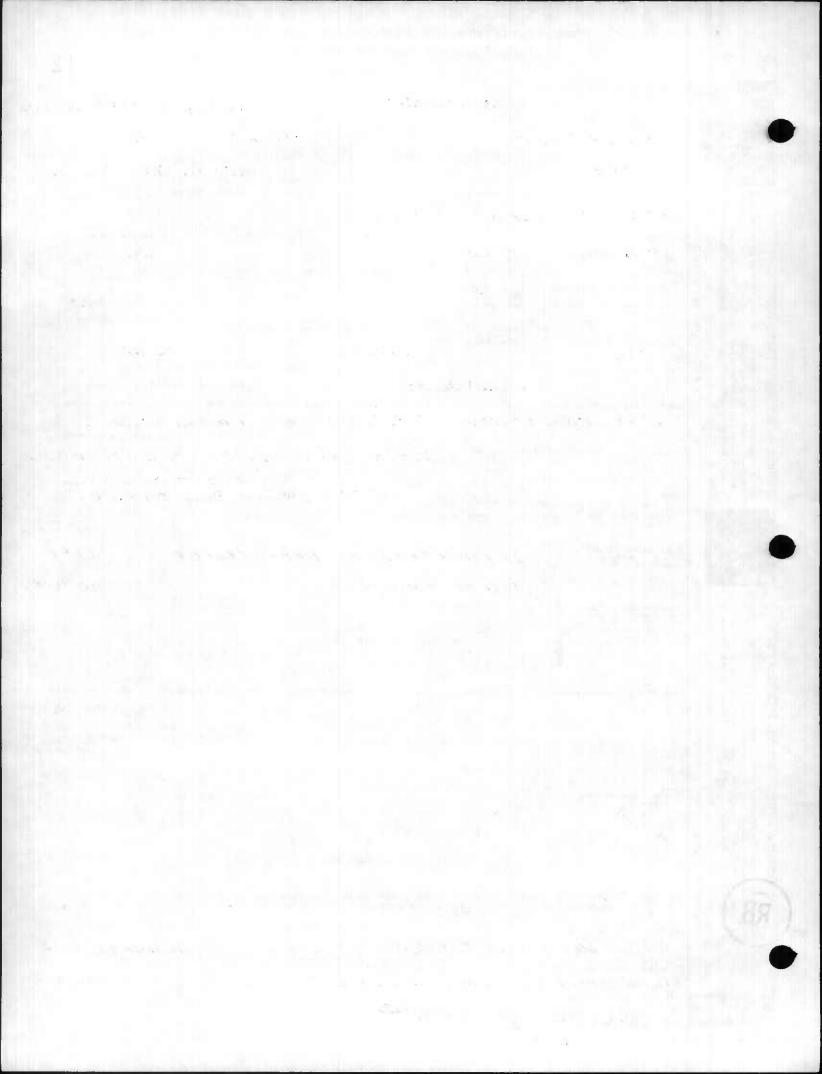


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

				Certificat	e of	Death		R	eg. No. 8	UU	1012
Physician	Decedent's Name (First, Middle, L.)	Erma M.	Chand:	ler				2. Date of Dea Month January	Dey	Year L998	3. Time of Death 9:45 A.M.
/Medical Examiner	4a Facility Name (If not institution, go St. Agnes Hos							ation of Death	4c. County	of Death	7.13 11011
Funeral Director		- CT - 4 - RE	yrs. last birt	hday) If Under Months	1 Year Days		24 Hrs. Min.	8. Date of Birth (Month, Day July 21	Year) , 1920	Coun	place (State or Foreign try) entucky
Maryland H show	Usual Residence of Decedent 10a. State 10b. County Maryland Anne	Arundel	c. City, Towr	or Location						1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
far death with the Mar rivers 23e or 28e-fel free must be notified Funeral Director	10a. Street and Number 708 N. Hammonds	Ferry Road		10f. Zip	Code 210	90		1	0g. Citizen of V		ntry?
D20 urs e	11. Marital Status 1 Never Married 2 Married 32 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	r in U,S.	13. Was Deced If Yes, spec			gin? (Spec , Puerto P	cify Yes or No- licen, etc.)		k, White,	een Indian, etc.
1 21215-0020 ed within 72 hours ef yelone of yelone. Yer then "netural", or it, the Medical Exemple Completed by F	15. Decedent's E (Specify only highest g		16a.	Decedent's Usur (Give kind of wo life. DO NOT u	nk done	petion during most	t of workin	g	16b. Kind of Bu	isiness/Ind	dustry
d 2121 filed within Hygiena. ther than out, the We	Elementary/Secondary (0-12)	College (1-4or 5+)		Homemake		a)			Own Ho	ome	
Maryland 2 d 2 should be filed th and Mental Hyg 7 is merked other traumetic event,	17. Father's Name (First, Middle, Las	n Willie H. Lel	Master			18. Mothe		(First, Middle, I	<i>Maiden Sum</i> em hnson	ie)	
Aaryla 2 should is marked is marked sumatic	19e. Informant's Name/Relationship			Mailing Address	(Street	and Numbe					
CINE	M. Judi Chandle			791 W. S. Disposition (Nar		Road	. 1		a, Mary 20c. Location -		
Sign	20a. Method of Disposition 1. ■ Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	Removal from State .	cemeter	ridge M	ther pla	ce)	k. 1/				Maryland
Baltimo permit. Page Department of Important: If any Injury or once.	21. Signature of Funeral Service Lice	msee	_	22. Name at 4001 R:					imore,		
Physician /Medical Examiner	23a. Part 1. Enter the disease, or con shock, or heart failere. List only Immediate Ceuse (Finel disease or condition resulting In death)	a. INTRAC	CERE								Approximate Interval Between Onset and Death
ii d		HYPER									10 YEARS
I Records, P.O. Box 68760, The lew requires that the death carificate be executed ste has been signed by the attending physician and page 2 should be deteched for use as the burial-transit completed by Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c		consequence of):							
P.O. Box at the death cartifold by the attending atteched for use a Physician/M	Part II. Other significant conditions	contributing to death but no	ot resulting In	the underlying o	euse gi	ven in Part I.		23b. Did to	obacco uae co	ntribute to	o the cause of death?
P.O. that the de dateched dateched								101	es 2 No	3 Pro	bably 42 Unknown
Il Records, F The lew requires that sets has been signed page 2 should be de Completed by P								24a. Was a perfor	in autopsy med?	av	ere autopsy findings alleble prior to empletion of cause death?
The lew ste hes page 2								1 🗆 Y	es 2XNo	10	☐ Yes 2☐ No
	25. Was cese referred to medicel examiner?						of Death	(Check only or	10)		
To To	1 ☐ Yes 2 No 27. Manner of Deeth	Hospitel:	2 ER/Ou		JA				ence 6 Oth	-	y)
DIVISION C multi-dath. In Director: After t and in by the funers Certification:	1 Natural 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not	he -		М		rk?]Yes 2□I	No				
Olvi Certifi	4 Homicide determine	28e. Place of Injury building, etc. (S	At home, fa Specify)	rm, street, factor	y, office		2	8f. Location (S City or Tow	treet and Numb n, Stete)	er or Run	al Route Number,
RB I		hyalclan: To the best of m miner; On the basis of exa and manner stated	amination and								
2198 W	29b. Signature and title of certifier	MEDICAL RO	ESIDEN			se number 0 88 2	_		9d. Date signe		Day, Year)
50	30. Name and address of person who RIZWAN SAFDAR	completed ceuse of deeth	(Item 23a) (Type, Print)							
State Registrar	31. Date filed (Month, Day, Year)	Registrar's	Signature	dell.							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Tima of Deeth Month 1109 A THOMAS CHAPPELL JANUAR 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c County of Dealh STELLA MARIS NIA HOSPICE IOWSON If Undar 24 Hrs. If Undar 1 Yaar 5. Social Security Number 8. Date of Birth (Month, Dey, 12 14 2 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Months Days Hours 10 M 20 F 227-16-9962 Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits BALTIMORE 1 Yes 2 No NIA MD 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? STREET 214 21222 CENTER USA 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 11. Maritai Status 14. Raca - Amarican Indian, Bleck, Whita, atc. 1 Nevar Married 2 Married 1 ✓ Yes 2 ☐ No If Yas, Giva Specify: BLACK 1 ☐ Yes 2 ☑ No Specify: 3 Widowed 4 Divorcad Yaar or Dates: 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Dacedent's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) ENGINEER COMPLEX APT. 12-TH GRADE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) CHAPPELL STOKES TREDDIE MAUDE 19b. Meiling Addrass (Streat and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) BROTHER BALTO. MO 3116 E FEDERAL HAPPELL 21213 TREDDIE 20b. Pleca of Disposition (Name of 20a. Method of Disposition Deta 20c. Location - City or Town, Stata camatary, crematory or other placa) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify) 1-7-98 UWINES MILLS, MD GARRISON TORPST nature of Funeral Sarvica Lice 22. Nama and Addrass of Facility VAUGHN C. GREENE FUNERAL SERVICE 23a. Pert1. Enter the disclasse, or complications that causact the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximation of the disclasse Approximata Intervel Between Onsat and Death Immadiate Ceuse (Finel a RENAL CELL CANCER disaasa or condition rasulting in daath) Dua to (or as a consequence of): Saquantially list conditions, if eny, leading to immediata cause. Entar Undarlying Causa (Disaasa or Injury Dua to (or as a consequence of) that initiated events Dua to (or as a consequance of) rasulting in daath) Last Part II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No 24b. Wera eutopsy findings availabla prior to complation of causa of daath? 24a. Was an autopsy performed? 2 No 25. Was casa rafarrad to madical 26. Place of Deeth (Chack only ona) axaminer? 1 ☐ Yas 2 No

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

show

Director

Funeral

þ

Completed

item 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Medical Examiner must be not fied at

permit. Pages 1 and 2 should be filed within 72 h. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturally Injury or other traumatic aumor."

the Marylend

death

hours after

Baltimore, Maryland 21215-0020

the attending physics 20 Se esn by signed b

68760

Box

P.O.

Records,

Division of Vital

The law requires that the death page 2 should b certificate Physician: After this the Hospital or Attending within 24 hours efter death.

To the Funeral Director: Aft
completely filled in by the fu

State

Examiner Physician/Medical þ Completed Be P Certification: Medical

30. Nama and addrass of person who completed causa of daath (Item 23e) (Type, Print) JAN 0 5 1998 Registrar

29b. Signature anattitle of certifie

1 Natural

2 Accident

3 Suicida

29a. Certifian

4 Homicida

(Check only

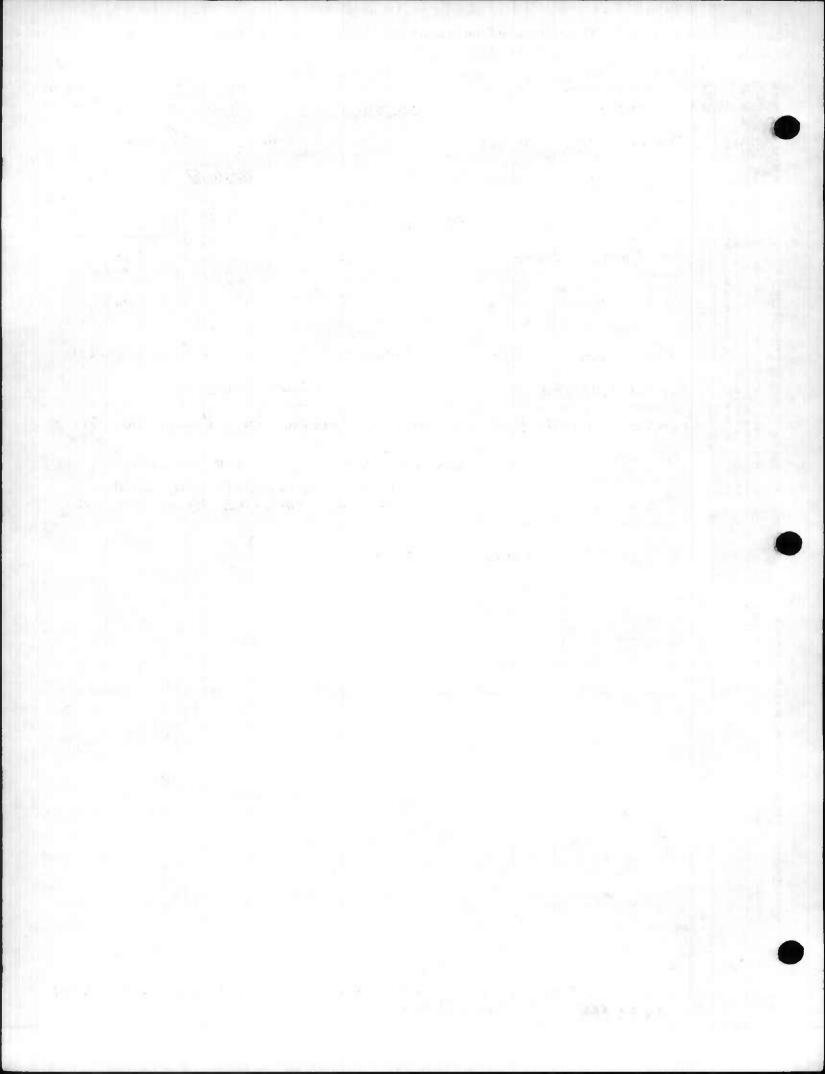
Other: 4 Nursing Homa 5 Rasidence That (Specify HOSPICE 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Yaar) 27. Mannar of Daeth 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding invastigation 1 Yes 2 No 6 Could not be detarmined 28e. Placa of injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straet and Numbar or Rural Routa Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowladge, deeth occurred et tha time, dete end plece, end due to the causa(s) and menner es steted.
2 Medical Examinar: On the basis of axaminetion and/or invastigation, in my opinion, death occurred et tha time, data and place, and due to the ceusa(s) and manner stated.

29c. Licensa number 29d. Deta signed (Month, Day, Year)

DR. PENELOPE EDWARDS, 2300 DULANEY VALLEY RD., TIMONIUM, MD 21093

1 Date filed (Month, Dey, Year)

1 AN 05 1938



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** JAN Month 1998 01 Raymond E. Entsminger 8:00 am /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Glen Burnie 116 Point Pleasant Road Anne Arundel If Under 24 Hrs. Hours Min. 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral** Birthplece (State or Foreign Country) Deys 1₽M 2□ F Months 214-38-2336 Director JUNE 24, 1941 Maryland Usuel Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits MD Anne Arundel Glen Burnie Director 1 Yes 2 No 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? Peges 1 end 2 should be filed within 72 hours efter deeth with in nert of Heelth and Mentel Hygiene. 116 Point Pleasant Road 21060 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2X No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes ¾ ☐ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Be Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry el Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 10 Laborer of Heelth and Mentel Hygie f from 27 is marked other to wother treumetic event, to Roofing/Painting 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme, William Entsminger 2 Lillian Geafton 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Relationship (Type, Print) Daria L. Entsminger/wife 116 Point Pleasant Rd. Glen Burnie, MD 21060 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete permit. Peges 'Depertment of Financiant: If Ne any Injury or of Odce. 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 01/02/98 Baltimore, MD 21. Signeture of Fonerel Service License 22. Name end Address of Fecility Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 shock, or heef failure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in death) Squamous Cell Caccinona ofte Egigloffis **Examiner** Examiner The lew requires that the death certificate be executed the bunei-tran Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence ot) Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown by 24b. Were autopsy tindings aveileble prior to Completed 24a. Wes en eutopsy completion of cause of death? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No this certificate of Vital Physician: Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Medical Certification: To 2 ER/Outpetient 3 DOA 27. Menner of Deeth 1 ☑ Naturel Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be 28e. Plece of Injury - At home, term, street, tactory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide

Within To the ş

> State Registrar

31. Dete tiled (Month, Dey, Yeer) 1998 05

06,00

29b. Signeture and title of gentille

Russell

29a. Certifier (Check only one)

32. Registrer's Signeture

(Item 23e) (Type, Print)

16005

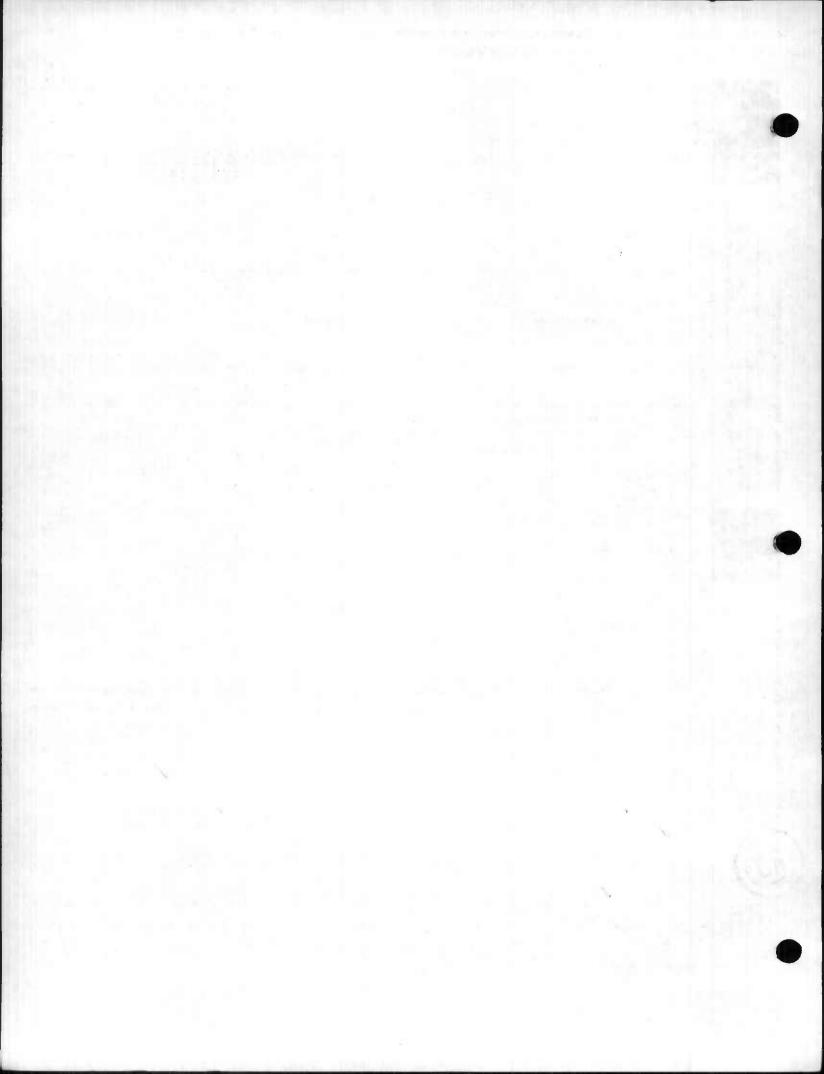
12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

29d. Dete signed (Month, Dey, Year) January 2, 1998

cain Highway Switchoz Glen Onrair, MA. 2106/



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Deeth 3. Time of Death Month Yaar **Physician** 20 MARY FISCHER MPT 1998 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia Howard If Undar 1 Yeer If Undar 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplaca (State or Foreign Country) **Funeral** 10 M 20 F Months 140-16-4393 Yrs. Director Aug. 8, 1910 New York Usual Rasidanca of Decedant the Maryland 10a. Stata Pages 1 and 2 should be filed within 72 hours after death with the Marylan nent of Health and Mental Hygiane.

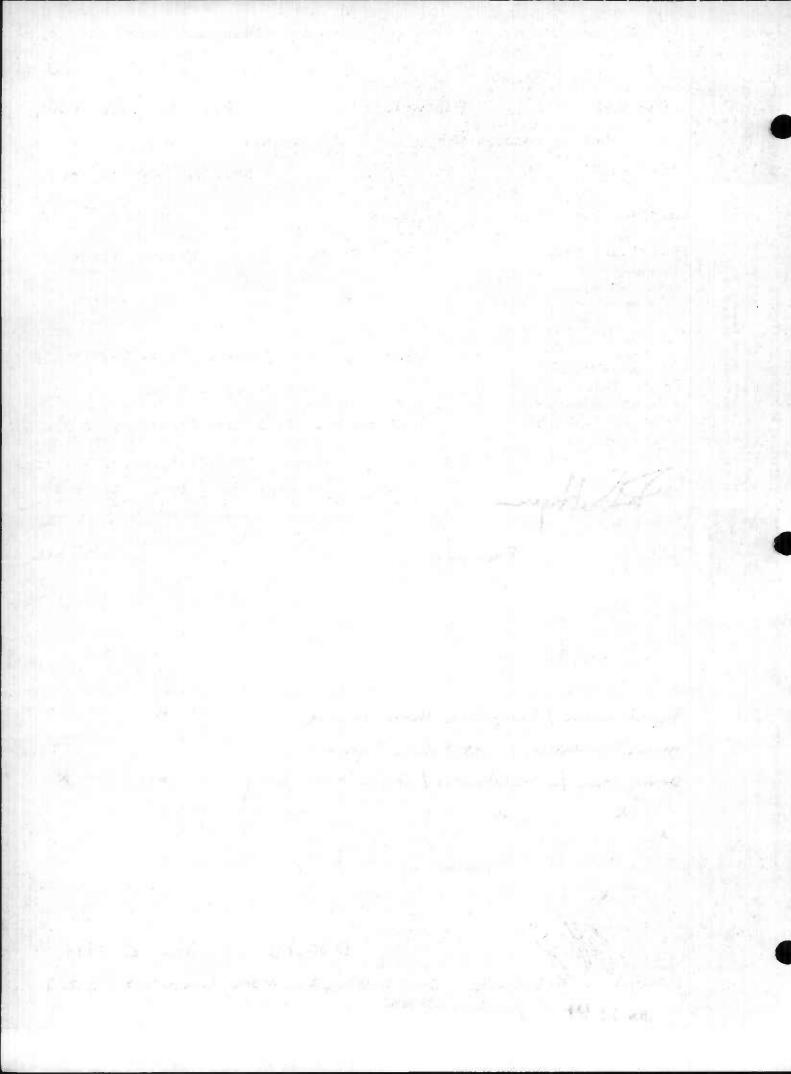
ant: If item 27 is marked other than "naturel", or items 23a or 28a-f show ury or other traumatic event, the Medical Examines must be noursed as 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland Howard 1 Yas 2 No Funeral Director Columbia 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 6336 Cedar Lane 21044 United States 12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Dalas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Stetus 1 ☐ Never Merried 2 ☐ Married 21215-0020 þ 1 ☐ Yas 2 € No Specify: 3 Widowed 4 □ Divorcad Specify: White Completed 15. Decedent's Education (Specify only highast greda complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 Administrative Assistant U. S. Government Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surnama) Be Harry O'Neill 2 Catherine J. Owens 19a. informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Coda) Leonard G. Fisher 6160 Rockburn Hill Road Elkridge, MD 21075 20a. Malhod of Disposition
1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 20b. Placa of Disposition (Nama of cametery, cramatory or other pleca) 20c. Location - City or Town, Stata Dala permit. Page Department of Important: If any Injury or Loudon Park Cemetery 1/5/98Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama and Addrass of Fecility Ambrose Funeral Home, In 1328 Sulphur Spring Road Inc. ArbutusMaryland 21227 23a. Part1. Entar tha disaasa, or complications that causad the daath. Do not entar tha moda of dying, such es cardiac or raspiratory arrast, shock, or heart feilura. List only one causa on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediata Causa (Final 48 hrs Preumonia disaasa or condition resulting in daeth) Examiner Due to (or es e consaguance of): Examiner Sequantially list conditions, if any, leeding to immadiate cause. Entar Undarlying Cause (Disaesa or Injury that Initieted avants rasulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760 The law requires that the death certificate be Physician/Medical the Dua to (or as e consequence of). USB BS Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detact 1 Yes 2 No 3 Probably 4 Unknown Hypertension Congestive Heart Failure Records, Be Completed by 24b. Wara autopsy findings availabla prior to completion of causa of deeth? 24e. Wes an autopsy performed? Atrial Fibrillation / Sick Sings Syndrone Dementies OstroAthritis Faxial Nerve Relay

25. Was case referred to medical axaminar?

Licenstell

Li 1 Yas Wo of Vital or Attending Physician: 26. Placa of Daath Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Rasidanca 6 Other (Specify) Certification: To 1 Yas 2 No nours after death.

neral Director: After this
filled in by the funeral di his 27. Mennar of Deeth 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred Division 1 Netural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be dataminad 3 Suicide 28e. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital 24 hours a 29a. Cartifier Medicai Certifying Physician: To tha best of my knowledga, daath occurrad at tha time, data and placa, and dua to the causa(s) and manner as stated. 2 Medical Examinar: On the basis of axeminetion end/or investigation, in my opinion, deeth occurred at tha time, data and placa, and due to the cause(s) and mennar stated. To the within 2 To the 29b. Signature end titia d 29c. Licansa number 29d. Date signed (Month, Dey, Year) D 36373 10 30. Name and address of pay completed cause of death (Itam 23e) (Type, Print) MARTIN BORNOZ A. 3449 Wilkeys Ave #300 Bruto 10 31. Data filed (Month, Dey, Year) 732 Regiotrar's Signatura ndess. State JAN 0 5 1998 Registrar

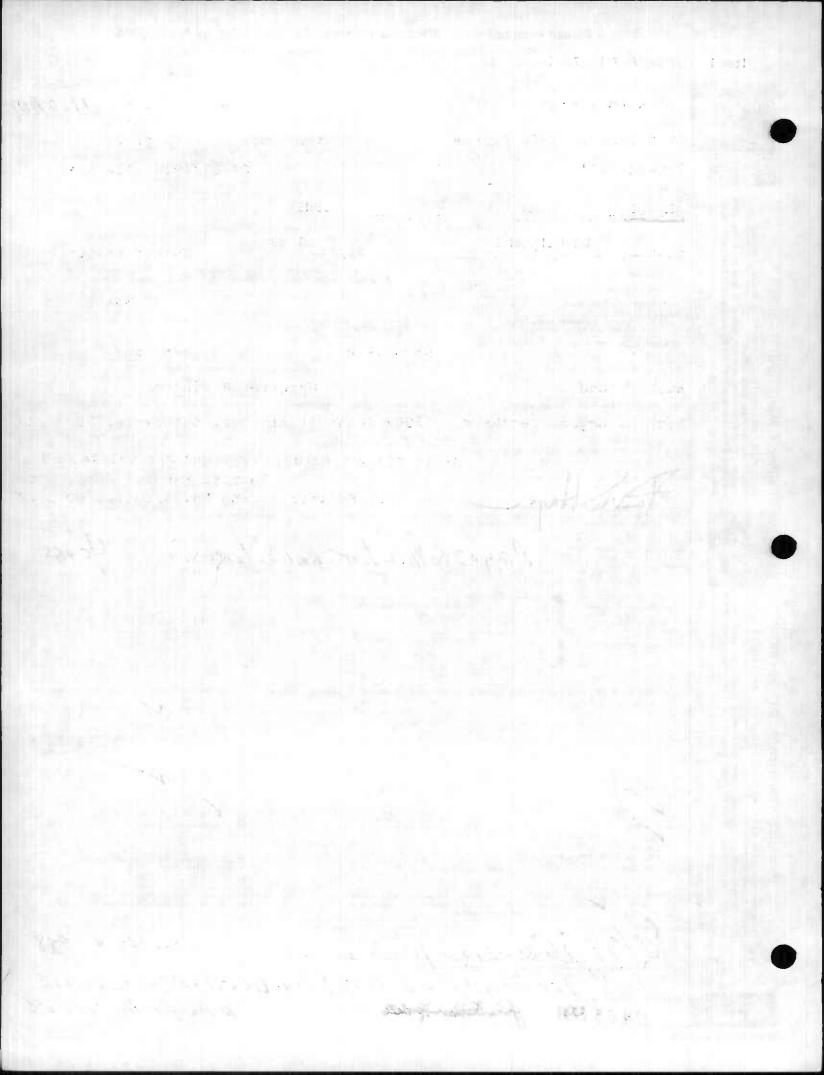


Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

Item 10 abef per FH Film G755 1-20-98 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 4 1998 Alva Lois Fink Jan. /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 2902 Pennsylvania Avenue **Baltimore** Baltimore | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | 0.4/07/1918 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthpiece (Stete or Foreign 6 Sex 10 M 20 F **Funeral** Alabama 220-24-4891 79 Director Usuei Residence of Decedent 10b. County 10c. City, Town or Location DELAWARE Maryland Baltimore 10d. fnside City Limits the Marylan must be notified at LEWIS 1 Yes 2 No Baltimore Directo 10e. Street end Number 121 TULIP DRIVE 10f. Zip Code 10g. Citizen of Whet Country? 19958 with 2902 Pennsylvania Avenue 21227 United States Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 7 is marked other than "natural", or items traumatic event, the Medical Exerciper ma Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, 11. Maritel Status Bieck, White, etc. 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 21X No Specify: Specify White by 3 Widowed 4 □ Divorced 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 16. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) . Pages 1 and 2 should be file ment of Health and Mental Hy ant: If Item 27 is marked oth lury or other traumatic event Authur Dodd Margaret J Fincher 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary M. Boyce, Daughter 2902 Pennsylvania Ave. Baltimore, MD 21227 altimore. 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition

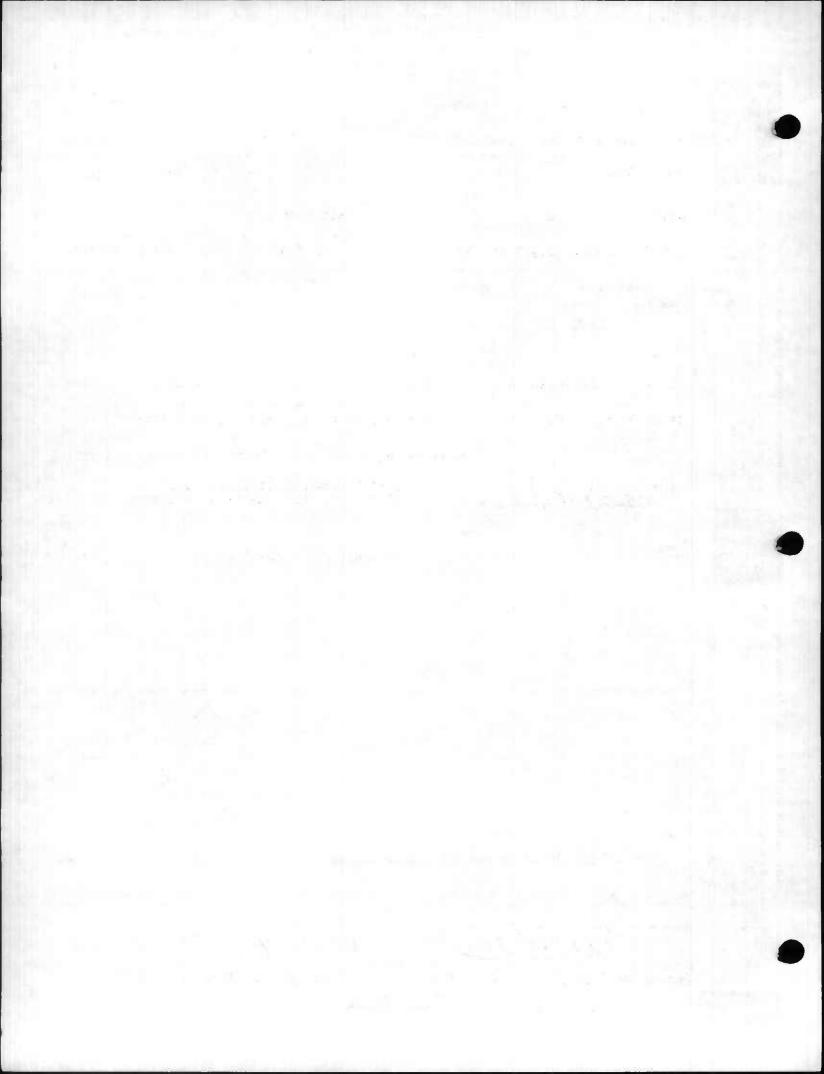
↑ Buriei 2 □ Cremetion 3 □ Removei from State Dete 20c. Location - City or Town, Stete permit. Page Department o Important: If any injury or Druid Ridge Cemetery 1/8/1998 Pikesville, MD 4 □ Donetion 5 □ Other (Specify) 22. Name end Address of Fecility Ambrose Funeral Home, Inc. ture of Funeral Service Licensee 1328 Sulphur Spring Rd. Arbutus, MD 21227 0 Muan 23a. Pertr. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** ATORAL SchoRosis /Medical Immediate Cause (Fine) CORS diseese or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of) of Vital Records, P.O. Box 68760 Physician/Medical 8 Due to (or es e consequence of) 8 gribnetta 997 3 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 2 9 A 1 Yes 2 No 3 Probably 4 Unknown bengs be da by 24b. Were autopsy findings available prior to 24e. Wes en eutopsy Completed peen completion of cause of death? page 2 certificate 1 Yes 2 No 1 □ Ves 2 □ No 25. Wes case referred to medical exeminer?
1 Yes 2 No Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Lo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ă 27. Menner of Death 28a. Dete of Injury (Month, Dev Year) 28c. Injury et Work? 26b. Time of 28d. Describe how injury occurred Certification: After Division 1 Neturel 5 Pending investigation sther death. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Pieca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 26f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide b Hospital Puneral Funeral 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner es stated.

Wedical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end manner stated. Medical (Check only 2 To the P within 2 29b. Signature and title of certified 29c. License numbe 29d. Date signed (Month, Dey, Year) 30. Neme 0 405 31 Date filed (Month Day Ye 5 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

sician		 Decedent's Name (First, Middle, Las 	•	0.00			2. Date of Dear	Day \		. Time of Death
ledical	1 .	Morris Lee	Fis	her			January	Pay 1	998	7:30 AM
miner	ď	4e. Fecility Name (If not institution, give 100 Harborview Dr		300		4b. City, Town, or L Baltimo		4c. County of	Death n/a	
100	-	5. Social Security Number 6. So		e (In yrs. last b	irthday) If Under 1 Year	If Under 24 Hrs.	8. Date of Birth			
eral tor		328 10 9643 Usual Residence of Decadent	737	89	Yrs. Months Days	Hours Min.	May 17,	Year)	Country) India	(State or Foreig
4		10a. State 10b. County		10c. City, To	vn or Location				10d.	Inside City Limits
ctor		Maryland n/a	1		Bal	timore				1 X Yes 2 □ No
Funeral Director	2 2	100 Harborview Dr	., Suite	309	10f. Zip Code	21230	1	og. Citizen of Wh United		
2	2	11. Meritel Status 1 □ Never Married 2 □ Married 3\O\daggregardaried 4 □ Divorcad	12. Was Decedent Armed Forces? 1 ☐ Yes 2 X N If Yes, Give Year or Dates:		13. Was Decedent of H If Yes, specify Cub 1 ☐ Yes 2 No		ecify Yes or No- Rican, etc.)		American I White, etc. Whit	
Completed	bleten	15. Decedent's Ed (Specify only highest grade	ucation de com <i>pleted)</i> College (1-4or 5		Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	netion during most of work d)	ing	16b. Kind of Busi	neas/Indust	ту
Comp	5	9	0011090 (1 401 0		Fire Chief			Private	Compa	any
To Be	0	17. Father's Neme (First, Middle, Last) Walter Benjan	nin	Fis	sher	18. Mother's Nam Anna		Maiden Sumame) arriet		chel
200		19e. tnformant's Name/Relationship (7 James Fisher / So			b. Mailing Address (Street 00 Harborvie				. ,	,
once.	2	20a. Method of Disposition 1 Burial 22 Cremation 3 4 Donation 5 Other (Specify	Removal from State	20b. Place cemeto	of Disposition (Name of bry, crematory or other place Mount Crema	ce)		20c. Location - Ci	ity or Town,	State
ouce.		21. Signature of Funoral Service Licen		orcen	22. Name and Addre CAFA Step	ss of Facility			ore, i	10
-	4	23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	Lunoin	←	8717 Green	n Pasture	s Dr., E	Baltimore	e, MD	21286
ner		Immediate Cause (Finel disease or condition resulting in death)	b	Due to (or es e	consequence ot):	CAN	ICER		3	mths
Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			consequence of):					
edical	2000	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	c		consequence of):					
cian/Medical	2000	resulting in death) Last	c	Due to (or es a	consequenca of):	ren in Part I.	23b. Dtd to	bacco use contr	ibute to the	cause of death
Physician/Medical	The state of the s	resulting in death) Last	c	Due to (or es a	consequenca of):	ren in Part I.	23b. Dtd to			
by Physician/Medical	Danaman de la fa	resulting in death) Last	c	Due to (or es a	consequenca of):	ren in Part I.	~	n autopsy	24b. Were a	y 4 Unknown
Completed by Physician/Medical	The state of the s	resulting in death) Last Part II. Other significant conditions co	c	Due to (or es a	consequenca of):	ren in Part I.	24a. Was a	n autopsy	Probably 24b. Were a	y 4 Unknown
Completed by Physician/Medical	The state of the s	Part II. Other significant conditions co	d	Due to (or es a	consequenca of): In the underlying cause give	26. Plece of Deat	24a. Was a perform	n autopsy ned?	24b. Were a availab comple of deet	y 4 Unknownutopsy findings the prior to the third of cause h?
To Be Completed by Physician/Medical		Part II. Other significant conditions co	c	Due to (or es a ut not resulting	consequenca of): In the underlying cause give give the underlying cau	26. Plece of Deat er: 4□ Nursing Ho y at k?	24a. Was a perform	n autopsy ned?	24b. Were a availab comple of deet 1 Ye	uttopsy findings le prior to tion of cause h?
ation: To Be Completed by Physician/Medical		Part II. Other significant conditions co	d	Due to (or es a ut not resulting	consequenca of): In the underlying cause give give the underlying cau	26. Plece of Deal er: 4⊡ Nursing Ho	24a. Was a perform	n autopsy ned?	24b. Were a availab comple of deet 1 Ye	y 4 Unknown
ation: To Be Completed by Physician/Medical		25. Was case referred to medical examiner? 1	d	Due to (or es a standard programment 2 ER/O y Year) 28b.	utpatient 3 DOA Oth	26. Plece of Deat er: 4 □ Nursing Ho y at k? Yes 2 □ No	24a. Was a perform 1 Ye h (Check only on one 5 Reside 28d. Describe ho	n autopsy ned? as 2 No 3 n autopsy ned? as 2 No es	24b. Were a availab comple of deet 1 Tye (Specify) or Rural Ro	y 4 Unknown uutopsy findings le prior to stion of cause h? s 2 No
To Be Completed by Physician/Medical		25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth To Natural Investigation 3 Suicide 4 Homicide Homicide Homicide See Homicide Homici	d	Due to (or es a ut not resulting ut not resulting 2 ER/O y Year) 28b. (Specify)	utpatient 3 DOA Oth Time of Injury M 1 arm, street, factory, office	26. Plece of Deat er: 4 Nursing Ho y at k? Yes 2 No	24a. Was a perform 1 Ye h (Check only on one 5 Reside 28d. Describe ho	n autopsy med? as 2 No n autopsy med? as 2 No as 2 No	24b. Were a availab comple of deet 1 Tye (Specify) or Rural Ro are es atated due to the	y 4 Unknown untopsy findings le prior to stion of cause h? s 2 No unte Number, findings
ation: To Be Completed by Physician/Medical		Part II. Other significant conditions condit	d	Due to (or es a ut not resulting ut not resulting 2 ER/O y Year) 28b. (Specify)	utpatient 3 DOA Oth Time of Injury M 1 arm, street, factory, office e, death occurred at the tind/or investigation, in my o	26. Plece of Deat er: 4 Nursing Ho y at k? Yes 2 No	24a. Was a perform 1 Ye h (Check only on one 5 Reside 28d. Describe ho	n autopsy med? as 2 No n autopsy med? as 2 No as 2 No	24b. Were a availab comple of deet 1 Tye (Specify) or Rural Ro are es atated due to the	y 4 Unkno



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day Month Year William January 1998 8:00 am Harcourt Grauer 4a Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Good Samaritan Hospital N/A Baltimore If Under 1 Year 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 24 Hrs 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Davs Months Hours Yrs 216-07-8193 82 March 30, 1915 Maryland Usual Residence of Decedent 10a. Stata 10c, City, Town or Location 10b. County 10d. Insida City Limits 1 X Yas 2 □ No N/A Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5312 Holder Avenue 21214 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 1 Yes 2 □ No If Yes, Give 14. Race - American Indian, Black, White, etc. 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Nevar Married 2 ☐ Married If Yes, Give Year or Dates: WW II 1 Yes 2 No Specify: Specify 3 ₩ Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Pennsylvania Elamentery/Secondary (0-12) College (1-4or 5+) Brakeman Railmoad 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) John Henry Grauer, Sr. Elsie May Harcourt 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Bernard J. Landers/Nephew 12710 #12 Old Bridge Road Ocean City, Maryland 21842 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 □ Cramation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Lorraine Park Cemetery 1/6/97 Baltimore, Maryland 21. Signature of Funeral Service Licensee Brian A. Willem 22. Nama and Addrass of Facility Leonard J. Ruck Funeral Home, Inc. Burn a. Willen 5305 Harrford Road Baltimore, Maryland 21214 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heert failure. List only one cause on each line. Approximate Intervel Between Onset and Death Immediate Cause (Finel Pneumonia disease or condition resulting in death) Due to (or as a consequence of): of the Cancer Larvnx Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Dua to (or as e consequenca of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 X Yes 2 No 3 Probably 4 Unknown Hypertension 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed?

Physician Examiner

Physician

/Medical

Examiner

Funeral

Director

Show

r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at

Directo

Funeral

by

Completed

Be

the Marylend

WITH

death

Pages 1 and 2 should be filed within 72 hours after or nent of Health end Mentel Hygiene. nett of Health end Mentel Hygiene. nt: if Item 27 is marked other than "naturel", or item

other than

traumatic event.

other t

8 permit. Page Department of Important: If any Injury or

Baltimore, Maryland 21215-0020

Box 68760. the SE P.O. ed by the a signed by t d be detech Records, peen has page 2 certificate Division of Vital director,

funeral

Examiner Physician/Medical by Completed i or Attanding Physician: after deeth. Director: After this certific Be 2 Certification: 2

To the Hosp within 24 hor To the Fune completely II

filled in Hospital 24 hours a Funerel C

Medical

State

Registrar

Shahin Hani A. 31. Dete filed (Month, Dey, Yeer) JAN 05

5 Pending

Investigation

6 Could not be determined

25. Was case referred to medical

1 Yas 2 No

27. Manner of Death

1 X Naturel

2 Accident

3 ☐ Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signature and titla of cartifia

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

Hospital:

28e. Date of Injury (Month, Day Year)

29c. Licansa number

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated.

1 ☐ Yes 2 ☐ No

29d. Data signed (Month, Day, Year) an

Location (Street and Number or Rural Route Number, City or Town, State)

1 ☐ Yes 2 X No

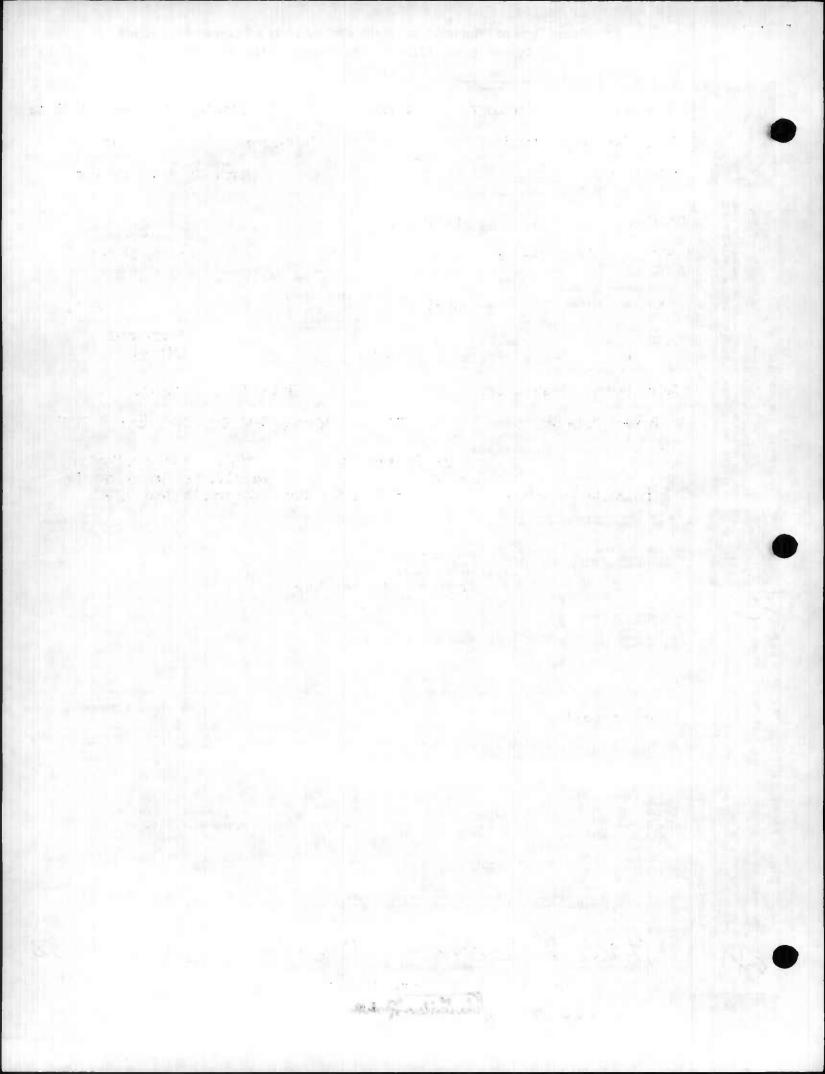
28d. Describe how injury occurred

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

1 ☐ Yes 2 ☐ No

Good Samaritan Hospital



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month 9:20 pm BEATRICE L. **GERMANO** 1, JANUARY 1998 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death MIDDLE RIVER BALTIMORE 8 HEBRON DRIVE If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Days Hours 1 □ M 2 🖾 F Yrs. 212229772 FEB. 11 1925 MARYLAND Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MIDDLE RIVER BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21220 USA 8 HEBRON DRIVE 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 No If Yes, Giva Yaar or Datas: 1 Never Married 2 ☐ Married Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) ACCOUNTING 12 ACCOUNTANT 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) MARIA MENTO GIOVANNI GERMANO 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JAMES REINSFELDER / FRIEND 8 HEBRON DRIVE MIDDLE RIVER, MD 21220 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date DBurlal 2 Cremation 3 Removal from State HOLY REDEEMER 4 ☐ Donation 5 ☐ Other (Specify) 01/5/98 BALTIMORE, MD of Funeral South Ligensae 22. Name and Address of Facility CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE BALTO, MD 21237 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death tmmediete Ceuse (Final disaase or condition resulting in death) CLA Que to (or as a consequenca of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 28 Wo 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? SILINO 1 Yes 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28e. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 1 Natural
2 Accident 5 Pending 1 TYes 2 No Investigation 3 Suicide 28e. Ptaca of Injury - At home, farm, street, factory, offica building, etc. (Specify)

bugal-transit use signed by t Division of Vital Records, page 2 certificate has funeral After or Attanding after death. Diractor: Aft

Physician

/Medical

Examiner

Director

Funerai

by

Completed

Be

Funeral

Director

ir than "natural", or flams 23s or

should be filed within 72 hours after nd Mental Hygiene. marked other than "natural", or ite

permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any Injury or other traum once.

Physician

/Medical Examiner

Examiner

Physician/Medicai

þ

Completed

Be

To

Certification:

Medicai

filled in by

A 24 hour

To the I within 2

altimore, Maryland 21215-0020

with the Maryland r 28a-f show

death

25. Wes case referred to medical examiner? 1 ☐ Yes 2 No 27. Manner of Deeth

6 Could not be determined 4 | Homicide

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner es stated.

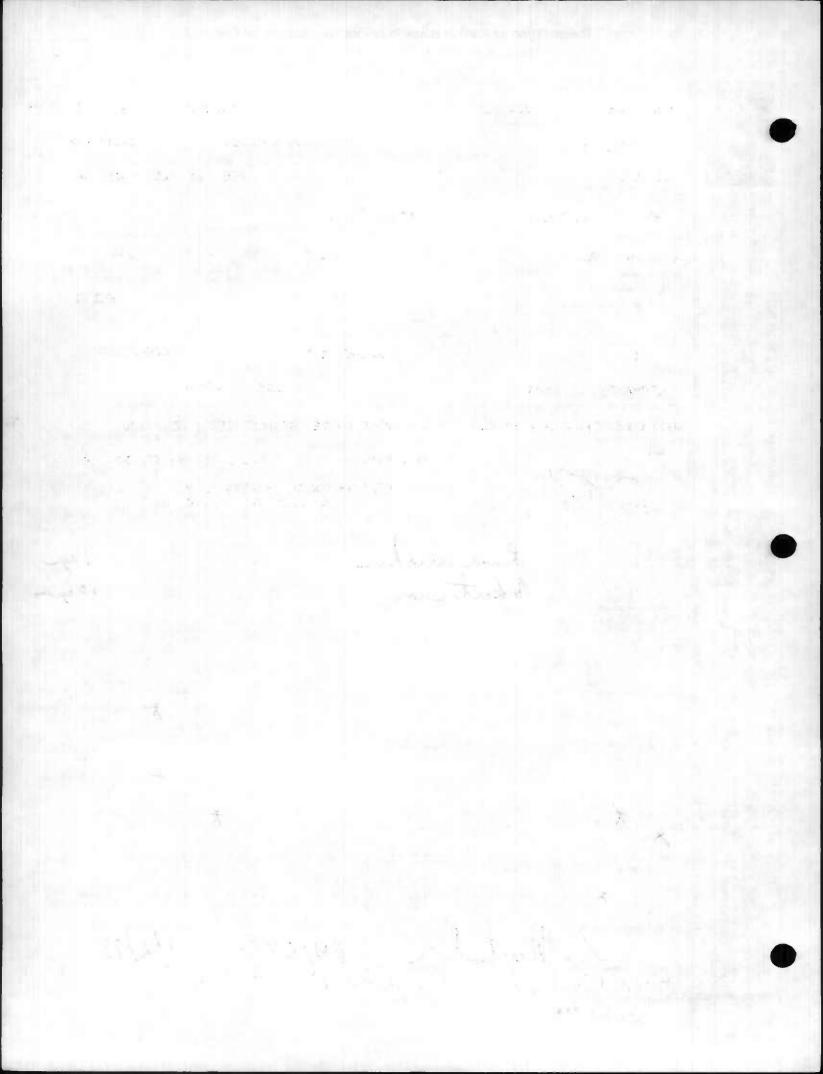
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29c. Licansa number 29d. Date, signed, (Month, Day, Year) 29b. Signature and title of

d cause of death (ttem 23e) (Type, Print) 30. Name and eddress of person who complete Dolph

82 Registraria ligranum 31. Date filed (Month, Day, Year) JAN 05



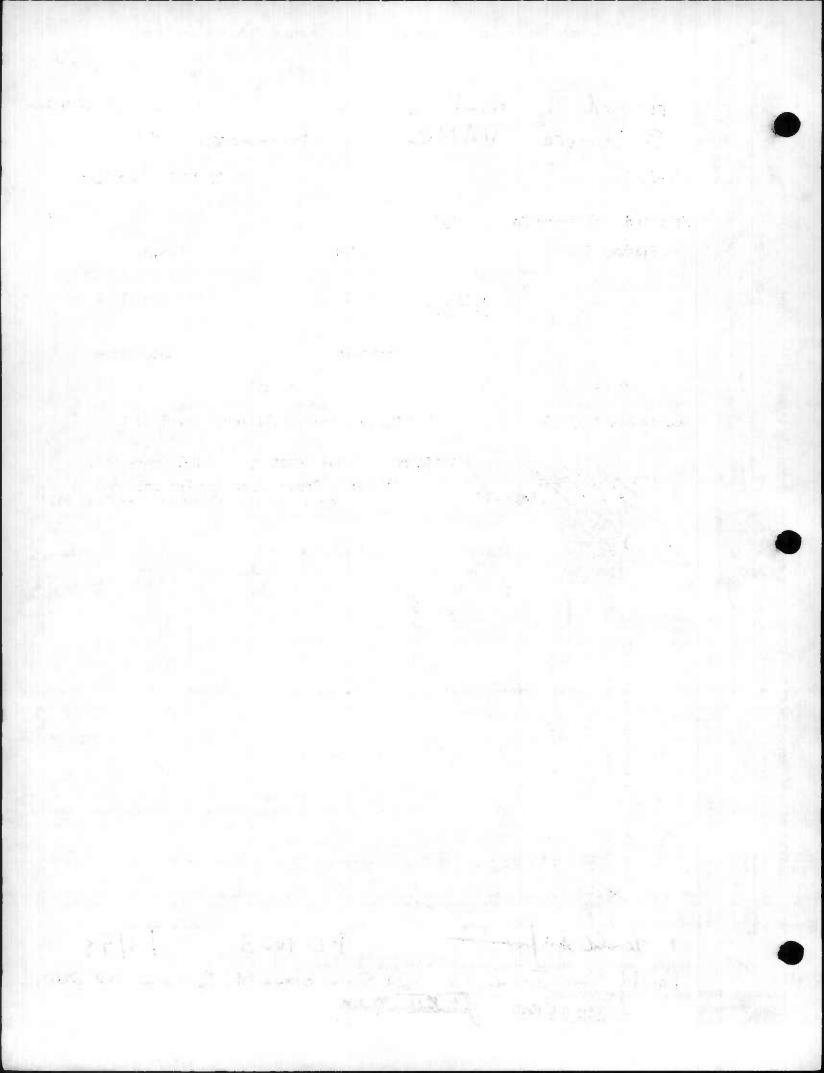
Registrar



State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedant's Nama (First Middle Lest) 2 Data of Death 3. Time of Deeth Month **Physician** 4a. Facility Nama (If not institution, give street and number) Hawkins 2:40am /Medical 4b. City Town, or Location of Death Baltimore 4c. County of Death Examiner saltimore If Under 1 Yaar | if Under 24 Hrs. 5. Social Sacurity Number Birthpiaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** Days 1) M 2□ F 70 Yrs. Director 218-22-6058 10 22 1927 Maryland the Maryland 10a Stata 10h Count 10c. City, Town or Location 10d. insida City Limits or 28a-f show Examiner must be notified at 1 Yas 2 No Director Maryland Baltimore Co. N/A 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 718 Gladway Road 21220 U.S.A. items 23a Funerai e filed within 72 hours after death val Hygiene. 12, Was Decedant Ever in U.S. Armed Forcas? 1X Yes 2 No 1Yes Give 0/20/50 Year or Date 2/12/56 11 Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No. If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify. by Specify: Black 3 ☐ Widowad 4 ☐ Divorced Completed traumatic event, the Medical 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacadant's Education (Spacify only highest greda complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) Mechanic Automotive 12th permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If frem 27 is marked othe any Injury or other traumatic event. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be John Hawkins Irene Hale 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rurel Routa Number, City or Town, Steta, Zip Coda) Audrey Hawkins/Wife 718 Gladway Road, Baltimore, Maryland 21220 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1\(Buriei 2 \(\text{Cramation} \) 3 \(\text{Ramoval from Stata} \\ \text{Donation} \) 5 \(\text{Other} \(\text{Specify} \) Baltimore National Cemeter 6/98 Baltimore, Md. 21. Signature of Fund Selving 22. Name and Addrass of Facility William C. Brown Community Funeral Home course 1206 W. North Avenue, Baltimore, Maryland 21217 Inter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Approximeta interval Betwaan Onset and Death **Physician** /Medical Immediate Ceusa (Final en cent diseesa or condition rasulting in death) **Examiner** Examiner raducar Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es a consequance of): Division of Vital Records, P.O. Box 68760. or Attending Physician: The lew requires that the death certificate by Physician/Medical thet initieted avants rasulting in daath) Last Dua to (or as a consequence of): Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? 2 No 1 TYes 3 Probably 4 Unknown by Completed 24b. Ware autopsy findings available prior to completion of causa of daath? 24e. Wes en eutopsy performed? ONESS certificate 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) 200 No Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 2 1 Yas 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Deal Certification: 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred After 5 Panding Investigation 1 Natural
2 Accidant death. n 24 hours after death.

Funeral Director: A pletely filled in by the fu 1 Yas 2 No 6 Could not be 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of tnjury - At homa, farm, straet, fectory, office building, atc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end manner as stated.

2 Medicat Examiner: On the best of examinetion end/or invastigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(s) end manner stated. Medical 29a. Certifier pletely minetion end/or invastigation, in my opinion, daath occurred at the time, date end piece, and dua to tha cause(s) within 2 To the F 29b. Signatura end titla of certifian 29d. Data signed (Month, Day, Year) 30. Name end eddress of person who ted causa of death (item 23e) (Type, Print) South Greene St., Baltimake MD 31. Date filed (Month, Day, Year) 32. Registrar's State Registrar



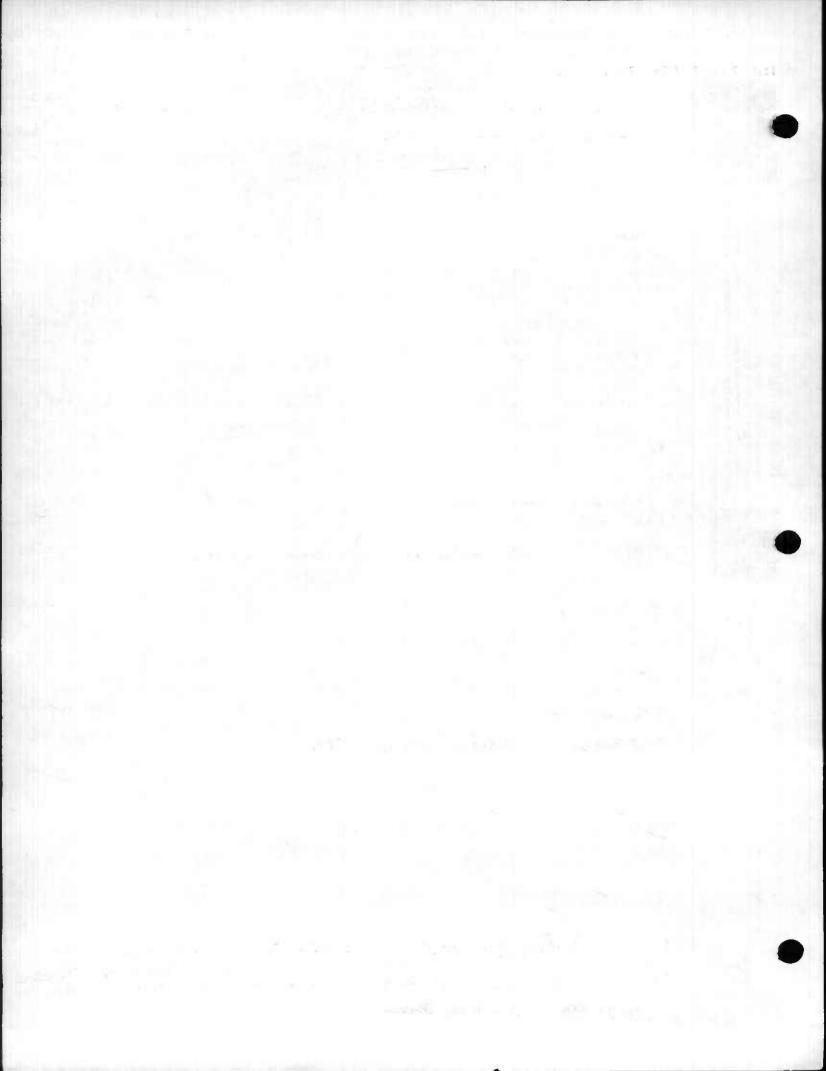
State of Maryland / Department of Health and Mental Hygiene Item: 7 Per FH FilmpG-755 1-5-98RC Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death 032 Physician Month VONNE JANUARY /Medicai 4c. County of Death 4e. Facility Name (If not institution, give street end number)
NOATHWEST HOSPITAL 4b. City, Town, or Location of Death Examiner RANDAILSTOWN 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Davs Hours Min. (Month, Dey, Year) 5. Social Security Number Birthplace (State or Foreign Country) Sex 1□ M 2XF 41 **Funeral** 217-10-1297 Yrs. Director 6, Usual Residence of Decedent the Maryland 10a. State 10h County 10c. City, Town or Location 10d. Inside City Limits t than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yes 2 No Director 1Kesuille 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21208 4722 uncannon Funeral Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 11. Maritai Status 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Specify: Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) iges 1 and 2 should be filed within 7 it of Health and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Operatos NA 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Wooten und sau the 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Duncannon Dad Pikesuille 21208 Walter 20a. Method of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, State Date Pages nent of F permit. Page Department of Important: If any Injury or Constany 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22, Name and Address of Facility lady Warre Arenue Balto Hed 2/2/5 Warash 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** 3 MONTHS immediate Cause (Final disease or condition resulting in deeth) /Medicai METASTATIC FOENDONA CINOMA **Examiner** Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760 Physician/Medicai Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Unknown 1 ☐ Yes 2 ☐ No DIVERMONIA Records, 24b. Were autopsy findings eveilable prior to completion of ceuse of deeth? ecelusion) 24e. Wes en eutopsy performed? Completed RIGHT certificate 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: 25. Was cese referred to medical Be 26. Place of Deeth (Check only one) Hospital: 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Date of injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 1 Matursi 5 Pending Investigation As effer de. 1 Yes 2 □ No deeth. 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours e Medicai 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and manner stated. 29a, Certifier 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print) ORIANDO CONTANAN RED 31. Date filed (Month, Dey, Year) State

Registrar

JAN 0 5 1998



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	3 should		
	-transit permit. Pages 1, 2,		
	Page	•	
	ermit.		
	nsit p		
Sician	ial-tra		
d phy	e bur		
lendin	35 1		
or aft	M USe		
spital	ned fo		
he ho	detact		DRCA
9	d be		l at
retained	5 shoul		notified
ay be	page		pe
E	ctor,		must
1306	al dire		ner
death.	funer		ther traumatic event, the medical examiner must be not
anter	y the	noval.	cale
2000	d in	or rel	medi
7 7 1	y fille	tion,	the
WITH	pletel	Crema	rent.
Dam	TOO E	urial.	ic en
exe	an and	10 0	пша
ate D	hysici	Duoi i	r tra
Cerum	lending physician and	ygiene	othe
Eath	attend	mtal H	Y. O.
ane c	y the	d Me	niu
S UTAL	d ben	of the	any
adnike	n sig	of Hea	hows
dw r	as bee	ept.	23 \$
IIIc	ate ha	tate D	tem
LIAN	pirtific	20	-
PTHIS	this cert	Ģ,	rhed
Times.	BCTDR: After thi	and the state Dept. of Health and	m 28 is marked, or item 23 shows any injury, or oth
6210	CIDA	ĝ	28
5	9		E

REGISTRAR 1. DECEDENT'S NAME (FI	irst. Micirlia Laut		C	ERTIF	ICALE	: OF	DEA	H		REG. NO).			
I. DECEDENT 3 NAME (FI		Ruth Le	ssner						2. DATE MONT	n. 2,	1998	YEAR	3. TIME OF DEATH 9 a.m	
4. SOCIAL SECURITY NU 213-74-5558		5. SEX 1 M 2 XF	8. AGE (In yrs. In 90	el birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH		Count	"	
9a. FACILITY NAME (If no	t institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	Sept. 7,1907				Maryland ITY OF DEATH	
7101	Rockla	nd Ave.			F	Pike	svil	le		Ba			ltimore	
10e. STATE Md.		timore		10c. CIT	Pike								10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
100. STREET AND NUMBE		kland Ave				10f	ZIP COD	1.208				U.S.	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 [3 Widowed 4 December 1		12. WAS DECEDEN FORCES?	YES 2	RMED (NO	1	r yes, spe	ENDENT Code Cuba 2 100	n, Maxica	n, Puerto	N? (Specify Ye Rican, etc.)	a or No—	BIBÇI	- American Indien, k, White, atc.	
15. Di (Specify o	ECEDENT'S EDU	CATION completed)	16a, D	ECEDENT'S	USUAL OC	CUPATIO	N of of working		16b	. KIND OF BU	SINESS/IN			
Elementary/Secondary		College (1-4 or 5	+) iii	Give kind of a. Do NOT u	se retired.) OUSEW		st or works	ny .		Homen	aker			
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	ME (First, I	Middle, Malden	Surname)			
	ert Jack	kson						Ali	ce S	mith				
19a. INFORMANT'S NAME										ber, City or Tow				
John L. I		, Sr.	1	713 S	nowfa	111 1	way,	Wes	tmin	ster,	Md.	2115	7	
20a. METHOD OF DISPOS 1 Description 2 Crema 4 Description 5 Oth	tion 3 Rame	oval from State	20b. PLACE cometery, co Drui	AND DATE	of Disposi	TION (Nai	ne of tery	Jan	DAT	1998	Pike:	City or To	wn, State Le, Md.	
21. SIGNATURE OF FINE	SERVICE LIC	La A	f		22. P	NAME AN	D ADDRE	SS OF FA	CILITY	Chape			21117	
immediate cause (F	nesrt fellure.	complications the List only one cau	se on each lin	a.	not enter	160°	Re:	iste	rsto h aa card	wn Rd.	. Ow:	ings rest,	Mills, Mo	
snock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	litions, sediate Ying	DUE TO	t coused the dise on each lin OR AS A CONSE (OR AS A CONSE	OUENCE O	not enter Hea	160°	Re:	iste	rsto h aa card	wn Rd.	. Ow:	ings rest,	Mills, Mo	
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA	Hitlons, lediste Ying Jury	DUE TO DUE TO	OR AS A CONSE	OUENCE OF	not enter Hear	160° the moo	7 Reside of dyi	iste;	rstor has care	wn Rd.	• OW:	rest,	Mills, Md Approximata Interval Betwee Onset and Dec	
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events	Hitlons, lediste Ying Jury	DUE TO DUE TO	OR AS A CONSE	OUENCE OF	not enter Hear	160° the moo	7 Reside of dyi	iste	rstor has care	wn Rd.	AUTOPSY	rest,	Mills, Md Approximata Interval Betwee	
IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA PART II. Other aignifications of the condition of th	Hitions, lediste Ying Jury List Cont condition	DUE TO DUE TO DUE TO C. DUE TO	OR AS A CONSE	OUENCE OF	not enter Hear	the mod	Re:	iste: ng, such	Part I.	240. WAS AN PERFOR	AUTOPSY	rest,	MILIS, Md. Approximata Interval Betwee Onset and Dea	
IMMEDIATE CAUSE (Figure 1) IMMEDIATE CAUSE (Gleense or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA PART II. Other aignification of the condition of the c	Hitions, lediste Ying Jury List Cont condition	DUE TO	OR AS A CONSE	OUENCE OF	not enter Hear Fig. Fig. OTHER	derlying	Cause (iste: fu given in	rstor has care	240. WAS AN PERFOR	AUTOPSY	rest,	MILIS, Md. Approximata Interval Betwee Onset and Dea	
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignifications of the condition of the cause of the caus	Hitions, lediste Ying Jury List Cont condition	DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE DEPLOYED	OUENCE OF	OTHER 4 Nursi	derlying	Cause (iste: full full given in	Part I.	24e. WAS AN PERFOR	AUTOPSY MAED?	24b.	MILIS, Md. Approximata Interval Betwee Onset and Dea	
IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA PART II. Other aignification of the cause of t	Hitions, lediste Ying Jury List Cont condition	DUE TO	IOR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	OUENCE OF	OTHER 4 Nursi	derlying 26. PL ing Home 28c. NJL WOF	Cause (iste: ful given in EATH (Chesidence	Part I.	24e. WAS AN PERFOI	AUTOPSY MAED?	24b.	MILIS, Md Approximata Interval Betwee Onset and Dec WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
IMMEDIATE CAUSE (fideease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA PART II. Other aignification of the cause of	Hitions, lediate YING Jury LST Cont condition TO MEDICAL Pending	DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE	IOR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	OUENCE OF	OTHER 4 Nursi	the mooth the mo	Cause	iste: ful given in EATH (Chesidence	Part I. Part I. 28d. DES	24e. WAS AN PERFOR	AUTOPSY MAED?	24b.	Mills, Md Approximata interval Betwee Onset and Deconset	
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA PART II. Other algnification of the condition of t	Ilitions, sediate YING Jury AST TO MEDICAL TO MEDICAL Could not be determined	DUE TO DU	JOR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not (OR AS A CONSE (OR AS A CONSE	OUENCE OF OUENCE	OTHER 4 Nursi	derlying 26. PL : ing Home 28c. INJL WOOT 1 Y, office	Cause of Discourse	given in sidence NO	Part I. Part I. Deck only on 6 Other 286, LOC, City on	24e. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State)	AUTOPSY MAED?	24b. CURED or Rural R	Mills, Md Approximata interval Betwee Onset and Deconset	
Sequentially list condition resulting in death) CAUSE (Disease or in that initiated eventa resulting in deeth) LA PART II. Other aignification in the condition of	Ilitions, lediste Ying Jury ST Cant condition TO MEDICAL TO MEDICAL Pending Investigation Could not be determined RTIFYING PHYSIK DICAL EXAMINER E OF CETI FIER	DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE T	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not ER/Outpatient : INJURY — At he etc. (Specify) my knowledga, detamination and/or	OUENCE OF OUENCE	OTHER 4 Nursi E OF URY M Istraet, factor and at the time, in my open and at the time, in the time,	derlying 26. PL : ing Home 28c. INJL WOOT 1 Y, office	Cause of Discount Action of Disc	given in sidence NO	Part I. Part I. 28d. DES 28f. LOC. City of the cautime, data	24e. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State)	AUTOPSY BMED?	24b. CURED or Rural R ed. e cause(s)	Mills, Md Approximate interval Betwee Onset and De WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 MO	
IMMEDIATE CAUSE (disease or condition resulting in death)	Ittions, lediate ying large and conditions and conditions and conditions are also and conditions are a	DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE T	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not ER/Outpatient : INJURY — At he etc. (Specify) my knowledga, detamination and/or	OUENCE OF OUENCE	OTHER 4 Nursi	derlying 26. PL : ing Home 28c. INJL WOOT 1 Y, office	Cause of Discount Action of Disc	iste: ing, such piven in EATH (Che sidence NO and dua	Part I. Part I. 28d. DES 28f. LOC. City of the cautime, data	24e. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State)	AUTOPSY BMED?	24b. CURED or Rural R ed. e cause(s)	MILLS, Mc Approximate interval Betwo Onset and De Onset a	

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Lest) 3. Time of Deatham 2. Dete of Death **Physician** Month Day William Edward Lindt /Medical 4e. Facility Neme (If not institution, giva street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Union Memorial Hospital Baltimore 5. Social Security Number If Under 1 Yaar If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthpiaca (State or Foraign Country) **Funeral** 1 X M 2□ F Deys 219-07-0041 88 Yrs. Director July 11, Maryland Usual Rasidance of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at 1 XYas 2 No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4126 Coleman Avenue 21213 United States Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-II Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. I ☐ Yas 2 🛣 No If Yas, Give Year or Datas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No py Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grads complated) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Mass Transit Repairman 17. Fathar's Name (First, Middle, Last) 16. Mother's Name (First, Middle, Meiden Surname) William Lindt Katharine Schriber 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Bessie M. Lindt / Wife Baltimore, Md. 4126 Coleman Avenue 21213 20a. Mathod of Disposition 20b. Placa of Disposition (Neme of camatary, cremetory or othar pleca) 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith Cemetery 1/5/98 Baltimore, Maryland 21. Signeture of Funarai Service Licensee Mark T. Zavoyna Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. made 21214 23a. Part1. Enter the disease, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiac or raspiratory arrast, ahock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner intestinal haemonlage week. Disease years Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a con Physician/Medical the Due to (or as a consequence of) 980 Jo signed by the a d be detached i Pert II. Other algorificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy lindings available prior to completion of cause of death? Completed 24a. Was an autopsy carrinoma peed has certificate 1 Yes 2 No 1 Yas 2 No Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director; After this certifica 25. Was case reterred to medical examiner? Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA funerai 28a. Date of Injury (Month, Day Year) 27. Menner of Death Certification: 28b. Time of 26d. Describe how injury occurred 28c. Injury et Work? 1 Natural 2 Accident 5 Pending Investigation 1 Tyes 2 No filled in by the 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) 4 Homicide To the Hosp within 24 hou To the Funer completely fil 29a. Certifier 🔁 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) end manner as steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and mediner stated. 29b. Signature 29d. Data signed (Month, Day, Year)

use of death (Item 23a) (Type, Print)

32. Register's Signature

Guna Daydoon

201 E. University Parkway

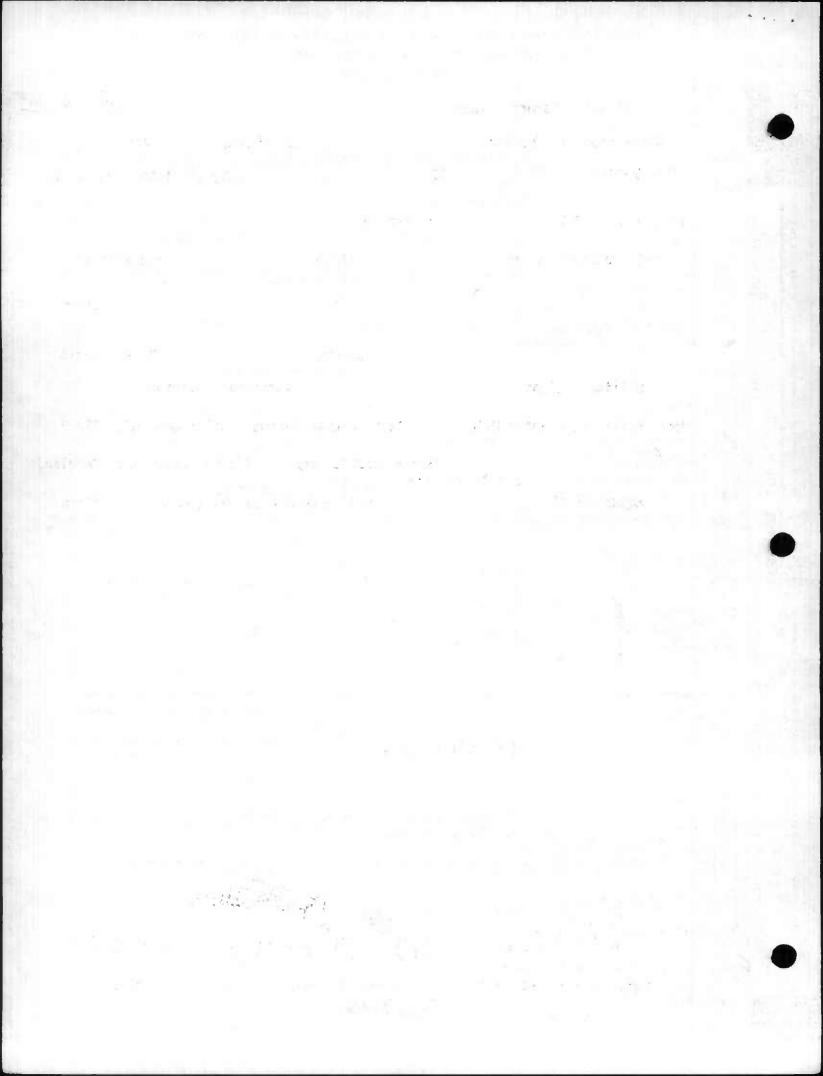
Baltimore, MD

21218

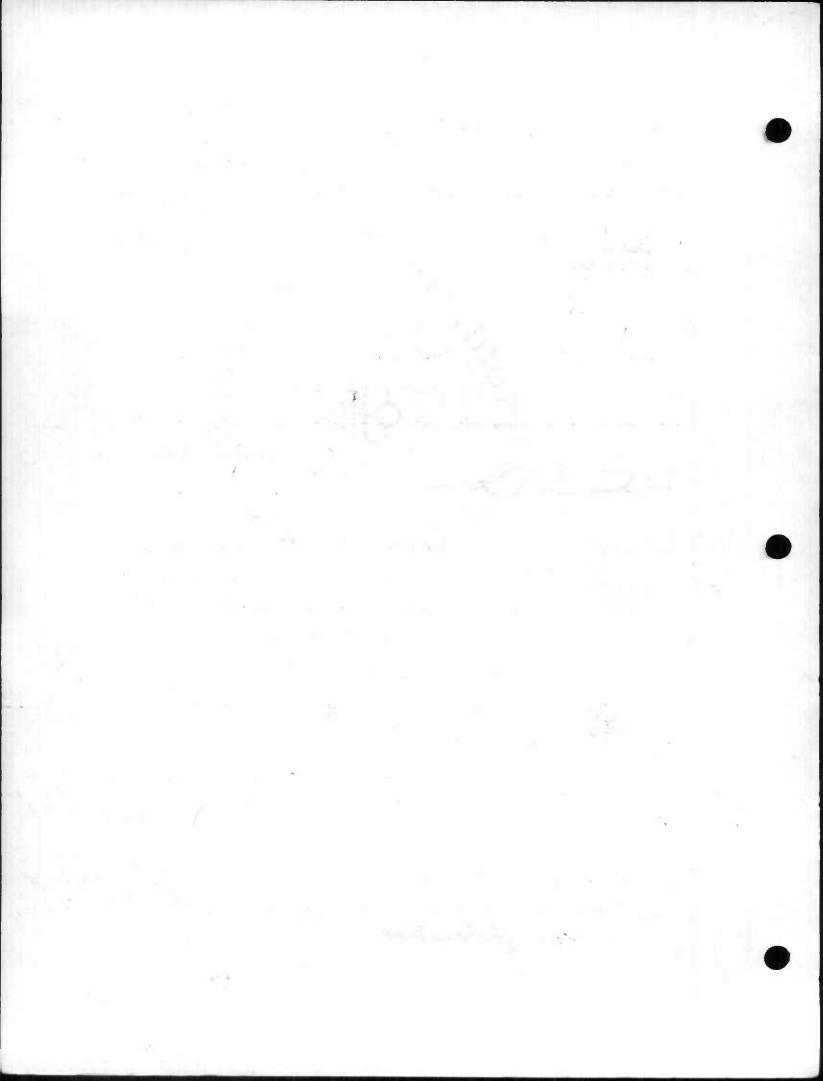
State Registrar Gunta Wheeler,

MD.

JAN 0 5 1998

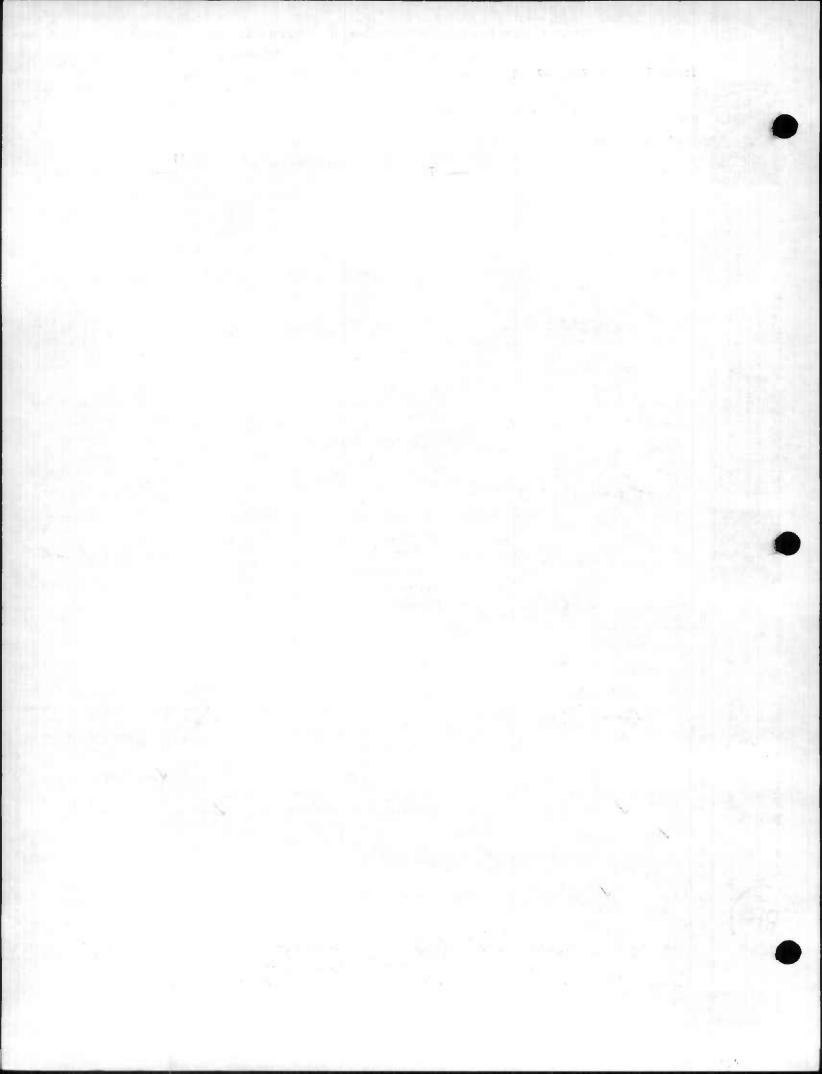


	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARGUERTTE			ST		2. DATE OF DEATH DAY	1995	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BUILD	6. BI	RTHPLACE (State or Foreign
- 55	010 06 1511	1 M 2 X F	83 YRS. MO	NTHS DAYS	HOURS MIN.	Oct. 25,	L914	Md.
	219-36-1711 90. FACILITY NAME (If not institution, give	attend and annual and		OUT IN TOWARD				
DIRECTOR	Greater Baltimore				WSON	EATH	9c. COUNTY O	imore
S	10e. STATE 10b. COUNT	ry	10c CITY T	OWN OR LOCAT	TON			10d. INSIDE CITY
匠								LIMITS?
	Md.	N/A	Bal	Ltimore	!			1 X YES 2 NO
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
띮	746 E. 37th St.				21218		Ţ	JSA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yee	or No.— 14. B	ACE — American Indian,
I	1 Never Married 2 Married	FORCES? 1 YES	2 NO	It yee, sp	ecify Cuben, Mexica	in, Puerto Rican, atc.)	E	lack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 NO Specif	y:	s	White
	A	1						
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		18e. DECEDENT'S US (Give kind of work	done during mo	ON ost of working	16b. KIND OF BUSI	NESS/INDUSTR	Υ
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use re	etired.)				
7	12		Home make	r		Own hor	ne	
M	17. FATHER'S NAME (First, Middle, Last)		THOME MAKE	,	40 MOTHEDIO MA	ME (First, Middle, Maiden S	_	
$\ddot{\circ}$	Tr. Patters o thank (1 not, mound, Last)					ME (First, Middle, Maideri S		
BE	John		Bosley		Alice		Qpp	enshaw
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ODRESS (Street I	and Number or Rural	Route Number, City or Town,	State, Zip Code)
5	Mrs. Shirlee M. H	Rialczak/dtr.	146 War	cwick I	r. Luthe	erville, Md	21093	3
	20e. METHOD OF DISPOSITION		b. PLACE AND DATE OF				ATION — City of	
	1 Buriel 2 □ Cremetion 3 □ Res	moval from State	emetery, cremetory or other	plece)				
	4 Donation 5 Other (Specify)		arkwood Cer				kville,	Md.
	21. SIGNATURE OF FUNERAL SERVICE	methodia V		22. NAME A	ND ADDRESS OF FA	CILITY	Tna	
	11 1 X	- JAIRI				uneral Home	-	
	A 2007	-vox		1050 Y	ork Rd.	Towson, Md	. 21204	
	23. PART i. Enter the disease, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Cardia			Ty Fa.	Ive o	lue	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	benrs	A CONSEQUENCE OF:	Arta. Dise		majon		10
MEDICAL	PART II. Other significent condition	ons contributing to death	but not resulting in	the underlyin	g ceuse given in	Pert i. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
-	DID TOBACCO USE CON	TRIBUTE TO CAUSE	OF DEATH YES	□ NO 5	UNCERTAI	ΝП		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1	26. PLACE OF DEATH					
2	EXAMINER?	HQSPITAL:		THER:				
S	1 YES 2 NO	1 Opportiont 2 ER/Ou			ne 5 🗆 Reeldence	6 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28e, DATE OF INJURY		F 28c. IN.	JURY AT	284 DESCRIBE HOW IN	JURY OCCURE	0
	1 Natural 5 Pending	(Month, Day, Year)	1660 1	M 1	ORK?	talldiding	25,000	0 / KH . W
BY	2 Accident Investigation		17/0/17				JAN.C.	Del 11110
9	3 Suicide 6 Could not be	building, atc. (Sc	RY — At home, farm, atre pecify)	et, rectory, offic		281. LOCATION (Street a: City or Town, State)	na Number of Ru	red Route Number, 7/20
H	, 4 Homicide determined	6:0	1270 -			650111.0	harlos	Stlansonmi
COMPLET	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	swinders don't	et the time of	and plant and t	to the country of		
N N	11	SICIAN: To the beat of my kno						
ō	2 MEDICAL EXAMI	NER: On the basis of exeminat	ion end/or investigation,	in my opinion,	seath occured at the	time, date end place, end	I due to the ceu	ise(e) end menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFI	ER	-		129c. LICENSE NU	MBER T	29d, DATE SIG	NED (Month, Day, War)
B	lale le	=ROD	2.00	110	1 - 19	282	B /	DON'S
2	Lemanes 1	Cabre	need	in	10-01		-Joseph .	Ulty on, 1775
_	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	rint)	1 -1	1	13210	himme.
	31. DATE FILED (Month, Day, Year)	Downell.	MI (- ///	MA	plate	ZIII Rd	mo	ryland 212
	IAN 0 5 199	2 Julie De	Harm Randall					



State of Maryland / Department of Health and Mental Hygiene 2

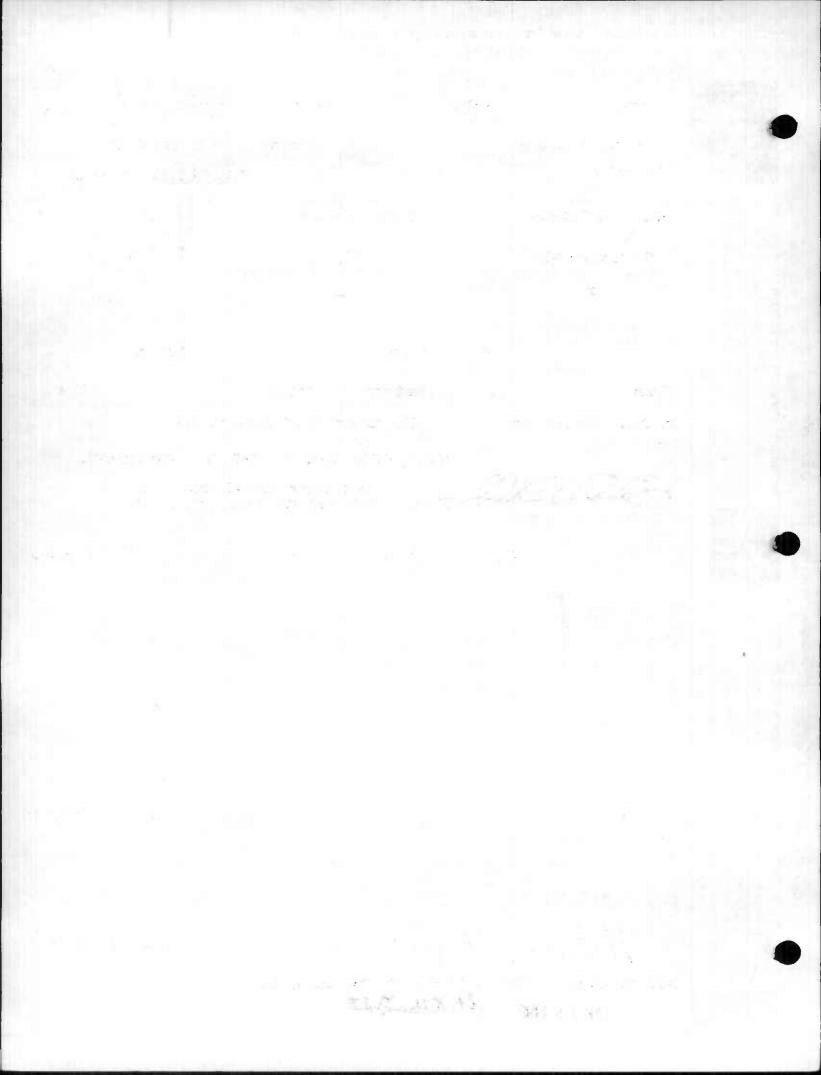
Physici	an	Decedent's Name (First, Middle, Last							2. Date of D Month			3. Time of Death
/Medi				Mill:	S				JAN	ď1,	1998	8:00A
Examir	ner	4a. Facility Name (If not institution, give					4		r Location of Daa	th 4c. Count	y of Death	
1		870 West Lomba 5. Social Security Number 6. Se			forms to finish who and	If Under 1	Vaar	Baltin If Under 24 Hr			N/A	
uneral rector		227–42–7501 Usual Residence of Decedent	7. A	76	75 Yrs.		Days	Hours Mi	n. JAN	ay, Yedry 22 L 2, 1921	9. Birthplac Country North	Carolin
r 28a-f show notified at	tor	MD 10b. County			ty.Town orLo Baltim						10d	Inside City Limits
3e or 28e	Funeral Director	10e. Straet and Number 870 West Lomba	rd Stre	et		10f. Zip (201			10g. Citizen of	What Country	n
al', or items 2 Examiner mu	by	11. Marital Status 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. Was Decedar Armed Forces 1 X Yes 2 If Yes, Give Year or Dates	t Evar in U ?] No			ent of H fy Cuba	ispanic Origin? (n, Mexican, Pue Specify:	(Specify Yes or N erto Rican, etc.)	0- 14. Ra Bla	ca - American ack, White, etc	
ther than "natural" ant, the Medical Ex	Completed	15. Decadant's Edu (Specify only highest grad Eiementary/Secondary (0-12)	ication le com <i>pleted)</i> Collaga (1-4o	5+)	16a. Deced (Giva lifa. L Mech		Occupa dona d ratired	ation during most of w	rorking		Business/indus	
d other event, p	Be C	17. Father's Name (First, Middle, Last)						18. Mother's Na	ame (First, Middle			
0 0	TOE	Magor Guy	Mills					Reb	ecca Le	eona Ha	rdy	
27 is r trau		19a. informant's Name/Relationship (T) Virginia A. Mills/							Baltimo:			ode)
= 1		20a. Method of Disposition 1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	9	Place of Dispo cemetery, crem	sition (Name	e of ner plac		Date	20c. Location	- City or Town	
important: I any injury o		21. Signature of Funeral Servica Licans		R	22 C	Name and	Addres	s of Facility Society	of Mary Baltimo	Baltimo	nc.	
ing physician and ledical aminer transit trans	Physician/Medical Examiner	23a. Part1. Entar the disaasa, or complishock, or heart failure. List only of limits of the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disease or injury that initiated events rasulting in death) Last	Resp Lun	Due to (c	or as a consequence or a consequ	uence of):					In O	iterval Batween
attendin for use	clan										1	
igned by the a be detached f	by Physi	Part II. Other significant conditions con Bone Meta		but not res	ulting In the ur	ndarlying ca	use giv	an in Part I.		/		ne causa of death
ate has been s page 2 should	Completed b								perf	s an autopsy ormed?	availa comp of dea	autopsy findings able prior to lation of cause ath?
s certificate director, pag	Be	25. Was casa referred to medical examinar?	In a site la						eath (Check only	ona)		
After this funeral di	tlon: To	27. Manpar of Death . 1 Natural 5 Pending	dospital: 1 ☐ Inpat 28a. Date of In (Month, D		ER/Outpatien 28b. Time of injury	28	c. Injun Work	4 □ Nursing at	Home 5 Res 28d. Describe	idence 6 Got how injury occu		
Director: After ted in by the funera	Certification:	2 Accident investigation 3 Sulcida 6 Could not be detarmined detarmined 28e. Place of injury - At home, farm, street, factory, offica building, etc. (Specify)								(Street and Num wn, State)	ber or Rural A	loute Number,
1	Medical	29a. Certifiar (Check only one) 1 Certifying Physical Examination (Check only one)	ner: On the besi	of examina	wledge, daath tion and/or inv	occurrad at restigation, i	tha tim	e, date and place pinlon, daath occ	ea, and due to the curred at the time,	cause(s) and m date and place,	annar as state and due to th	ad. e causa(s)
2	Σ	29b. Signature and title of certifiar	000	1	3-1-	100		number 4356		29d. Date sign		y, Year)
		and Care	cuf ul		w	0	1-1	000	toe mo	Janua	rv ?	1998



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

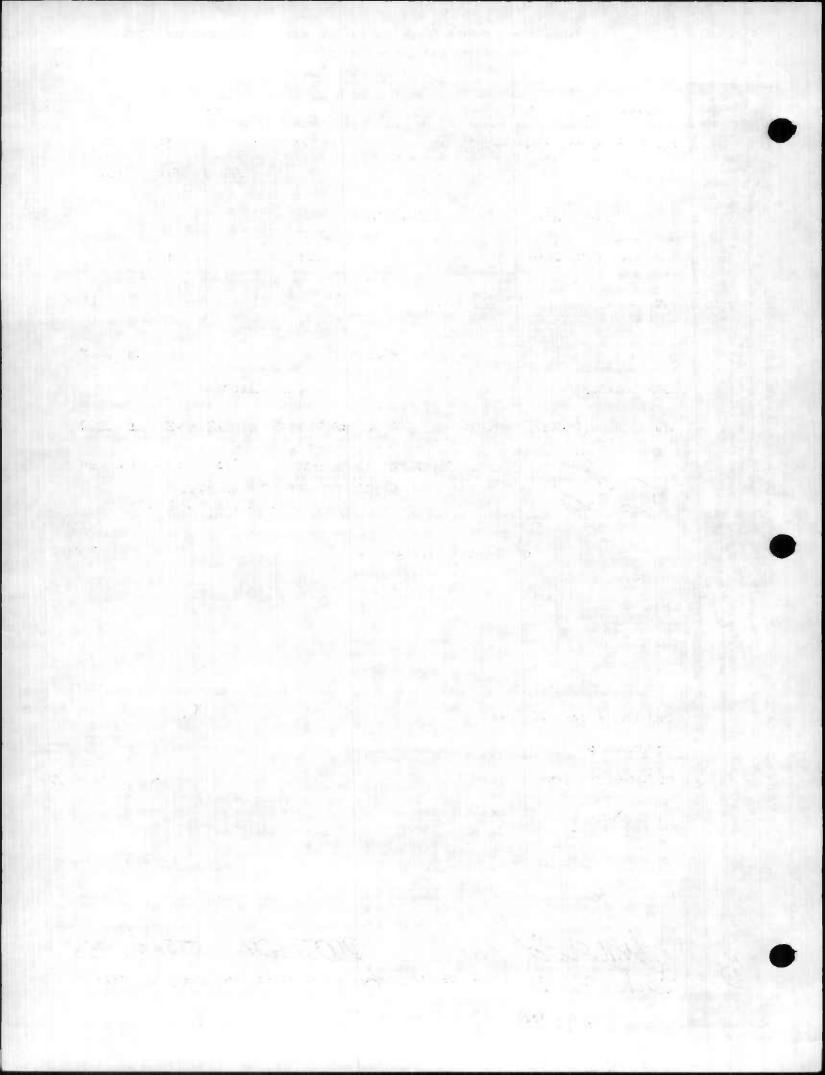
_			_			Ce	ertificat	e of	Death			eg. No.	, 0	0020
Physician	_	Decedant's Nama		30'	Thus I am			7	fo		2. Data of Dea Month	Day	998ar	3. Time of Dea
/Medical	-	Bermmer			Evelyn			P	Moore		January	1		6:15A
Examine	r	4a. Facility Nama (If r			umber)				4b. City, 10	own, or L	ocation of Death		ty of Death	
	4	5. Social Sacurity Nur	rist C	enter 6. Sex	7 Ann /in ur	s. last birthday) If Undar	1 Year	TOV If Under	VSON	O Date of Birth		imore	l (0t-t
Funeral Director		219-32-02		1 M 2 M F	1. Age (iii yi	- Vre	Months	Days		Min.	8. Data of Birth (Month, Dey	, Year)		olaca (Stata or Fo
	1	Usual Rasidance of C				74 113.				L	Oct. 29	1923	Geo.	rgia
No tal	-		10b. County		10c. (City, Town or L	ocation						1	IOd. insida City L
4 d d	ğ	MD.	Balti	more		Tows	on							1 ☐ Yes 25
or 28a-fsi	2	10e. Street and Numb	per				10f. Zip	Coda			1	0g. Citizan of	What Cour	ntry?
5 2 2		010 00	ar sassad	D.J										,
2 2 2	6	810 Se	aword		cedent Ever in	U.S. 13		286	Ispanic Or	loin? (Sr	ecify Yaa or No-		SA Ice - Americ	cen Indian
free mat	5	1 Nevar Marriad	2 Marrie	Armed F	orcas?		If Yas, spec	ify Cub	an, Mexica	n, Puerto	Rican, etc.)		ack, Whita,	
sand Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f show raumatic event, the Medical Examinet must be notified at TO Re Commissed by Finneral Director.		3 ☐ Widowed 4		If Yas, G	ive -		1□ Yas 2	No.	Specify			Speci	ify: Wh	ite
antura Maria		1	5. Decedent's			16a. Dece	edent's Usua	I Occu	nation			16b. Kind of E		
Notice of the matern of the Madical of Completed	S e	(Specify	only highast	grada completed		(Give	DO NOT us	k done	during mos	st of work	ding			- autry
that I	E	Elemantary/Second	dary (0-12)	Collega	(1-4or 5+) +4	Nurs						Nursi	ng	
Hyg off-	2	17. Fether's Nema (F	irst, Middle, L	ast)					18. Moth	er's Nem	e (First, Middle, i			
Mental H arked oth atic even	0	Alton		E	1	NTor the	erry		TINE			L.		Butler
DE L	-	19a. Informant's Nam	e/Relationshi		£.9			(Straat	Hatt		ral Routa Number			
Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natur and injury or other traumatic event, tra Medical and. To Re Commission		Mr. T.C.									on,MD. 2		i, Olato, Lip	, 0000)
He He		20a. Method of Dispo		Husbaria	20b	Placa of Disp	osition (Nan	a of		LOWS	-	20c. Location	- City or To	own, Stata
ment of Health and: If item 27 is ury or other tra				3 □ Removal from	n Stata	cematary, cre						_		
Tranic Conju	-	4 Donation 5			ועו	ulaney					1-5-98	ТШЮ	nium,	
Department of Important: If any injury or once.		21. Signatura of Fund	erai Serace L	Sudon L		2	2. Nama an				eral Hom	e. The	_	
		Sam	NF	750	9									
		23a. Part1. Enter tha shock, or heart	disaasa, or of failura. List o	complications that nly ona causa on	caused the da aach lina.	ath. Do not an	nter the mode	e of dyl	ng, such as	cardiac	or raspiratory arr	est,		Approximata Interval Between
ysician	1												į	Onsat and Dea
Medical caminer		tmmediata Causa (Fi diseasa or condition	nel	. 0	n don	netri	AL	CH	mce	~				2 year
		rasulting in death)		d.		(or es a conse								
3 5				- h										
Examine	8	Sequentially list cond	litions,		Dua to	(or as e conse	quence of):						T	
		Sequentially list cond if any, leading to imm causa. Enter Underly Causa (Diseese or in that initiated events.)	/ing	c										
s the bu	3	thet initiated avents resulting in death) La		0	Dua to	(or as a conse	quence of):							
attending pt d for use es t clan/Med	2													
or us				-										
ed by the atten detached for u	3	Part It. Other significa	ant condition	a contributing to	daath but not re	asulting in tha	undarlying c	eusa gi	ven in Pert	l.	23b. Did to	bacco use c	ontribute to	the cause of d
d by											1 🗆 Y	00 2 NO	3 Pro	bebly 4 Un
5.8														
page 2 should Completed	2										24a. Was a perfor		av	ara autopsy find allable prior to
10 CV 10	2				- v								of	mplation of caus death?
page	5										1□ Y	as 2 No	1.0	□Yas 2□ No
certificate harrector, page		25. Wes cese rafarre	d to medicel						26. Pleci	a of Daai	th (Check only or	7a)		
00		axaminer? 1 ☐ Yas 2 2 No	0	Hospital:	Inpatiant 2	☐ ER/Outpatie	nt 3□ DO	A Otl	nor:		oma 5 🗆 Rasida		ther (Specif	y) Hospi
		27. Mannar of Death		28e. Deta	a of Injury onth, Day Year)	28b. Time o	of 2	Bc. Inju Wo			28d. Describe h			11
leath. tor: After the funer the funer cation:		1 Natural 2 Accident	5 Panding investiga		inii, Day 1 oai)	Injury	М		Yas 2	No				
octo by th		3 ☐ Suicida 4 ☐ Hornicide	6 Could no datarmin	ad 28a. Plac	e of Injury - At	homa, farm, st	traat, factory	, office			28f. Location (Si City or Town		ber or Rure	I Route Number
rs after death. al Director: After ti ed in by the funera Certification:		4 LI HOMICIO		Duile	ding, atc. (Spac	cny)					City of Town	i, Siala)		
Inera Iy fill		29e. Certifier 1	⊠ Cartifying	Physician: To the	e best of my kr	nowladga, daat	th occurred a	at the ti	me, dete er	nd place,	and dua to tha c	ausa(s) end m	nanner as s	teted.
within 24 hours after death. To the Funeral Director: A completely filled in by the filled in by the filled certificati	3	(Check only 2 one)	⊔ Medicai E:	xaminar: On tha t and mai	basis of axamir nner statad.	nation and/or Ir	nvastigation,	In my o	pinion, das	ath occur	red at tha tima, d	ata and place	, and due to	o the causa(s)
To the	E	29b. Signatura and tit	of certifier	11	00		29c	. Licans	sa number		2	9d. Date sign	ed (Month,	Day, Year)
		W	Ho	thorn	Kile	us us		0	252	25		TANUM	~2.	1998
6		30. Name and eddras	s of person w	to complete co	isa of death (iii	m 230) /Tuna	Print\			-			/ /	, 4
()		Anthony 1		- 1/	//	arles S		700	M	21 20	14			
Con		31. Data filed (Month,				And in concession, in case of			• الليارا	212(/4			
State Registrar			JAN 0		Julia	Davidson	Mandell	L						
		•	PULL A		U									

JAnuary -2-1998



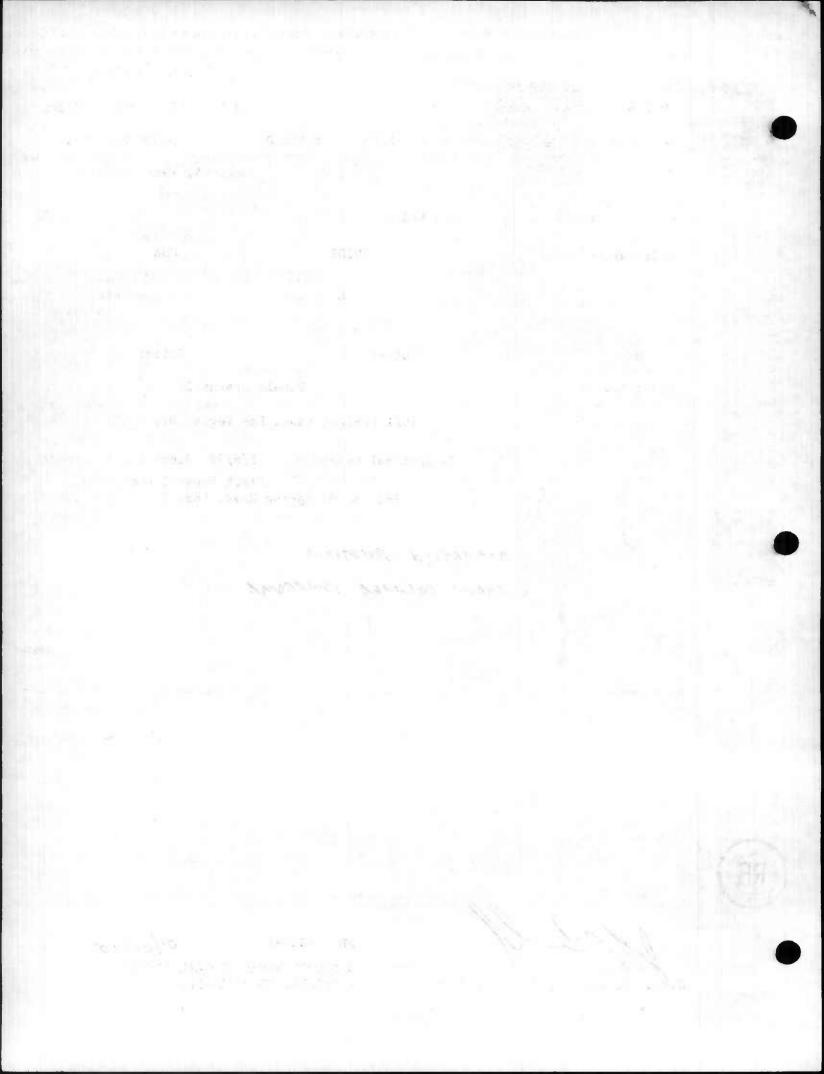
State of Maryland / Department of Health and Mental Hygiene 8 00027

			Certifi	icate of	Death	F	leg. No.	00021					
LI TOTAL	1. Decedent's Name (First, Middle, Last)	1721			2. Date of Dea	ith	3. Time of Death					
Physician /Medical Examiner	Management Olas	MEYERS street end number)		4	tb. City, Town, or	January Location of Deeth	0 10	98 1:15 A.M.					
Examiner	Franklin Square Ho	ospital Cente	r		Rosedale	2	Baltim	nore					
Funeral Director	5. Social Security Number 6. Se 212206045		lest birthdey) If	Under 1 Yeer onths Days	If Under 24 Hr. Hours Mir		7 Year) 1926 C	9. Birthplace (State or Foreign Country) DHIO					
pue *	Usual Residence of Decedant 10a. State 10b. County	10c. Cit	ty, Town or Location	on				10d. Inside City Limits					
with the Maryler a or 28a-1 show be notified at	MD BALTIMOR	E M	IDDLE RI					1 ☐ Yes 2XXIVo					
th with the 23s or 2	109. Street end Number 404 NOLLMEYER ROA	D		Of. Zip Code 212			USA						
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mentel Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-1 show other traumatic event, the Medical Examine man be notified at To Be Completed by Funeral Director	3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:		Decedent of H s, specify Cube Yes 2 No	Ilspenic Origin? (an, Mexicen, Pue Specify:	Specify Yes or No- rto Ricen, etc.)	14. Race Black, Specify:	- Americen Indian, Whita, atc. WHITE					
5-0 72 ho	15. Decedent's Edu (Specify only highest grad		16a. Decedent'	's Usuel Occup	ation during most of w	orking	16b. Kind of Bus	Iness/Industry					
faryland 21215-0020 2 should be filed within 72 hours aff and Mentel Hygiene. Is marked other then 'natural; or reumatic event, the Medical Exern To Be Completed by F	Elamentary/Secondary (0-12)	Collaga (1-4or 5+)		VOT use retired EMAKER	during most of wi		OW	N HOME					
be file d othe event,					18. Mother's Ne	eme (First, Middle,	Malden Sumame)					
Vial Ment Ment Ment Ment Ment Ment Ment Ment	JOHN BOLESCHAK				ANNA L	aBUDA							
Maryland d 2 should be file th and Mentel Hy 7 is marked oth treumetic event	19a. tnforment's Name/Relationship (T)	/pe, Pnint)	19b. Meiling A	ddress (Street	and Number or F	Rurel Route Numbe	r, City or Town, S	tate, Zip Code)					
Baltimore, Nomit: Pages 1 end Department of Health Important: If item 27 eny injury or other trans.	GERALDINE CIOCCHI		404 NO	DLLMEYE:	R ROAD	MIDDLE R							
Baltimore, semil. Pages 1e separtment of Her mportant: If frem iny injury or other ince.	20a. Mathod of Disposition 1 □ Buriel 2 □ Cremation 3 □ F		cemetery, cremeto	ry or other plac	ce)	Date	20c. Location • C	ity or Town, Stete					
t. Pag tment tment tant: If	4 □ Donetion 5 □ Other (Specify)	DAU				01/5	BALTIMO	RE, MD					
Baltir permit. P Departme Importan sny tojur	4 Donetion 5 Other (Specify) SACRED HEART OF MARY 21. Signature of Funery Service Liberton 22. Name end Address of Facility CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE BALTO, MD 21237												
Dhualalan	23e. Pert1. Enter the disease, or composhock, or heart failure. List only of	icetions that caused the deat ne cause on each line.	th. Do not antar th	e mode of dylr	ng, such as cerdi	ac or raspiratory ar	rest,	Approximata tnterval Batween Onset and Death					
Physician /Medical Examiner	Immediete Ceuse (Final disease or condition rasulting in death)	Cerebrovascu	lar Acci	dent				5 days					
P = E		Due to (d	or as e consequen	ce of):			4						
68760, #finale1969-recuted sphysician and as the bufal-transit Aedical Examiner		Due to (c	or es e consequen	ce of):									
certical beaution of the burning physician are as the burning Medical Examples.	resulting in deeth) Lest	Due to (d	or es a consequen	ce of):									
laath ced attendin d for use	Pert II. Other significant conditions con	ptributing to death but not rece	ulting in the under	tulna sousa ah	en in Part I	23h Dida	obacco use conf	ribute to the cause of death?					
ords, P.O. Box requires that the death ceets signed by the attending hould be detached for use a sted by Physician/M	Coronary Artery D		suiting in tha undar	tying ceuse giv	en in Pan I.	1)		3 Probably 4 Unknown					
Records, ne law requires that has been signed as 2 should be dominated by	Hypertension					24a. Was perlo	an autopsy rmed?	24b. Were eutopsy findings available prior to completion of ceuse					
= F # 0	Diabetes Mellitus					101	res 2 No	of death? 1 □ Yas 2 No					
of Vital I Physicism: The Contificate and director, page 1: To Be Co	25. Was cese raferred to medical examiner?	Hospitel:		Oth	or:	eath (Check only o							
0 5 5 7	TU Yes 250 No	1 2 inpatient 2 L	ER/Outpatient 3	3LI DOA	4 🗆 Nursing	Home 5 ☐ Resid	lence 6 Other						
That ag	1 Netural 5 Panding investigation	28a. Dete of Injury (Month, Dey Year)	Injury		k? Yes 2□No								
Division of tall or Attending P rate after death. st Director: After to din by the funera Certification:	4 Homicide detarmined	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be detarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						r or Rural Route Number,					
Division To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filed in by the funeral Medical Certification		stcian: To the best of my knowner: On the basis of examine end manner stated.	owledga, daath occ etion end/or investi	curred at tha tir igation, in my c	na, data and pleo pinion, death oc	ce, and due to tha curred at tha tima,	ceuse(s) and man date and place, ar	nar as steted. nd dua to the ceuse(s)					
To the Vithin To the Dompl	29b. Signature end title of certifier	. /		29c. Licens	e number		29d. Date signed	(Month, Day, Year)					
٨_	HACK O bec	MD		Pac	5230	4	Jan 2	,1998					
2	30. No fie and address of person who complated ceusa of death (Item 23a) (Type, Print) 30. No fie and address of person who complated ceusa of death (Item 23a) (Type, Print) 9000 Franklin Square Drive Baltimore, Maryland 21237												
State Registrar	31. Date filed (Month, Day, Year)	32. Registrar's Signa	ature Ron	dall									



					Cei	tificate of	Death		ygiene 8	00028
hysici		Decedent's Neme (First, Mid- CONNOR EDW		L				2. Dete of D Month JAN	Dey 01	3. Tim th Year 1998 42 m
Medic xamin		4e. Fecility Neme (If not institution NATIONAL NAVA			BETHE	SDA	4b. City, Tow BETHES	m, or Location of Dec		y of Death
neral		5. Sociel Security Number N/A		7. Age (In yrs. le		If Under 1 Year Months Deys 2 8		Min. 8. Date of B	Sinh Day, Year) 4, 1997	9. Birthplece (State or Forei Country) Germany
		Usuel Residence of Decedent						pct. 2	7, 1007	Octimany
lad at	tor	NV Cla	· _		Town or Lo Vegas					10d. Inside City Limi 1 ☐ Yes 2\limi
a not	Jirec	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Country?
MRT.D	rai C	1921 Oakleaf	Lane			89102			USA	
event, the Modical Examinet must be notified at	by Funeral Director	11. Meritel Status 1 Never Merried 2 Ma 3 Widowed 4 Divorce	Armed Fo nled 1 ☐ Yes If Yes Giv	2 🔯 No	1	Was Decedent of f Yes, specify Cub 1 ☐ Yes 2 💆 No	oan, Mexicen,	in? (Specify Yes or N Puerto Rican, etc.)	Ble	ce - American Indien, ock, White, etc. fy: White
Medical	Completed	15. Dacede (Specify only high Elemantery/Secondary (0-12)	nt's Educetion est grede completed) Collega (1	-4or 5+)	(Give life. L	dant's Usuel Occu kind of work done DO NOT use retire	during most	of working		Business/Industry
T, Els		0 17. Fether's Neme (First, Middle	O O		Infa	nt	10 Mathad	to Name (First Added	Infant	
	To Be	Craig Newell	, Last)					's Name (<i>First, Midd</i> i ela Arsena		me)
treumatic		19e. Informent's Name/Relation	ship (Type, Print)		19b. Meilin	ng Addrass (Stree	t end Number	r or Rural Route Num	ber, City or Town	n, Stete, Zip Code)
other tr		Craig Newell					Lane,	Las Vega	s, NV, 8	39102
or of		20e. Method of Disposition 1X Buriel 2 Cremetion	3 Removel from :	State ce.	metery, cren	sition (Neme of netory or other ple	,	Dete		- City or Town, Stete
eny Injury or once.		4 ☐ Donetion 5 ☐ Other (1	VA		al Cemet		1/6/98		, Massachusett
eny le		amie	Hae	ro				rieck ru		ome, Inc. Maryland,20707
cian dical diner	Examiner	Immediate Couse (Final diseasa or condition resulting in daath)	e. AS	Dua to (or	as a conseq	PNAUTON	IA CARN	n E		Onset end Deeth
2 2	100	Sequentielly list conditions,		Due to (or	es e conseq	,		14/12		
or use es the buriel-transit	dicai	Sequentielly list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Lest	c			uence of):				
ched for use es the buriel-tra	dicai	thet initieted evants	c	Due to (or	es e conseq as e conseq	uence of):			d tobacco uee co	ontributa to the cause of deat
deteched for use es	Physician/Medical	resulting in deeth) Lest	c	Due to (or	es e conseq as e conseq	uence of):		23b. Di	d tobacco uee co ∵Yes 2⊡ No	
2 should be deteched for use es	by Physician/Medical	resulting in deeth) Lest	c	Due to (or	es e conseq as e conseq	uence of):		23b. Di		3 □ Probably 4 ☑ Unkno
e 2 should be deteched for use es	Physician/Medical	resulting in deeth) Lest	c	Due to (or	es e conseq as e conseq	uence of):		23b. Di- 1 [24e. We per	Yes 2 No	3 Probably 4 Unknown 24b. Were eutopsy finding eveileble prior to completion of cause
rector, page 2 should be deteched for use es	Be Completed by Physician/Medical	Pert II. Other significant condit 25. Was case referred to medic examiner?	d	Due to (or a	as e consequations as each of the consequation as each of the consequence as each o	uence of): uence of): ndartying ceusa gi	iven In Pert I.	23b. Di 1 24e. We per 1 of Deeth (Check only	es an eutopsy formad? Yas 2 🛣 No	3 ☐ Probably 4 ☐ Unknown and Unknown are entropy finding eveileble prior to completion of cause of death? 1 ☐ Yes 2 ☑ No
e 2 should be deteched for use es	To Be Completed by Physician/Medical	Pert II. Other significant condit	d dona contributing to de Hospital: 1 [X]	Due to (or a seath but not result	as e consequation of the unitary of	uence of): uence of): ndarfying ceusa gi	iven In Pert I. 26. Plece (har: 4□ Nun	23b. Did 10 24e. We per 10 of Deeth (Check only sing Home 5 🗆 Re	es an eutopsy formad? Yas 2 🛣 No	3 Probably 4 Unknown and Indianal American Probably 4 Unknown and Indianal American American Probably 1 Unknown and Indianal American American Indiana
director, page 2 should be deteched for use es	To Be Completed by Physician/Medical	25. Was case referred to medic examiner? 1 Yes 2 No 27. Mannar of Deeth 2 Accident suicide 6 Coulc	d	Due to (or seath but not result not not result not resu	as e consequence c	uence of): uence of): ndarlying ceusa gi	26. Plece of har: 4 \(\text{Nurse} \) \text{lifty et of } 7/8 \(2 \) \text{Nas } 2 \(\text{Nurse} \)	23b. Did 10 24e. We per 11 of Deeth (Check only sing Home 5 Re 28d. Dascribe	yes 2 No es an eutopsy formad? Yas 2 XNo y ona) sidence 8 Ote e how injury occur	3 Probably 4 Unknown Unknown 24b. Were eutopsy finding eveileble prior to completion of cause of death? 1 Yes 2 No
director, page 2 should be deteched for use es	Certification: To Be Compieted by Physician/Medical	25. Was cese referred to medic examiner? 1 Yes 2\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tild	d	Due to (or a seath but not result inpatient 2 E of Injury h, Day Year) of Injury - At hong, etc. (Specify)	as e consequence as e c	uence of): uence of): uence of): uence of): uence of): 1 3 DOA Other 28c. Inju Wc M 1 eet, factory, office	26. Plece of har: 4 \(\text{Nurse} \) Nurse of the place	23b. Did 10 24e. We per 10 of Deeth (Check only sing Home 5 Re 28d. Dascribe 10 28f. Location City or T	yes 2 No es an eutopsy formad? Yas 2 XNo y ona) sidence 8 Ot e how injury occu (Street end Num own, Stete) a ceuse(s) end m	3 Probably 4 Unknot 24b. Were eutopsy finding eveileble prior to completion of cause of death? 1 Yes 2 No ther (Specify) rred there or Rurel Route Number,
enal mular mor, the tuneral director, page 2 should be deteched for use as	To Be Completed by Physician/Medical	25. Was cese referred to medic examiner? 1 Yes 2\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tild	d	Due to (or a seath but not result inpatient 2 E of Injury h, Day Year) of Injury - At hong, etc. (Specify)	as e consequence as e c	uence of): uence of): uence of): uence of): uence of): adarlying ceusa gi 28c. Inju Wc M 1 eet, factory, office	26. Plece of har: 4 \(\text{Nurse} \) Nurse of the place	23b. Did 10 24e. We per 10 of Deeth (Check only sing Home 5 Re 28d. Dascribe 10 28f. Location City or T	es an eutopsy formad? Yas 2 XNo y ona) sidence 8 Ot e how injury occu (Street end Num own, Stete) a ceuse(s) end m e, date end place	24b. Were eutopsy findings eveileble prior to completion of cause of death? 1 Yes 2 No ther (Specify) streed
enel Miled more director, page 2 should be deteched for use as	edical Certification: To Be Completed by Physician/Medical	25. Was cese referred to medic examiner? 1 Yes 2 No 27. Mannar of Deeth 2 Accident lives 3 Suicide 6 Coulc datar 29a. Certifiar (Check only one) 1 Check only one)	d	Due to (or a seath but not result inpatient 2 E of Injury h, Day Year) of Injury - At hong, etc. (Specify)	as e consequence as e c	uence of): uence of): uence of): uence of): uence of): 1 3 DOA 01 28c. Inju Wc Wc M 1 eet, factory, office	26. Plece char: 4 Numiny et ohk?] Yas 2 Numiny et ohk?	23b. Did 1 [24e. We per 1 [of Deeth (Check only sing Home 5 [Re 28d. Dascribe 1 [28f. Location City or T 1 place, and due to the cocurred et the time 1 [1 place 28d. Dascribe 2	es an eutopsy formad? Yas 2 XNo y ona) sidence 8 Ot e how injury occu (Street end Num own, Stete) a ceuse(s) end m e, date end place	3 Probably 4 Unknow 24b. Were eutopsy finding eveileble prior to completion of cause of death? 1 Yes 2 No ther (Specify) Interest of the second of the s
enal mular mor, the tuneral director, page 2 should be deteched for use as	edical Certification: To Be Completed by Physician/Medical	25. Was cese referred to medic examiner? 1 Yes 2 No 27. Mannar of Deeth 2 Accident linves 3 Suicide 6 Coulc datar 29a. Certifiar (Check only one) 29b. Signature and title of certify one)	d	Due to (or a seath but not result seath	as e consequence as e c	uence of): odarlying ceusa gi 28c. Inju Wc Wc M 1 eet, factory, office occurred et tha to restigetion, in my 29c. Licen MD Print) NATI	26. Plece char: 4 Num invert 26. Plece char: 4 Num invert 27. Num invert 28. Plece char: 4 Num invert 29. Num invert 20. Num i	23b. Did 1 [24e. We per 1 [of Deeth (Check only sing Home 5 [Re 28d. Dascribe 1 [28f. Location City or T 1 place, and due to the cocurred et the time 1 [1 place 28d. Dascribe 2	es an eutopsy formad? Yas 2 XNo y ona) sidence 8 Ot e how injury occu (Street end Num own, Stete) a ceuse(s) end m e, date end place 29d. Dete sign O//O	3 Probably 4 Unknow 24b. Were eutopsy finding eveileble prior to completion of cause of death? 1 Yes 2 No ther (Specify) where or Rurel Route Number, thenner es steted. The end due to the cause(s) and (Month, Dey, Yeer)

Registrar DHMH 16 Rev 6/95

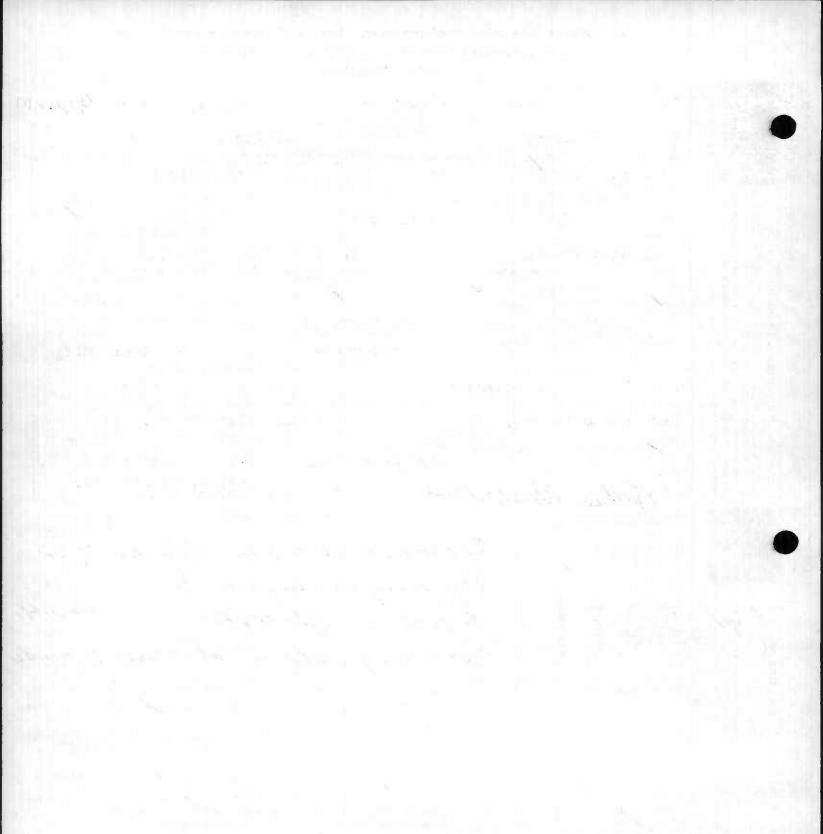


State of Maryland / Department of Health and Mental Hygiene 98 00029

					Cei	tificate	e of	Death		Reg	. No.	U	0029
Dhustal		1. Decedant's Neme (First, Middle, L.								te of Deeth	Dey	Yeer	3. Time of Death
Physici /Medic		Jeanne E.	N:	i1e						uary		998	10:03AM
Examir		4e. Fecility Neme (If not institution, gli Genesis Loch Rave						4b. City, To Tows	wn, or Location	of Death	4c. County	of Deeth altin	ore
Funeral Director		5. Social Security Number 6. 059 18 0794	Sex 7. 1 □ M 2 F	Age (In yrs. last b	rthday) Yrs.	If Under Months	1 Year Deys		Min. (Mo				
with the Maryland a or 28a-f show be notified at	tor	Usuel Rasidance of Decedent 10e. State 10b. County Maryland Balti	more	10c. City, Tov	vn or Lo		Ba1	timore					0d. Inside City Limits 1 ☐ Yes 2 No
th with the 23a or 28a	I Direc	10e. Street and Number 4300 Caldwell Ave	. Apt. 10)3		10f. Zip		21236			. Citizen of V		*
ter dea Items	by Funeral Director	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decede Armed Force 1 Yes 2 If Yes, Give Yeer or Date	s? [] No			ent of ify Cut		gln? (Specify Ye n, Puerto Rican,	es or No- etc.)		e - America k, White, e	
T. c 1.9	Completed	15. Decedent's E (Specify only highest gr Elemantary/Secondery (0-12)	ducation ade completed)		(Give	lent's Usue kind of wor DO NOT us	k done	during mos	t of working	16	b. Kind of Bu	siness/Ind	ustry
	Ве Соп	12 17. Fether's Neme (First, Middle, Las				tess		18. Mothe	er's Name (First,	Middla, Ma		taura ₀₎	nt
should be and Mentel marked o	To	Welby A.		LaPoi	nt			Hati	tie	М.			Kiah
Ma Dd 2 Dd 2 Dd 2 Z7 le T treu		19a. Informent's Neme/Reletionship Edwin F. Nile /		4	1300	Ca1d	we1		or or Rural Route.				Code) MD 21236
no ege ant o tr. if		20e. Method of Disposition 1 Burlal 2 Cremetion 3 4 Donetion 5 Other (Space		20b. Place of comete Green	ry, cren	netory or of	her pla		1/3/98		c. Location - Baltir		
Baltimo permit. Pege Depertment of Important: If any injury or once.		21. Signeture of Funeral Service Lice	Omeo		C	AFA S	ter		. Lohrm				D 21286
× 68760, sertification and purpose as as a series of the purpose as a serie	Medical Examiner	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that inflieted events rasulting in deeth) Lest	o Lac	Due to (or es e	conseq	neuce ot):	(no	art	illution Seils	2011	s and a	reare	
P.O. Bo	Physician	Peri II. Other eignificent conditions	contributing to deeth	but not resulting	in the ur	nderlying ca	ause gi	ven in Pert I	. 23		ecco use cor		the cause of death?
Records, P.O. he lew requires that the e has been signed by the age 2 should be deteched.	Completed by								24	a. Wes en e	eutopsy ed?	COL	re autopsy findings ilable prior to apletion of cause laeth?
f Vital Re system: The law s certificate hes director, page 2	Com									1 🗆 Yee	20 No	1 🗆	Yes 2 No
Vital I	Be	25. Was case referred to medical examiner?							of Deeth (Chec	k only one)			
of Vital Physicien: Tithis certificate ral director, pa	70	1 ☐ Yes No	Hospitel: 1 Inpe				A		rsing Home 5)
After fune	Certification:	27. Mepner of Deeth 1 Neturel 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not be	n		Tima of Injury	M 28	Bc. Inju Wo 1	iry et ork?]Yes 2□		scribe how	injury occurr	ed	
Divi		3 ☐ Sulcide 6 ☐ Could not be detarmined	200. FIGUR OT	Injury - At home, fo atc. (Specify)	erm, stro	eet, fectory	, offica			pation (Street) y or Town, S		er or Aura	Route Number,
Division To the Hospital or Attend within 24 hours eiter death To the Funeral Director: completely filled in by the	29a. Cartifiar (Check only one) 29a. Cartifiar (Check only one) Certifying Physician: To the bast of my knowledge, death occurred et the time, dete end piece, and due to the ceuse(s) end manner of a saminetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end manner of a saminetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end manner of a saminetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end manner of a saminetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end manner of a saminetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end manner of a saminetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end manner of a saminetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end manner of a saminetion end/or invastigetion, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end manner of a saminetion end/or invastigetion.									nner es sta and due to	eted. the cause(s)		
To the within 2 To the comple	Σ	29b. Signeture end title of ce	aa	Bei		290	D L	se number	10	29d	Data signed	(Month, I	Sey, Year)
8		30. Nama and eddrass of person who	complated causa o	death (Item 23e)	(Type,	Print) 6	30	Shin	ine i	NW	21216	+	
Sta Registra		31. Dete filed (Month, Dey, Yaar) JAN 0 5 1998		strer's Signeture	dall	7,							

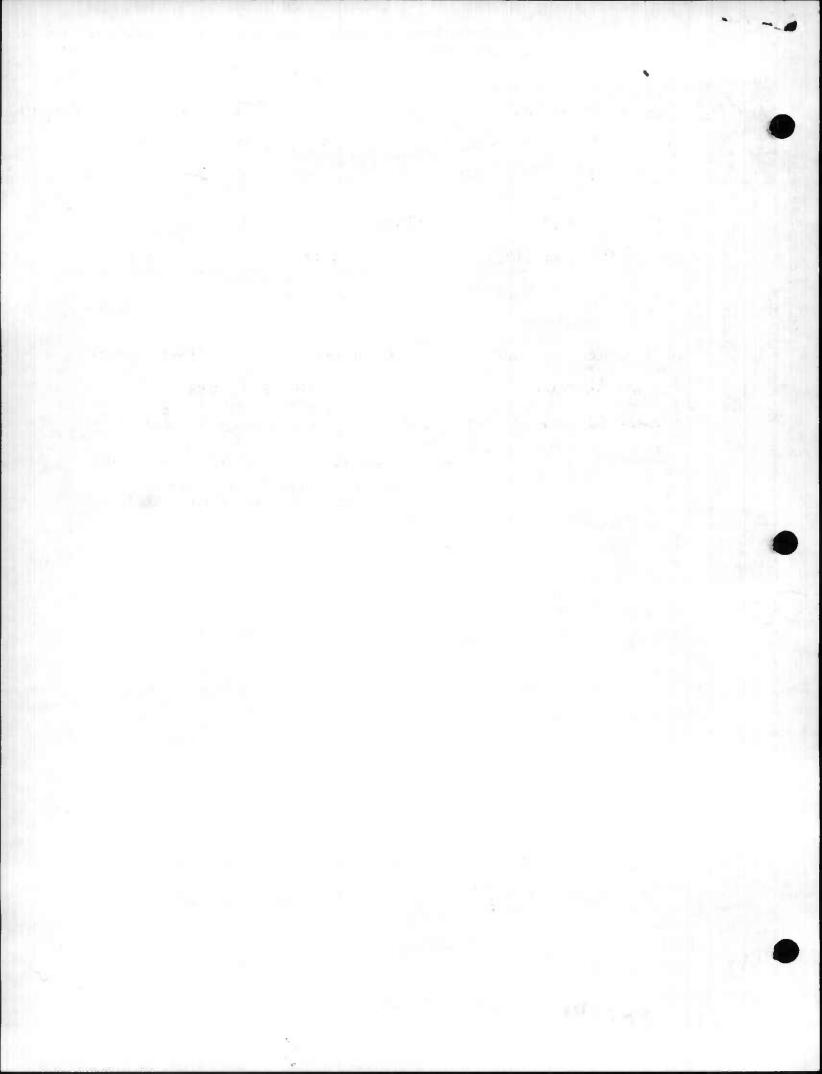
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Physician Month Stephen Pieczynski 9:00 AM 1998 January /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 1823 Bank Street Baltimore N/A If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Day, Year) 5. Sociel Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Months Yre Director 218-01-1969 84 12/16/1913 MD Usuet Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or hems 23s or 28s-f show traumatic event, the Modical Expresser must be notified at 1 Ves 2□ No Director N/A Baltimore 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 1823 Bank Street 21231 USA death 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Stetus pernit. Pages 1 and 2 should be filed within 72 hours effer Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or the any injury or other traumatic event, the Medical Examina. 1 Yes 2 No 1 Never Married 2 Married 1 Yes 2 No Saltimore, Maryland 21215-0020 3 Widowed 4 □ Divorced If Yes, Give Year or Detes: Specify: À White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Maintenance Baltimore City 4 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Joseph Pieczvnski Marv 10 Kamosenki 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Schuncke/Daughter 1823 Bank Street Baltimore Md. 21231 20e. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State 4 □ Donetlon 5 □ Other (Specify) Holy Rosary Cem. Baltimore MD 21. Signeture of Euneral Service Licansee, 22. Name end Address of Fecility 22. Name end Address of Fecility 401 S. David J. Weber Funeral Chester St. Home 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) Lerminal larcinoma Bludder Examiner Due to (or es e consequence of): Examiner and Il-fransit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest cauler 01 Box 68760. Physician/Medicai Due to (or es e consequence of): astery disease 6 months 200 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. signed by t 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown à should 24e. Wes en eutopsy performed? 24b. Were eutopsy findings availeble prior to completion of cause of deeth? Completed 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to modical exeminer? 26. Plece of Death (Check only one) Be 30 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes funeral 27. Manney of Deeth 28c. Injury et Work? 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Hospital or Attanding PI 124 hours efter death.
 Funeral Director: After the Certification: 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident pletely filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital
within 24 hours e
To the Funeral C 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end manner es stated. Medicai 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) manne 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) BAITO, Md. 21225 Potoe 5x. 31. Date filed (Month, Day, Year) 2 Registrar's Signeture State JAN 0 5 1998 Registrar



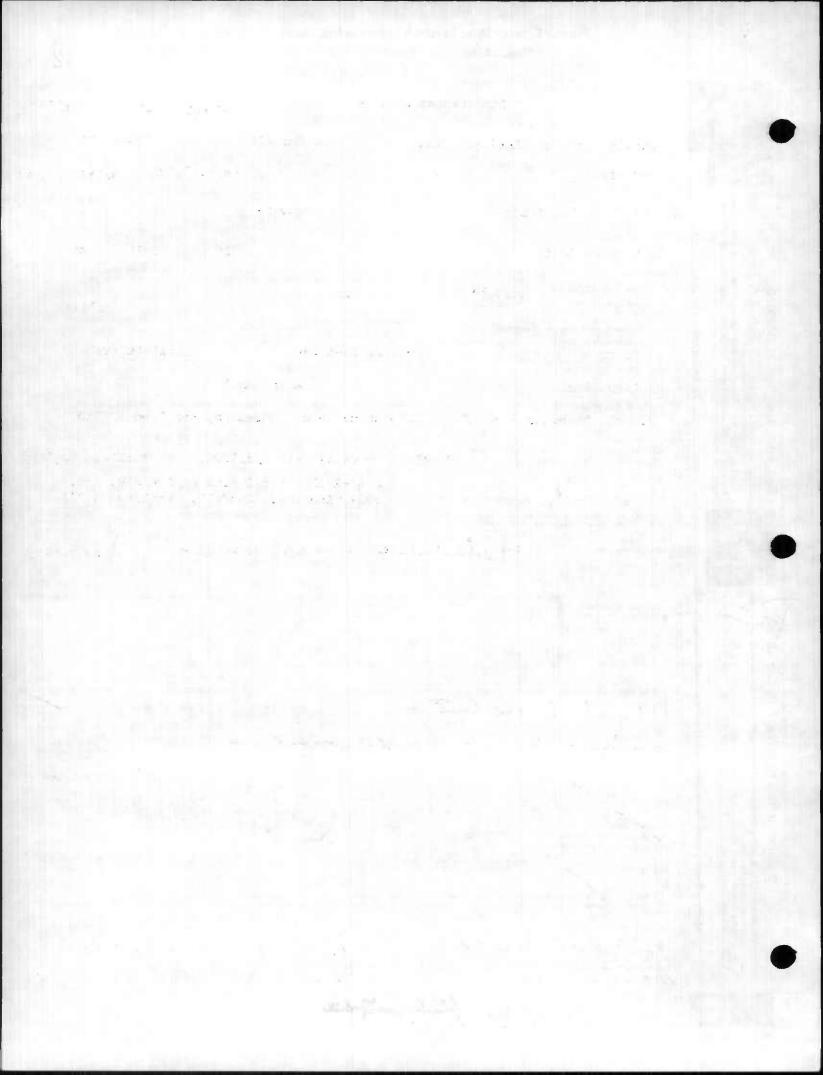
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.	0.5	2	1
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene	U)	l

husisian				Certificate	or Doutin		Reg. No.		
		1. Decedant's Name (First, Middla, I	Last)		2.	Data of De Month		Yeer	3. Time of Death
hysician /Medical		EVELYN PATTE	RSON		5	Monday	. 1 10	998	507.0M
xaminer		a. Fecility Nama (If not institution, g	give street and number)		4b. City, Town, or Locat			of Deeth	
	4	STELLA IVIARIS	AT MERC	У	BALTIMORE		N	A	
neral ector		5. Social Sacurity Number 6. 056 · 16 · 5219 Jsual Rasidance of Decedent	Sax 7. Age (In	yrs. last birthday) Yrs. If Undar 1 Months	Yaar If Under 24 Hrs. 8. Days Hours Min.	Data of Bir (Month, Da - 8-18	th Year)	9. Birthp Coun	laca (State or Foreigntry) VA
rector	-	Ioa. Steta 10b. County	. 10	c. City, Town or Location				1	0d. Inside, City Limits
ģ		MO NI	A P	PALTIMORE					1 Yes 2 No
Director		Oe. Straat and Number	-	10f. Zip C	oda		10g. Citizan of	What Cour	ntry?
aiD		301 MCMECHEN	J STREET		21917		11:	SA	
Funeral		1. Maritei Status	12. Was Decadant Evar Armad Forcas?	r in U,S. 13. Was Daceda	nt of Hispenic Origin? (Specify Cuban, Maxican, Puerto Ric	y Yes or No)- 14. Rac	ca - Americ	ean Indian,
by		1 Navar Married 2 Marriad 3 Widowed 4 Divorced		1 □ Yas 2		,	Specif		
Completed		15. Decedant's (Specify only highast g	Education	16a. Dacedant's Usual	Occupation		16b. Kind of B	usiness/ind	
npleted		Elementary/Secondary (0-12)	College (1-4or 5+)	Λ	dona during most of working ratired)			ASS	
ပိ		127H GRADE	N/A	HISSEN		1111111111111	MANUFA		R
To Be Comp		7. Fathar's Nama (First, Middla, Las	, and the second		18. Mothar's Name (F	7		na)	
မှ		EDWARD NICKE			MOLLIE (ROXTO			
		19a. Informant's Name/Ralationship	1.1		Straat and Number or Rural R	-		, State, Zip	Coda)
	1	STANLEY VICKE		5916 OLD 20b. Place of Disposition (Nama		BALTI	20c. Location	212	28
		1 ☑ Buriai 2 ☐ Cramation 3	□Ramoval from Stata	cematary, cramatory or oth	ar place)		Λ		
	-	4 ☐ Donation 5 ☐ Other (Spec 21. Signature of Fune all Service Lice		HRBUTUS L'EMETE		-98	HRBUTUS	5, 111	D
ouce.	1	21. Signatura of Funeral Service Lic	ensaa 9	VAUGHN (Addrass of Fecility C. GREENE FUNE	RAL S	SERVICE		
	-	Jan Son	Reiza	5151 BA	TO. NATL' PIKE,	BAL	10. MO	21220	9
		23a. Part1. Entar the dise to or con shock, or haart failure. List onl	mplicetions that causad tha ly ona cause on aach lina.	daath. Do not antar tha moda	of dylng, such es cardiac or re	aspiratory a	rrest,		Approximeta Intarval Batwaan Onset and Death
in ai		mmadiata Cause (Final	-	/				i	
er		disaase or condition rasulting in daath)	a. 541	Schural Her	ne flood				5 clays
_									
ē E	+		Due	to (or as a consaquence of):					
miner			b						
Examiner		Sequantially list conditions, fany, laading to Immediate cause. Enter Underlying	b	to (or as a consequence of):				1	
Ical Examiner		Sequantially list conditions, fany, laading to Immadiata ausa. Entar Underlying Cause (Disaasa or injury hat initiated events	Due	to (or as a consequance of):					
Medical		Sequantially list conditions, fany, laading to Immadiata ausa. Entar Underlying Cause (Disaasa or injury hat initiated events asulting in death) Last	Due						
Medical		nat initiated events	b. Due	to (or as a consequance of): to (or as e consequanca of):	sa givan in Part I.	23b. Did	tobacco use co	ntributa to	o the cause of death
Physician/Medical	F	asulting in death) Last	b	to (or as a consequance of): to (or as e consequanca of):	sa givan In Part I.		tobacco use co Yes 25 No		
by Physician/Medical	F	eart II. Other algniftcant conditiona	b	to (or as a consequance of): to (or as e consequanca of):	sa givan In Part I.	1 □ 24a. Was	Yes 2 No	3 ☐ Prot	Dably 4 ☐ Unknown
by Physician/Medical	F	eart II. Other algniftcant conditiona	b	to (or as a consequance of): to (or as e consequanca of):	sa givan In Part I.	1 □ 24a. Was	Yes 2 No	3 ☐ Prot	are autopsy findings
by Physician/Medical	F	eart II. Other algniftcant conditiona	b	to (or as a consequance of): to (or as e consequanca of):	sa givan In Part I.	1 ☐ 24a. Was perfo	Yes 2 No an autopsy mmed?	3 Prot	are autopsy findings eilabia prior to mplation of cause death?
e Completed by Physician/Medical	F	Part II. Other algniftcant conditiona Agrico Head	b	to (or as a consequance of): to (or as e consequanca of):		1 🗆 24a. Was perfo	an autopsymmed?	3 Prot	are autopsy findings sliable prior to mplation of cause death?
Fo Be Completed by Physician/Medical	F	Part II. Other algnificant conditiona https://www.feen.feen.feen.feen.feen.feen.feen.f	Due C. Dua d. Contributing to death but no	to (or as a consequance of): to (or as e consequanca of):	26. Piaca of Daath (C	1 □ 24a. Was perfo	Yes 2 No an autopsymmed? Yes 2 No Ona) STELI	3 Prot	are autopsy findings silable prior to mplation of cause death? Yas 2 No
To Be Completed by Physician/Medical	F	Part II. Other algniftcant conditional hypocarteen for a saminar? 15. Was case referred to medical examinar? 1	Due C. Dua d contributing to death but no	to (or as a consequence of): to (or as e consequence of): of resulting in the underlying cau 2 ER/Outpatient 3 DOA	26. Piaca of Daath (C Other: 4□ Nursing Homa	1 □ 24a. Was perfo	Yes 2 No an autopsy med? Yes 2 No pna) STELI	3 Protein Section 3 Protein Se	are autopsy findings silable prior to mplation of cause death? □ Yas 2□ No RIS AT MERC
To Be Completed by Physician/Medical	F	Part II. Other algniftcant conditional Agriculture Agr	b. Due c. Dua d contributing to death but no a score Hospital: 1 □ Inpatient 28a. Date of Injury (Month, Day Yea on	to (or as a consequence of): to (or as e consequence of): of resulting in the underlying cau 2 ER/Outpatient 3 DOA	26. Piaca of Daath (C Other: 4□ Nursing Homa	1 □ 24a. Was perfo	Yes 25 No an autopsymed? Yes 25 No pna) STEL1 dance 6 20th	3 Protein Section 3 Protein Se	are autopsy findings silable prior to mplation of cause death? Yas 2 No
To Be Completed by Physician/Medical	F	Part II. Other algniftcant conditional happen from 15. Was case referred to medical examiner? 1	Due C. Dua d. Contributing to death but no The spital: 1 □ Inpatient 28a. Date of Injury (Month, Day Yes) On be	to (or as a consequence of): to (or as e consequence of): to (or as e consequence of): ot resulting in the underlying cau ot resulting in the underlying cau of resulting	26. Piaca of Daath (C Other: 4 \(\to \) Nursing Homa injury at Work? 1 \(\to \) Yas 2 \(\to \) No	24a. Was perfo	Yes 2 No an autopsy ormed? Yes 2 No ona) STEL1 dance 6 MOth how injury occur	3 ☐ Protein 24b. We ave condition of the condition of th	are autopsy findings silable prior to mplation of cause death? Yas 2 No RIS AT MERC y) HOSPICE
Certification: To Be Completed by Physician/Medical	F 2	Part II. Other algniftcant conditiona	Due c. Dua d	to (or as a consequence of): to (or as e consequence of): to (or as e consequence of): ot resulting in the underlying cau ot resulting in the underlying cau of resulting in the underlying cau ar) 2Bb. Time of Injury M At home, farm, streat, factory, opacify)	26. Piaca of Daath (CO) Othar: 4 \(\to \) Nursing Homa Injury at Work? 1 \(\to \) Yas 2 \(\to \) No Iffice 28f.	24a. Was perfo	Yes 25 No an autopsy med? Yes 25 No ona) STEL1 dance 6 5 Oth how injury occur Straat and Number, Stata	24b. Wa ave color of a large state of the color of the c	are autopsy findings silable prior to mpletion of cause death? Yas 2 No RIS AT MERC. YHOSPICE
Certification: To Be Completed by Physician/Medical	F 2	Part II. Other algniftcant conditional happear from 1985. Was case referred to medical examiner? 1	b. Due c. Dua d. Contributing to death but no score to the post of injury (Month, Day Yea death but no 28a. Date of Injury (Month, Day Yea building, etc. (S)	to (or as a consequence of): to (or as e consequence of): to (or as e consequence of): ot resulting in the underlying cau ot resulting in the underlying cau of resulting	26. Piaca of Daath (C Other: 4 \(\to \) Nursing Homa Injury at Work? 1 \(\to \) Yas 2 \(\to \) No office 28f.	1 24a. Was perfo	Yes 2 No an autopsymmed? Yes 2 No ona) STEL1 dance 6 Oth how injury occur Straat and Numb	3 Prot	are autopsy findings silable prior to mplation of cause death? Yas 2 No RIS AT MERC. y) HOSPICE
To Be Completed by Physician/Medical	F 2 2 2	Part II. Other algniftcant conditional happear Head axaminar? 15. Was casa rafarred to medical axaminar? 1	b. Due c. Dua d. Contributing to death but no 3 Hospital: 1 □ Inpatient 28a. Date of Injury (Month, Day Yes on be 28a. Place of Injury building, etc. (S)	to (or as a consequence of): to (or as e consequence of): to (or as e consequence of): trasulting in the underlying cause of the consequence of	26. Piaca of Daath (C Other: 4 \(\to \) Nursing Homa Injury at Work? 1 \(\to \) Yas 2 \(\to \) No office 28f.	24a. Was perfo	Yes 2 No an autopsymmed? Yes 2 No ona) STEL1 dance 6 Oth how injury occur Straat and Numb	24b. We ave conditions of a series of a se	are autopsy findings silable prior to mplation of cause death? Yas 2 No RIS AT MERCY y) HOSPICE I Route Number, ated. the cause(s)
edical Certification: To Be Completed by Physician/Medical	F 2 2 2	Part II. Other algniftcant conditiona Part II. Other alg	b. Due c. Dua d. Contributing to death but no 3 Hospital: 1 □ Inpatient 28a. Date of Injury (Month, Day Yes on be 28a. Place of Injury building, etc. (S)	to (or as a consequence of): to (or as e consequence of): to (or as e consequence of): trasulting in the underlying cause of the consequence of	26. Place of Death (COO) Other: 4 Nursing Home Injury at Work? 1 Yes 2 No office 28f. the time, date and place, and my opinion, death occurred a cicanse number	24a. Was perfo	Yes 2 No an autopsy med? Yes 2 No ona) STEL1 dance 6 Oth how injury occur Straat and Numb wn, Stata cause(s) and me data and place, 29d. Data signa	24b. We expected anner as stand due to different and the following the control of	are autopsy findings silabla prior to mplation of cause death? Yas 2 No RIS AT MERCY y) HOSPICE I Routa Number, ated. tha cause(s) Day, Yaar)
edical Certification: To Be Completed by Physician/Medical	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Part II. Other algniftcant conditiona Part II. Other alg	b. Due c. Dua d. Contributing to death but no a second s	to (or as a consequence of): to (or as e consequence of): to (or as e consequence of): to (or as e consequence of): 2	26. Piaca of Daath (C Other: 4 \(\to \) Nursing Homa . Injury at Work? 1 \(\to \) Yas 2 \(\to \) No office 28f. the tima, date and piace, and my opinion, daath occurred a	24a. Was perfo	Yes 2 No an autopsy med? Yes 2 No ona) STEL1 dance 6 Oth how injury occur Straat and Numb wn, Stata cause(s) and me data and place, 29d. Data signa	24b. We expected anner as stand due to different and the following the control of	allabla prior to mplation of cause death? ☐ Yas 2☐ No RIS AT MERCS ☐ HOUSPICE ☐ Routa Number, ated. tha cause(s) Day, Yaar)



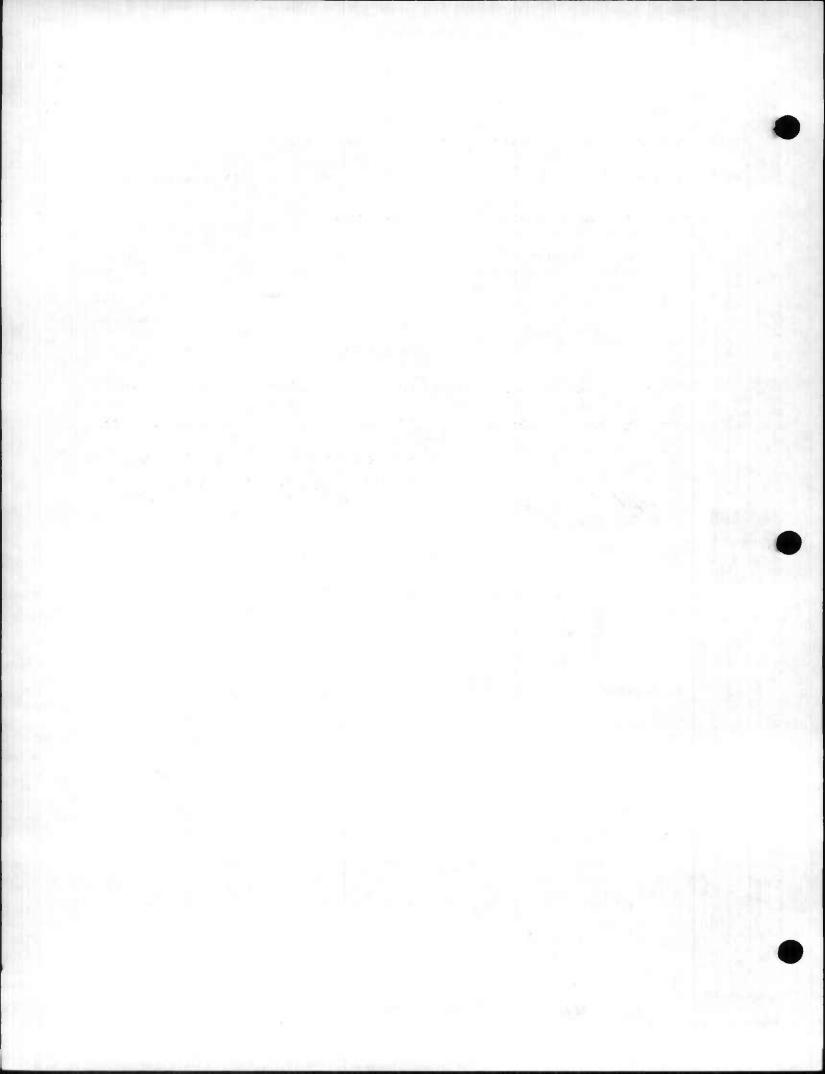
State of Maryland / Department of Health and Mental Hygiene 8 00032

				Cert	rificate of	Death			Reg. No.	00	1002
Physician	Decedent's Name (First, Middle, La		Frances	Resa	avage	1.15		2. Date of De Month	Day	Year	3. Time of Death
/Medical	4 - 0 - 11/1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					4h City Tow	m or lov	Januar cation of Death			2:35PM
Examiner	4a Facility Name (If not institution, git	e street and number,	,					cation of Death			
	Genesis Heritac		re Ctr. ge (In yrs. last b		If Under 1 Year	Dund If Under 2		9 Date of Bir		ltimo	
Funeral Director	213-25-1925	1□ M 2□xF	82 82	Yrs.	Months Days	Hours	Min.	Sept.	7,1915		place (State or Foreign http) Ltimore, MD
f show	Usual Residence of Decedent 10a. State 10b. County Maryland Balt	imore	10c. City, To	wn or Loc		Edgeme	ere			1	0d. Inside City Limits
vith the Market or 28a-1 a	10e. Street and Number				10f. Zip Code			Т	10g. Citizen of What Country?		
ath with the Maryla 23a or 28a-f ahouses be noutlied at rai Director	3218 Grace Road	1			1011 213 0000		2:	1219	Uni	ted S	States
I. I. I. D-UOLO within 72 hours after death with the Maryland ana. than "natural", or items 23s or 28s-f show he Hedical Examine must be notified at mpleted by Funeral Director	11. Marital Status 1 □ Never Married 2點 Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces' 1 Yes % If Yes, Give Year or Dates:	?	lf '	as Decedent of H Yes, specify Cube ☐ Yes 【本本】No	lispanic Orig an, Mexican, Specify:	jin? (Spe Puerto f	cify Yes or No Rican, etc.)			
A LE I D-UOZO d within 72 hours af giene. rr than "natural", or in Medical Exam completed by F	15. Decedent's E (Specify only highest gra		18	(Give k	ent's Usual Occup ind of work done	during most	of working	ng	16b. Kind of B		
d Z IZ I 3-07 filed within 72 ho thysiene. ther than "natura ent, me testical es Completed	Elementery/Secondery (0-12) 10 Years	College (1-4or			O NOT use retired YS Assis				Health	Care	9
be file d othe event.	17. Father's Name (First, Middle, Last William Wirth)					r's Name a Emi		, Maiden Sumar	ne)	
1 and 2 should Haalth and Men em 27 is marke ither traumetic	19a. informent's Name/Reletionship (Address (Street Grace Ro				er, City or Town Maryland		Code) 219
00	20a. Method of Disposition 1 Burlal 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Speci		camei	lery, crema	ition (Name of atory or other place Memorial		1/5	Date /1998	20c. Location Parks		own, State , Maryland
Deallillore, pemir. Pages 1 ar Department of Hea Important: if Nem; any injury or othe	21. Signature of Funeral Service Lice	nsee		1	Name and Addre						
	23a. Part1. Enter the disease, or com	polications that cause	d the death. Do		7922 Wis					an .	21222 Approximate
Physician /Medical Examiner	shock, or heart failure. List only Immediate Ceuse (Finel disease or condition resulting in death)	a. A salar	ine.								Interval Between Onset and Death
D a			Due to (or es	e consequ	ence of):						
bearcuted buria transit											
entificate fing physics as the	that initiated events resulting in death) Last	d	Due to (or as a	a consequ	ence of):						
Physical Phy	Part II. Other significant conditions of all in a state of a state								tobacco use co Yss 2□ No		o the causs of death? bably 4@Unknown
Di 25 P	asterios	lent	- C	and	ان ده	ul-d	200		en eutopsy ormed?	av	ere eutopsy findings aliable prior to impletion of cause deeth?
The law at the bas b page 2 sl							14	10	Yes 2000	1[Yes 2D No
ysician: The scentificate director, pag	25. Was case referred to medical examiner?					26. Place	gloeath	(Check only	one)		
A SP	examiner/ 1 ☐ Yes 2 ☐ No	Hospitai: 1 ☐ Inpati	ent 2 ERV	Dutpatient	3□ DOA Oth	ner: 4 Nur	rsing Hor	me 5 Resi	denca 6 □Oti	nar (Speci	(y)
After fune	27. Manner of Death 1 Naturel 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, Da		. Time of injury	28c. Injur Wor M 1	ryat rk? IYes 2 □ N		28d. Describe	how injury occu	rred	
2 2 2 C	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28l. Location (Street and Number or Run City or Town, State)										al Route Number,
DIVISIGO DIVISIGO To the Hospital or Attend within 24 hours after deat To the Funeral Director: completaly filled in by the Medical Certifical		nyalcian: To the best miner: On the basis of and manner st	of examination a								
To th within To th comp	29b. Signature and title of cartifier	n'2.0	ron		29c. Licens	e number	7		29d. Date signed	ed (Month,	Day, Year)
H	30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) CPACIA C. PATRICU 703 SCLICETOM ST BACT. MD 2/23										2/224.
State Registrar	31. Date filed (Month, Day, Year) JAN 0	32. Regist 5 1998 ▶	grine De	widson	Mandete						



State of Maryland / Department of Health and Mental Hygiene 8

				,	Certif	icate of	Death		R	eg. No.	UL	1033	
		1. Decedent's Name (First, Middle, La	st)					2	. Date of Deat	h	Maria	3. Time of Death	
Physic /Medi		MARJORIE M	12 ICHTE	R					Month JAN	Day (Year S98	330 PM	
Exami		4a. Facility Name (If not institution, give	e street and number)				4b. City, To	wn, or Loca	flon of Death	4c. County	of Death		
		University of Man	cyland Hosp	ital			Bal	timore	е		n/a		
Funeral Director		5. Social Security Number 6. S 214-05-3293 Usuaf Residence of Decedent	ex	(In yrs. last birt		Under 1 Year onths Deys	If Under Hours	Min.	Date of Birth (Month, Day, May 31	Year)		place (State or Foreign http) / land	
land	Н	10a. State 10b. County		I0c. City, Town	or Locafic	on					1	Od. Inside City Limits	
the Marylar 28a-f show	ector	Maryland Anne Art	undel			imore						1 ☐ Yes 2 ☐ No	
th with th	Funeral Director	1200 Beach Prominade				10f. Zip Code 21226					10g. Citizen of What Country? U.S.A.		
21215-0020 I within 72 hours efter death with the Maryland liene. Than "natural", or items 23a or 28s-f show the Medical Examiner must be inclined at	by	11. Marifel Status 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes, Give Year or Dates:			 13. Was Decedent of Hispenic Origin? (Specify Yes or Note of the Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 ☐ Yes 2 ☐ No Specify: 					14. Race - American Indien, Bleck, White, etc. Specify: White			
15-002 72 hours "natural",	ted	15. Decedent's Ed (Specify only highest gre	ucetion 16a.		Decedent's Usual Occupation (Give kind of work done during most of working				16b. Kind of 8		Jusiness/Industry		
2121 3 within piene. r than "	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		life. DO NOT use retired) Beautician			t of working			Employed		
	BeC	17. Father's Name (First, Middle, Last)	7. Father's Name (First, Middle, Last)			18. Mother's Nam				Maiden Sumam	e)		
Maryland d 2 should be file th end Mental Hy 7 is marked oth	ToB	Jesse A.	Loudens1	ager,	Sr.	. Ethel			L. Muench				
should land Mender		19a. Informant's Name/Relationship (Type, Print)	19b.	Malling A	ddress (Stree	and Number	er or Rural I	Route Number	, City or Town,	State, Zip	Code)	
S SEL		Susan R. Synowski	i (Daughter) 2	122 p	oplar	Ridge	Rd.	Pasader	na, Mar	y1an	d 21122	
or Hear Rem		20a. Method of Disposition		20b. Place of	Dispositlo	on (Name of				20c. Location -			
Baltimore, permit. Pages 1 e Department of Nec Important: If item any injury or othe once.		1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility McCully-Polyniak Funeral Home											
Bal Permi Departimpor		De F	His							Home ena 211:	22		
Obvoislan		23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death											
Physician /Medical		Immediate Cause (Final	1 = 2 = 3	D An I	+=0	ALATIA		11.00.	A . =		-	7 01	
Examiner		disease or condition resulting in death)	· CEZEB				v sy	N 0150	ME			Sours	
	je.			ue to (or as a d			4770-4					30 hrs	
al-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, Disease or injury cause, Disease or injury c.										30 20	
68780 flicate by physician so the but		that initiated events	C	ue to (or as a c	onsequen	ce of):					-		
	n/Medicai	resulting In death) Last	onooquon	oo oi).									
Box seeth cer ettendir	iciai	Det II. Other slandlesst conditions	and other than the standard break	nat unavitale e le		d las seuse s'	una la David		03h Did to		a dealth a stan d	a the asses of death?	
O of the	Physician/P	Part II. Other significant conditions of					Id tobacco use contribute to the cause of death? ☐ Yes 2⊠No 3☐ Probably 4☐ Unknown						
S, P es that igned b	by P								1 Yes 2M No 3 Probably			Subiy 4 Dikilowii	
cord requir	Completed b									24a. Wes en autopsy performed?		ere autopsy findings aliable prior fo impletion of ceuse	
W 2	E D								1 🗆 Y	es 2MNo		death?	
= - 53												Yes 2 No	
	o Be	25. Was cese referred to medicef examiner? 1 ☐ Yes 2 ☒ No	Hospital:	•□ ====		Ot Do. Ot	hor		Check only or				
Phy Phy rale	1: To	27. Manner of Death	1⊠Inpatient 2□ ER/Outpatient 3□ DOA 4□ Nursing Home 5□ Residence 6□Other (Specify)							Ty)			
dlng Fin.	tio	1 Natural 5 ☐ Pending 2 ☐ Accident investigation		njury				200. Dodolibo flow injuly occurred					
Division To the Hospital or Attending within 24 hours elfer death. To the Funeral Director Affel completely filled in by the fune	Certification:	3 Suicide 6 Could not be determined		y - At home, fai (Specify)	rm, street,				f. Location (Si City or Town		er or Run	al Route Number,	
urs e cus e													
Divi	edical	29a. Certifier (Check only one) 1★ Certifying Physician: To the best of my knowledge, death occurred at the time, date 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, d and manner stated.							prace, and due to the cause(s) and manner as stated. occurred at the time, date and place, and due to the cau			otated. o the cause(s)	
To the within 2 To the comple	Σ	29b. Signature and title of contilier	14			29c. Licen			2	9d. Date signe	d (Month,	Day, Year)	
		In the	MO			PS	477	-9		MAL	2	1998	
10		30. Name end eddress of person who				st 21	201						
Sta	_	31. Date filed (Month, Day, Year)	1.4	Gignature 10/00/			- '			-			
Regist	ar	JAN 0 5 1998											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3 Time of Death 245 **Physician** 1 ERRY anuary /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner General HOS pifal
7. Age (In yrs. last birthdey) Alfimore
If Under 24 Hrs. Maryland 5. Social Security Number 6. Sex M 2□ F If Under 1 Birthplece (State or Foreign Country) **Funeral** 216-90-1746 Months Hours 34 Yrs. Director 31, 1963 Marylans Usual Residence of Decedent the Maryland 10b. County 10e Stete 10c. City, Town or Location 10d. Inside City Limits 28a-f show Injury or other traumatic event, the Medical Examiner must be notified at BAHMORE Yes 2 No Director Marylono 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 2/015 USA HEIGHTS 3420 Items 23a Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 DNo If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Race - American Indien. Bleck, White, etc. Never Married 2 Married ŏ Specify: Black 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorcad permit. Pages I and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural; any Injury or other traumatin numer. Completed 16b. Kind of Business/Industry 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Maryland Cup G. Elementary/Secondary (0-12) College (1-4or 5+) WareHouseman 8th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme)

Brevda G-1 G-1 ABDULLAH 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code, BALLALOR, Red 2/3/5 3420 Park HEIGHTT AUZ MUTITER BIENDA RICE 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete Burial 2 Cremetion 3 Removel from State Ceretery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility CHATMAN 5046 REISTENSTONE LAND 21. Signeture of Funerel Service Licensee 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart feiture. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting In death) /Medical Examiner Examiner Dadal-trensit pue Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Box 68760 Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 3 Probably 4 □ Unknown 1 Yss 2 No Division of Vital Records, þ 24b. Were eutopsy findings evellable prior to 24a. Wes an eutopsy performed? Completed completion of cause of deeth? 1 Yes 2 PNo 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this carliffer completely filled in by the funeral director, I 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Neturel 5 Pending investigation 1 Tyes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 | Homicide 29a. Certifier (Check only one) 1 🗹 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and manner as steted. Medical 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) mercy 30. Neme end eddress of person who completed gause of deeth (Item 23e) (Type, Print)

Maryland

32. Registrar's Signeture

Davidson

AZZIZ,

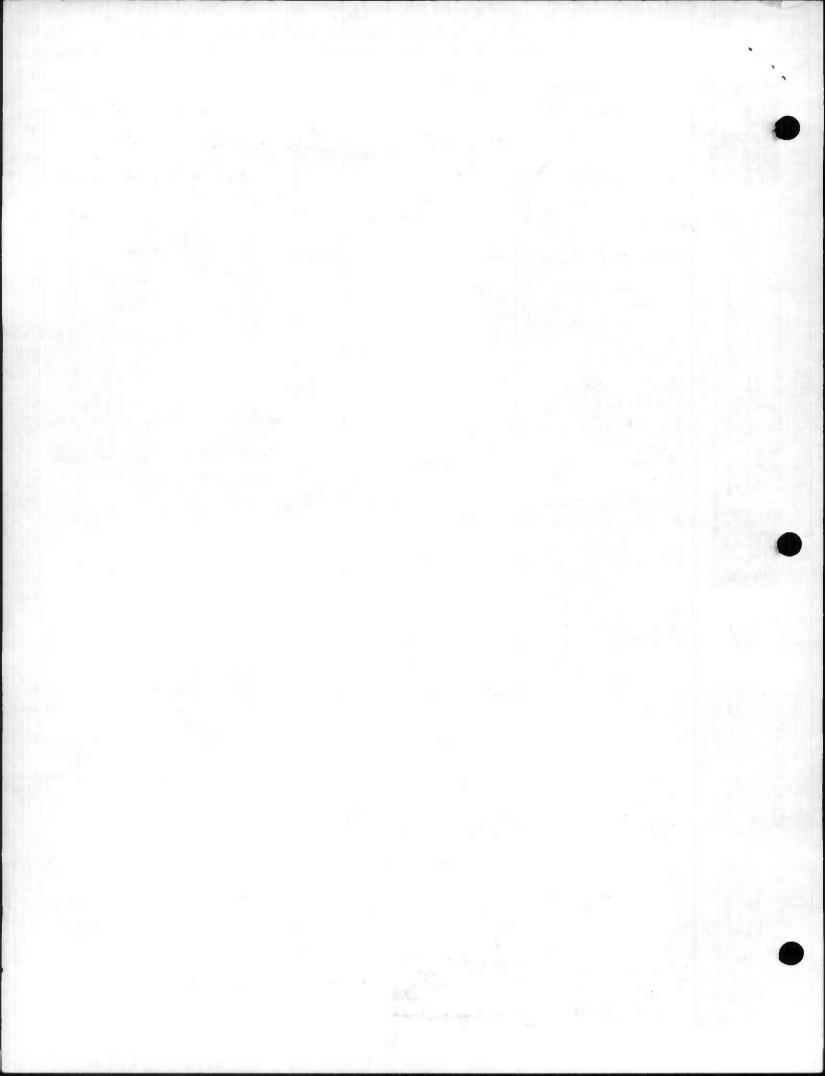
31. Date filed (Month, Day, Year) JAN 05 1998

General Hospital

DHMH 16 Rev 6/95

State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yeer 1845 Charles Franklin Sparrow, Jr. JAN 98 DL4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death BRUTIMORE HOSPITAL ST AGNES BALTIMORE If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) Deys Months Hours 1⊠M 2□ F 217-18-6797 73 Apr. 24, 1924 MD Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits 1X Yes 2 □ No N/A Baltimore 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 3900 Mountwood Road 21229 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☑ Yes 2 □ No 1943/ If Yes, Give Yeer or Detes: 1946 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: Black 3 ☑ Widowed 4 □ Divorced 1946 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6th Grade Laborer Shappiro Whitehouse 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Charles Franklin Sparrow, Sr. Alice Sparrow 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent'e Neme/Reletionship (Type, Print) Nora McKinney - Daughter 4816 Colherne Road, Baltimore, MD 21229
Disposition (Neme of Date 20c. Location - City or Town, State 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest VA Cem. 01/07/98 Owings Mills, MD 22. Name and Address of Facility
Unity Funeral Home - 108 W. North Av. 21. Signature of Funerel Service Licensee

Physician /Medical Examiner

signed by t

certificate

Director:

24 hours To the Hospi within 24 hou To the Funer completely fil

Hospital or Attending Physician: 24 hours efter death.

SPARNOW

Vital

of

ģ

Completed

Be

Certification: To

Medical

permit. Peges 1 and 2 s Department of Heetth or Important: If Item 27 ia any injury or other trau

Physician

/Medical

Examiner

10e. Stete

Funeral

Director

r than "natural", or items 23e or 28e-f show the Medical Examper must be notified at

e filed within 72 hours efter al Hygiene, other than "natural", or ite

the and 2 should be fill Heelth end Mental H

Baltimore, Maryland 21215-0020

Directo

by

Completed

Physician/Medical

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Last

tmmedlete Cause (Finel

disease or condition resulting in deeth)

PNEUMO NIA

Due to (or es e consequence of): CEBROVASCULAR

23a. Part1. Enter the disease, or complications that caused the meeth point enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line.

Due to (or es e consequence of): HYPERIENSION

Due to (or es e consequence of)

Pert Ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.

DEMENTIA

SEIZURE

DISORDER

23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Nunknown

24e. Was en autopsy performed?

Baltimore, MD 21201 - (410) 752-4941

ACCIDENT

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

Approximate Interval Between Onset and Deeth

WEEK

9 WEEKS

1 ☐ Yes 2 No

25. Wes case referred to medical 1 Yes 28 No 27. Menner of Deeth

5 Pending investigation

6 Could not be determined

28a. Dete of tnjury (Month, Dey Year)

1 ☑ inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28b. Time of

28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

1 ☐ Yes 2 ☐ No

26. Piece of Deeth (Check only one)

28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

1 Netural

2 Accident

4 Homicide

3 Suicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es stated. 2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated.

29b. Signeture and the certifier

JAN 0 5 1998

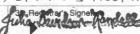
MD

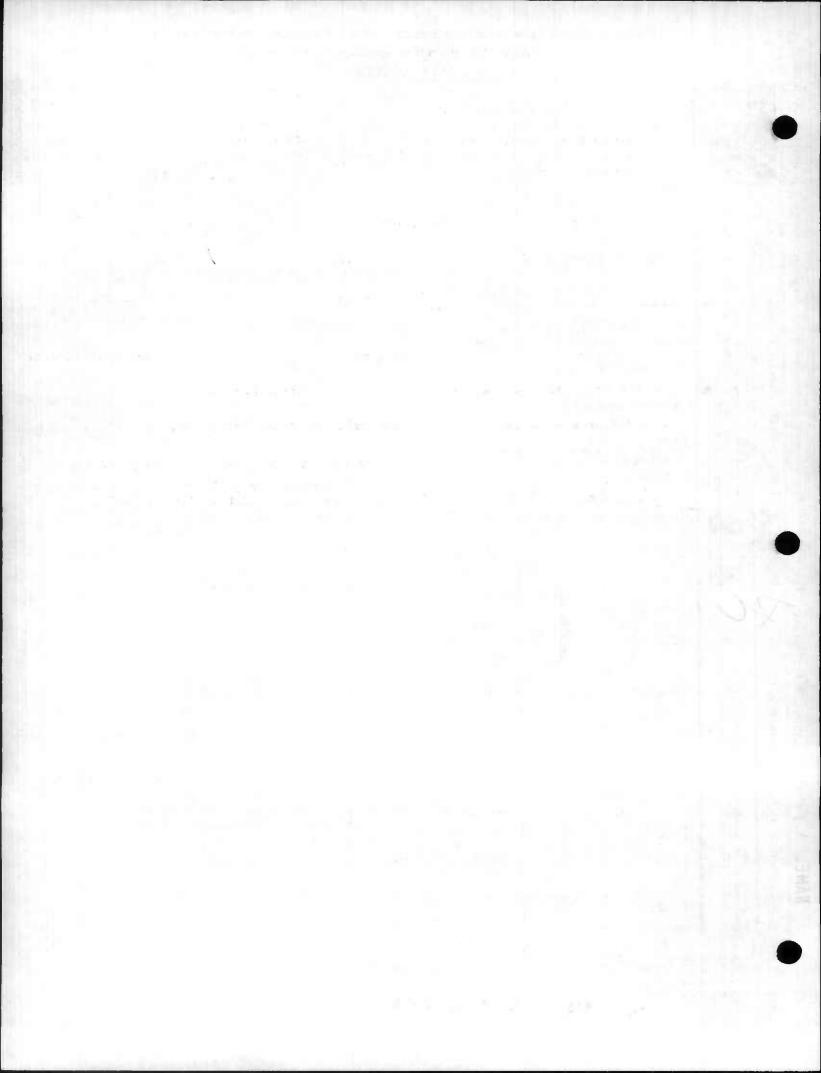
29c. License number P10873 29d. Dete signed (Month, Dey, Year)

30. Name and eddress of person who completed cause of deeth (item 23e) (Type, Print)

DR FRANCIS BUADI, STAGNES MOSPITAL, 900 CAFON AVENUE, BACTIMORE, MD, LIZZY. 31. Dete filed (Month, Dey, Year)

State Registrar





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiener O 00036

Physician Medical Examiner 46. Chy, Town, or Location of Genetic School (Proceed) 57. Agen (Proy is last birthow) 57. Agen (Proy	Medical
Funeral Directors Social Security Number (212-32-3925) Social Security Number (212-332-3925) Social Security Number (212-322-3925) Social Security Number (212-322-322-3925) Social Security Number (212-322-322	
212-32-3925 *** *** *** *** *** *** *** *** *** *	kaminer
100. State 100. County 100. County 100. Town or Location 100. Toy Code 100. Extra of Whet County? 100. Extra of Whet C	
Maryland Baltimore Halethorpe 10. Sived ear Number 4604 Rehbaum Avenue 10. 2127 United States 4604 Rehbaum Avenue 11. Was Decedent of Hisperic Origin? (Speedly Vas or No. 11. Marital Status 11. Marital	
186. Discaderial Survive Coupstion 186. Kind of Businessindustry (Specify only highest growd completed) 186. Discaderial Survive And Java Completed 186. Kind of Businessindustry (Specify only highest growd completed) 186. Discaderial Survive And Java Coupstion 186. Record of Working 186. Discaderial Survive And Java Coupstion 186. Record of Working 186. Discaderial Survive And Java Coupstion 186. Record of Working 186. Discaderial Survive And Java Coupstion 186. Record of Working 186. Recor	fled a
168. Decedent's Education 168. December 168.	Sirec
15. Decedent's Equation 16. Secretary (0-12) 16. Secretary (0-	eral l
Marquerite Helen Boulden 5556 Ashbourne Road Arbutus, Maryland 20e. Mythod of Disposition 1	Examiner. By Fune
Victor Gemmili II Idabelle Wagner 19a. Informent's Neme/Reletionship (Type, Print) Daughter 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Marquerite Helen Boulden 5556 Ashbourne Road Arbutus, Maryland 20e. Mendod of Disposition 1 Date 20c. Location - City or Town, Stete 4 Concerns of Disposition of Disposition of Disposition (Nema or NEW Nemerles), commenced or disposition or disposition or disposition or disposition (Nema or New	mpleted
Marquerite Helen Boulden 5556 Ashbourne Road Arbutus, Maryland 20e. Mythod of Disposition 1	ont, the
Marquerite Helen Boulden 5556 Ashbourne Road Arbutus, Maryland 20e. Method of Disposition 3 Removel from Stete 1 1 1 1 1 20e. Method of Disposition 3 Removel from Stete 1 1 1 20e. Method of Disposition 3 Removel from Stete 1 1 1 20e. Method of Disposition 3 Removel from Stete 1 1 1 20e. Method of Disposition 3 Removel from Stete 1 1 1 20e. Method of Disposition 3 Removel from Stete 1 1 2 2 No 1 20e. Detail of Stete 20e. Location - City or Town, Stete 1 1 2 2 No 1	0 B
Marquerite Helen Boulden 5556 Ashbourne Road Arbutus, Maryland 20e. Mythod of Disposition 1	anne
4 Consider S Dother (Specify) 21. Signature strength Service Loansee 22. Nama and Address of Fecility Ambrose Funeral Home, 328 Sulphur Spring Rd. Arbutus, MD 23a. Pertl. Enter the disease, or som filications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, indicated and sease or condition resulting in death). But to (or as a consequence of): Immediate Cause (Final disease or condition sulting in death) Lest Sequentially list conditions, if env, leading to immediate cause. Enter Underlying resulting in death) Lest Due to (or as a consequence of): Output Death (Check and yone) Consequence of): Output Death (Chec	ther tr
23a. Pert I. Enter tha disease, or borny lications that caused tha death. Do not enter the mode of dying, such as cardiac or respiretory errest, interevel B Onsat an allocal inner lice of the subject o	y or o
23a. Pert I. Enter the disease, or commissions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval B onsat an abook, of near feiture. List only has cause on each line. Immediate Cause (Final disease or condition resulting in deeth) Dub to (or as a consequence of):	injur Se
23a. Part Enter the disease or born electron to shock, or heart feiture. List only in a cause on each line. Sequentially list conditions, and in the condition resulting in death) Dub to (or es e consequence of): Dub to (or es e consequence of): Dub to (or es e consequence of):	a d
Immediate Ceuse (Final disease or condition resulting in deeth) Due to (or es e consequence of):	
Dué to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e	
Sequentially list conditions, if ery, leading to Immediate cause. Enter Underlying to Immediate cause cause contribute to the cause of Immediate cause. Enter Underlying to Immediate cause	
Cause (Disease or Injury that initiated events resulting in deeth) Lest Dua to (or as a consequence of): D	je je
Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert III. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert III. Other eignificent conditions contribute to the ceuse of light of the contribute to the ceuse of light of the contribute to the ceuse of light of of ligh	riel-transi Exami
Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4	as the
A Second	ned for us
of deeth? 1 Yes 2 No 1 Yas 2 25. Wes case referred to medical exeminer? 1 Yes 2 No 1 Yas 2 26. Place of Deeth (Check only one) 1 Yes 2 No 1 Yas 2 27. Menger of Deeth 28. Dete of Injury (Month, Day Year) 28b. Time of 1 1 1 1 1 1 1 1 1 1	detact Phy
25. Wes case referred to medical exeminer? 1	ed be ted by
25. Wes case referred to medical exeminer? 1	2 sh
1 Pes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA Winsing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth 28e. Dete of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 3 Nork? 28d. Describe how injury occurred 3 Nork?	page 2 sh
206. Imper of Destination of Destination of the Control of the Con	ctor, page 2 sh Be Comple
3 Suicide 3 Suicide 4 Homicide Suicide Su	To Be
	uneral director
29e. Certifler (Check only one) 20 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause end menner stelled.	uneral director
29b. Signeture end hite of certifier 29c. License number 29d. Dete signed (Month, Dey, Year,	uneral director
N. Chantomany, M.D. PO-9145 JAN 2, 1998	uneral director
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) KONGSAK CHANTORN SAENG ST. AGNES HOSPITAL 900 CATON AVE. BALTO, MD 212.	uneral director
State Registrar IAN 0 5 1998 Registrar IAN 0 5 1998	completely filled in by the funeral director. Medical Certification: To Be

DHMH 16 Rev 6/95

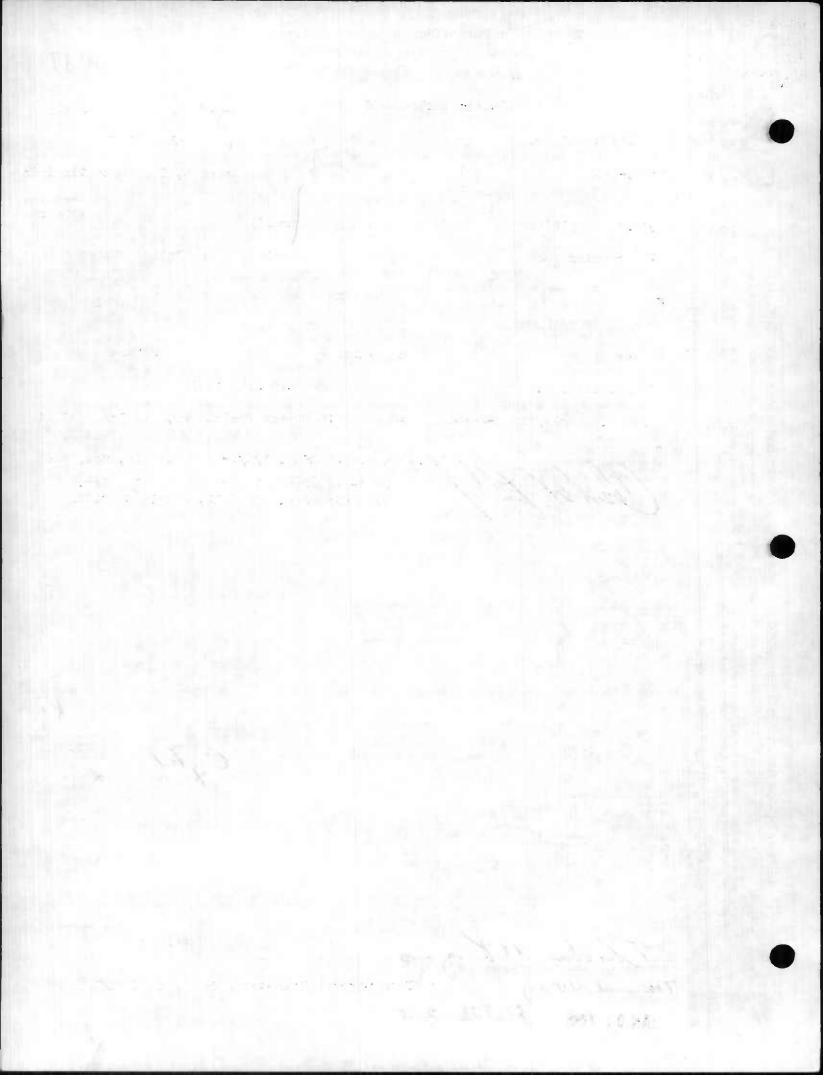
NAME: HELEN SCHAEFFER

- what -

25,5,00

1 1 3

Physician	a part I,27 per MEO G. 1. Decedent's Nama (First, Middla, L.	ast)	Gertrude	Sherma	n		2. Data of Deat Month	Day	Yaar	3. Time of Deal
/Medical	4a English Name (Mant institution of		Gercrude	Difering	·		January cation of Death	1,1998 4c. County	of Dooth	120p
Examiner	4a Facility Name (If not institution, g 3119 BAY BRIAR F						AUDIT OF Dealif			
			In yrs. last birthday)	If Undar 1 Ya	DUNDA aar If Undar 2		A Date of Birth	BALTIN		place (State or For
eral ctor	216-66-2953	1□ M 2QtF 87		Months Da		Min.	8. Date of Birth (Month, Day, March &	Year) 3,1910	Ves!	olaca (Stata or For htry) Virgin
	Usual Residence of Decedent 10a. State 10b. County	1	Oc. City, Town or Lo	ocation					1	Od. fnside City Lin
Examiner must be notified at by Funeral Director					Deem	1 - 7 1-				1 Yas 2X
Director	Maryland Balt 10e. Street and Number	imore		10f, Zip Cod	Dund	laik	1	0g. Citizen of V	Vhat Cour	ntry?
0	3119 Bayvriar R	bso			2122	2.2		United	Stat	tes
Funeral	11. Marital Status	12. Was Decedent Eve	er in U,S. 13.	Was Decedent	of Hispanic Origi Cuban, Maxican,	in? (Spe	cify Yas or No-			can Indian,
	1 Never Married 2 Married					Puerto F	lican, atc.)	1	k, White,	etc.
by	3 Midowed 4 ☐ Divorced	If Yes, Give Year or Datas:	0.00	1 ☐ Yes 2 🔀 I	No Specify:			Specify	Wh:	ite
fed	15. Decedent's f (Specify only highast g	Education	16a. Dece	dent's Usual Oc	ccupation one during most stired)	of workin	00	16b. Kind of Bu	isiness/In	dustry
npie	Elementery/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use re	tired)		9			
Completed	8 Years		Homemaker						ome	
Mental H arked ott arked ott To Be	17. Father's Name (First, Middle, Las				18. Mothar's Nam				Θ)	
	Edwin Patrick	. Tinney				•	ne Lewi			
	19a. Informant's Name/Relationship			-	reet and Number					
	Denise L. Brook				in Stree	et 1		· -		
	20a. Method of Disposition 1 Burial 2 □ Cramation 3	Removal from State	20b. Place of Dispo cemetery, cre	osition (Name of matory or other	place)		Date	20c. Location -	City or To	own, Stata
	4 Donation 75 Doher (Spec		Bel Air I	Memoria	1 Gdns.	1/5	/1998	Bel Ai	r, M	aryland
	21. Signature of Ednings Service Lips	energy XX	2	2. Nama and Ad Duida - Ru	dress of Facility CK Fune:	ral 1	Home of	Dundal	k. I	nc.
	1 holy	toVI			se Ave.					1222
al Examiner	Immediate Cause (Final diseese or condition resulting in death)	d	ACEREBRAL I		E O/				1	
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	e to (or as a conse	quenca of):					1	
cal	Cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	a to (or as a consec	quence of):						
Ne		d								
5										
lan		contributing to death but it	not resulting In the u	and adult a nation	given In Part I.					o the cause of de
ysician/I	Part II. Other afgnificant conditions			indenying cause				es 2 No	3 Pro	bably 4 Unk
y Physician/Med	Part II. Other significant conditions			indenying cause			1 U Y			
by	Part II. Other significant conditions			indenying cause					24b. W	ere autopsy findir
by	Part II. Other significant conditions			indenying cause			24a. Was a	n autopsy	av	allable prior to
by	Part II. Other significant conditions			indenying cause			24a. Was a	n autopsy med?	av cc of	rallable prior to empletion of cause death?
Completed by				indenying cause			24a. Was a	n autopsy ned? es 2 □ No	av cc of	allable prior to
Be Completed by Phys	25. Was case referred to medical examiner?	Hospital:	o∏ EDIOutesii		Other:		24a. Was a perform	n autopsy ned? es 2 \(\text{No} \)	av cc of	valiable prior to impletion of cause death? Yea 2 No
To Be Completed by	25. Was case referred to medical examiner? 1 SX 2 No 27. Menner of Death 1X10 Natural 5 Pending	Hospital: 1 Inpatient 28a. Date of Injury	28b. Time o	nt 3□ DOA of 28c. I	Other: 4 Nur Injury at Work?	sing Hon	24a. Was a	n autopsy med? es 2 No ee)	av oc of	valiable prior to impletion of cause death?
To Be Completed by	25. Was case referred to medical examiner? 1 [XX] 2 No 27. Menner of Death 1X1 Natural 5 Pending investigati	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Y	(ear) 28b. Time of Injury	nt 3□ DOA ↓ of 28c. I	Other: 4 Nur Injury at Work? 1 Yes 2 N	sing Hon 2	24a. Was a serion You Check only one 5 Reside	n autopsy med? es 2 No ee) enca 8 Oth ow injury occurr	ar (Speci	rallable prior to mpletion of cause death? Yea 2□ No
To Be Completed by	25. Was case referred to medical examiner? 1 [XX] 20 No 27. Menner of Death 1/12] Natural 5 Pending	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Y	28b. Time of Injury	nt 3□ DOA ↓ of 28c. I	Other: 4 Nur Injury at Work? 1 Yes 2 N	sing Hon 2	24a. Was a serion You Check only one 5 Reside	n autopsy med? ss 2 No ne) snca 8 Oth ow Injury occur	ar (Speci	ompletion of cause death? Yea 2□ No
ilon: To Be Completed by Phys	25. Was case referred to medical examiner? 1	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Y 28e. Place of Injury building, atc. (Physician: To the best of examiner: On the best of examiner.	- At home, farm, st Specify) ny knowledge, deat	nt 3 DOA 28c. I	Other: 4 Nur Injury at Work? 1 Yes 2 N ica	sing Hon 2 lo 2	24a. Was a perion (Check only or ne 5 Meside 28d. Describe here) 28f. Location (St. City or Town	n autopsy med? se 2 No ne) enca 8 Oth ow Injury occur free! and Numb n, State)	av cc of 1 1 ar (Specimed	rallable prior to mpletion of cause death? Yea 2 No Ny) al Route Number,
To Be Completed by	25. Was case referred to medical examiner? 1 XXes 2 No 27. Menner of Death 1X1 Natural 5 Pending investigats 3 Suicide 6 Could not determine 29e. Certifier (Check only 2X1 Medical Exe	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Young) 28e. Placa of Injury building, atc. (- At home, farm, st Specify) ny knowledge, deat	nt 3 DOA 28c. I	Other: 4 Nur Injury at Work? 1 Yes 2 N ica	sing Hon 2 lo 2	24a. Was a parton (Check only or the State of S	n autopsy med? se 2 No ne) enca 8 Oth ow Injury occur free! and Numb n, State)	ar (Speciared	rallable prior to mpletion of cause death? Yea 2□ No Yea 2□ No Al Route Number, stated. o the cause(s)
edical Certification: To Be Completed by Physi	25. Was case referred to medical examiner? 1	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Y 28e. Place of Injury building, atc. (Physician: To the best of examiner: On the best of examiner.	- At home, farm, st Specify) ny knowledge, deat	nt 3 DOA 28c. I	Other: 4 Nur Injury at Work? 1 Yes 2 N ica se time, date and ny oplnion, deat	sing Hon 2 lo 2	24a. Was a perion (Check only or one 5 Residual Describe harmonic of the control	n autopsy med? ps 2 No ne) anca 8 Oth ow Injury occur rect and Numb n, State) ause(s) and ma ate and pleca,	ar (Speciared	Allable prior to mpletion of cause death? Yea 2 No Ny) All Route Number, stated. o the cause(s) Day, Year)
pletely filled in by the funeral director, page 2 should be dedical Certification: To Be Completed by	25. Was case referred to medical examiner? 1	Hospital: 1 Inpatient 28a. Date of Injury (Month, Day Y 28e. Place of Injury building, atc. (Physician: To the best of examiner: On the best of examiner states M. M. M.	- At home, farm, st Specify) ny knowledge, deat aminetion and/or in	nt 3 DOA 28c. I	Other: 4 Nur Injury at Work? 1 Yes 2 N ica se time, date and ny oplnion, death canse number	sing Hon 2 lo 2	24a. Was a perion (Check only or one 5 Residual Describe harmonic of the control	n autopsy med? ss 2 No se 2 No se 8 Oth sw Injury occur ree! and Numb n, State) ause(s) and ma ate and pleca, 9d. Date signe	ar (Speciared	Allable prior to mpletion of caus death? Yea 2 No Ny) All Route Number, stated. o the cause(s) Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death - Month :54am John Robert Six January Z 1998 4c. County of Deeth 4b. City, Town, or Location of Death 4a. Fecility Neme (If not institution, give street end number) Union Memorial Hospital Baltimore N/A 7. Age (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Months | Deys | Hours | Min. | (Month, Dey, Year) 5. Sociel Security Number Birthplace (State or Foreign Country) Deys 1**X**M 2□ F Yrs. 215-26-3442 SEP 14, 1928 Maryland Usual Residence of Decedent 10b County 10c, City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Catonsville 10e, Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 202 Sanford Avenue 21228 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Detas: 1 Never Married 2 Married 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: White 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Central Office Technician Bell Atlantic (Telephone) 17. Fethar's Name (First, Middle, Last) 18. Mothar's Neme (First, Middla, Meiden Surnama) John Andrew Dorothy Wells 19a. Informant's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rurel Route Number, City or Town, Stata, Zip Code) 202 Sanford Avenue Catonsville, MD 21228 Diane S. Six - Wife 20a. Mathod of Disposition 20b. Placa of Disposition (Neme of cemetary, cremetory or other piece) 20c. Location - City or Town, Stete Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Loudon Park Cemetery 1/5/98 Baltimore, MD 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Rd. Baltimore, MD 21228 23e. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth Congestive Heart failure
Due to (or as a consequence of): Immediete Ceusa (Final diseesa or condition rasulting in daath) Sequantially list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Diseesa or Injury that initiated events resulting in deeth) Lest Dua to (or as e consequanca of): Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? End Stage Renal discase NI Yas 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of daath? 24e. Wes en eutopsy performed? 20 No 1 ☐ Yes 2 ☐ No 25. Wes case rafarrad to medical 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Rasidanca 8 Other (Specify) 1 Yas 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27 Manner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work?

Physician /Medical Examiner

Physician

/Medical

10e Stete

Examiner

Funeral

Director

a or 28a-f show

"natural", or items 23a

filed within 72 hours efter

. Pages 1 end 2 should be filled wi ment of Health and Mentel Hygien tant: If item 27 is marked other th jury or other traumatic event, the

permit. Page Department of Important: If any injury or once.

21215-0020

Baltimore, Maryland

P.O. Box 68760.

ŏ

Director

Funeral

þ

Completed

Be

the burial-transit

Physician/Medical Examiner à Be Completed P

Medical Certification:

To the within To the 10

> State Registrar

29b. Signeture end title of certifier

5 Pending Investigetion

6 Could not be datamined

Venu

MO

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Spacify)

29c. License number

1 Yes 2 No

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the ceuse(s) end menner steted. 29d. Dete signed (Month, Dey, Year) January

30. Name end eddrass of person who complated cause of daath (Item 23e) (Type, Print) 201 East University Pena mb

Parkway

Baltimore, MD 21218

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

31. Dete filad (Month, Dey, Year)

1 Neturel

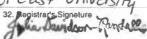
3 ☐ Suicide

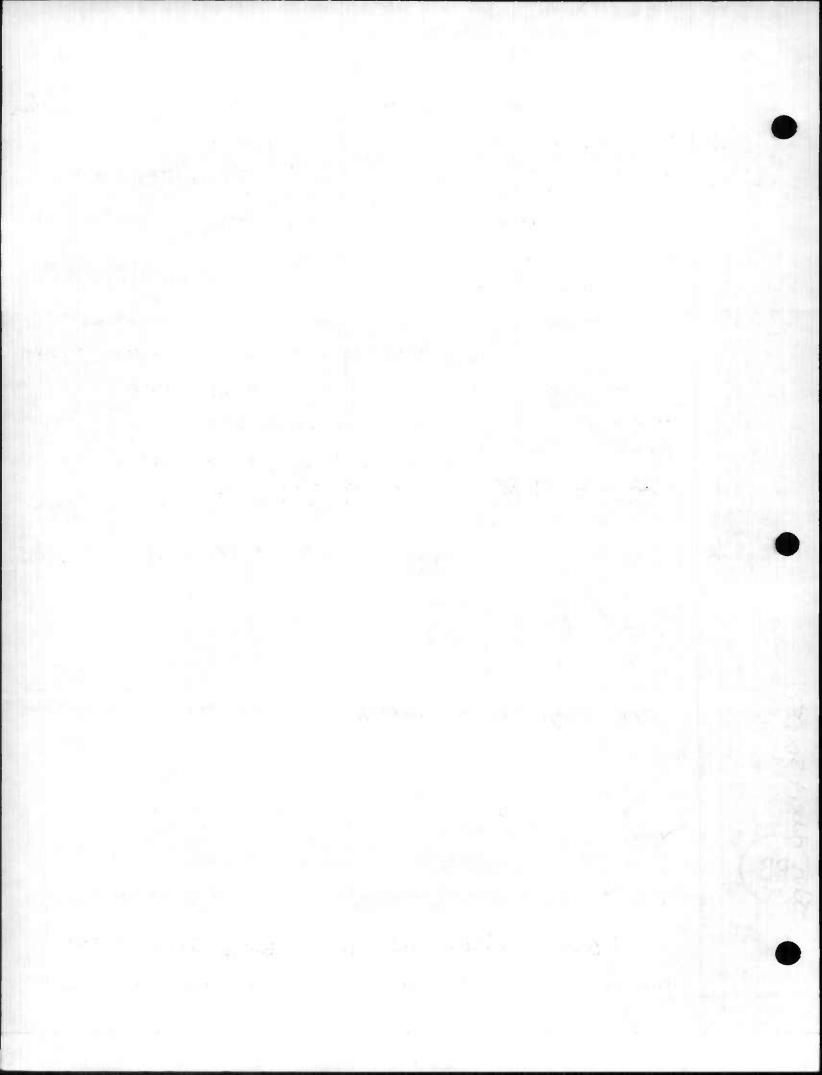
29e. Certifier (Check only one)

2 Accident

4 ☐ Homicide

JAN 0 5 1998





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

hysicia					-		CUI	Death		Reg.	NO.	0 (
	,	1. Decedent's Name (First, Middle, L	Last)						2. Dete Mont	of Deeth	Dey	Year	3. Time of Death
Medica	al .	PERCY	I.		SHI	REY			JAN	UARY	1,	1998	12:45
xamine		4a. Fecility Neme (If not institution, g RIVERVIEW NU						BALTI				of Death TIMOR	E
neral ector		5. Social Security Number 6. 213-10-4316 Usual Residence of Decedent	. Sex 7 12≸M 2□ F	. Age (In yrs. 98	lest birthday Yrs.	y) If Under Months	1 Yeer Days	If Under 24 Hours	Min. 8. Dete (Mont	of Birth h, Dey, Yo 12,	1899	9. Birthple Count	Pa •
A 11	-	10a. State 10b. County		10c. Ci	ty, Town or I	Location					-	10	d. Inside City Llm
Inotified at	Director	Md. Baltime	ore		Balti	more			-,				1 ☐ Yes 2 🖾 N
2 2 2		10e. Street and Number 4302 Tammy Ct.				10f. Zip		236		10g.	Citizen of V USA		ry?
Daminer	by Fur	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced		es? ! □ No		Nas Deced If Yes, spec			n? (Specify Yes Puerto Rican, etc	or No-		e - America ck, White, e	tc.
adical Ex	eted	15. Decadent's I			16a. Dec	adent's Usua	ai Occup	oation	f working	161	b. Kind of B		
The M	Completed	Elementery/Secondary (0-12)	College (1-	for 5+)		Mecha		during most o d)	Working	Ar	chway	Ford	
- I	e C	17. Fether's Neme (First, Middle, Las	st)					18. Mother's	Neme (First, M	iddle, Mai	den Sumam	10)	
tice	0	Philip		Sh	nirey			Marga	ret			McGi	re
raumatic eve		19a, informent's Name/Reletionship	(Type, Print)		19b. Mai	iling Address	(Street	and Number	or Rurel Route N	lumber, C	ity or Town,	State, Zip 6	Code)
r tra		Irvin B. Shirey/	son		4302	Tammy	Ct	. Balt.	imore, 1	1d. 2	1236		
any injury or other tra		20a. Method of Disposition 1⊠ Buriel 2 □ Cremation 3		ete	cemetery, cr	position (Ner ematory or o	ther pla		Dete		. Location -		
uniu.	-	4 ☐ Donation 5 ☐ Other (Spec		Ba]		e Nati		1 ess of Fecility	1/5/98	3 B	altim	ore,	Md.
any ir		allette	DOT	K	R	tuck To	owso	n Fune	ral Home				
ian		23a. Pert1. Enter the disease, or con shock, or heert failure. List oni	mplications that car y one ceuse on ee	used the deat ch line.									Approximete Intervel Between Onset end Deeth
lical iner		Immediate Ceuse (Final disease or condition resulting in death)	· Ah	-hei	ner	(D	:10	ase.					413
i i				Due to (d	or as e conse	equenca of):						1	
se as the burial-transit	EXALL	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events	b	Due to (c	or as a conse	equenca of):							
s the bu	and a	Cause (Disease or Injury that Initieted events resulting In deeth) Lest	C	Due to (o	r es a conse	equence of):							
	2											1	
			d,										
in lo			d,									-	
for u		Part II. Other significant conditions	01/	th but not res	ulting in the								the cause of deat
be detached for us	Dy Fillysician	A	contributing to deal	th but not res				ven In Pert I.			cco use cor	3 ☐ Prob	ably 4 Unkno
be detached for us	Dy Fillysician	A	01/	7					248.		2□ No utopsy	3 Probe	
page 2 should be detached for un	Dy Fillysician	A	01/	7					248.	1 🗆 Yes Wes en e	2□ No utopsy	3 Probe	e autopsy findings ieble prior to pletion of cause
page 2 should be detached for u.	Completed by rinysician	Arterius Scher	01/	7				ac De's	248.	1 Yes Wes en e	2□ No utopsy i?	3 Probe	e autopsy findings leble prior to pletion of cause eath?
page 2 should be detached for u.	De Completed by Fillysician	Arteriusche	01/	orer		Oou	cele	26. Piece of	24a. Death (Check of	1 ☐ Yes Wes en e performed 1 ☐ Yes only one)	2□ No utopsy 17 2□Mo	3 Probe	e autopsy findings ieble prior to pletion of cause eath?
il director, page 2 should be detached for ur. To Be Completed by Physician	בים	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending	Hospital: 1 Ing	OF (Y	rolly	Ocus	A Oth	26. Piece of	24a. Death (Check of the check	1 ☐ Yes Wes en e performed 1 ☐ Yes only one)	2□ No utopsy 17 2□Mo	24b. Wer evail com of di	e autopsy findings ieble prior to pletion of cause eath?
by the funeral director, page 2 should be detached for us [fileation: To Be Completed by Physician	בים	25. Was case referred to medical examiner? 1 Yes 20 No 27. Manner of Deeth 1 Natural 5 Pending	Hospital: 1 In Ing. 28a. Dete of (Month, on the case Place of the	Dr m	ER/Outpatie 28b. Time Injury	Ocusion 3 Do	A Oth	26. Piece of there at the state of the state	Death (Check on the control of the c	Uses en e performed 1 □ Yes 2 only one) Residence ribe how i	2 No utopsy 17 2 No e 6 Other	3 Probe 24b. Wer evail com of did to the common of	e autopsy findings ieble prior to pletion of cause eath?
by the funeral director, page 2 should be detached for us [fileation: To Be Completed by Physician	or measure to be completed by ritylicial	25. Was case referred to medical examiner? 1	Hospital: 1 Inno 28a. Date of (Month, on be d 28e. Placa of building	patient 2 Dinjury Day Year) Injury - At ho, etc. (Specification of exeminal	ER/Outpatie 28b. Time Injury ome, farm, s	ent 3 DO of 2 M utreet, factory	A Oth A Oth Yor 1 office	26. Piece of left: 4 Wursi yat k? Yes 2 No	24a. Death (Check of the check	1 ☐ Yes Wes en e performed 1 ☐ Yes only one) Residence ribe how in for (Street or Town, S)	2 No utopsy 17 2 No a 6 Other njury occurr t and Numb	3 Probe 24b. Were evail common of de 1 Prober (Specify) ed	e autopsy findings leble prior to pletion of cause earth? Yes 2 No
by the function of the control of detached for use the control of	to be completed by ripsicial	25. Was case referred to medical examiner? 1	Hospital: 1 Ing	patient 2 Dinjury Day Year) Injury - At ho, etc. (Specification of exeminal	ER/Outpatie 28b. Time Injury ome, farm, s	ent 3 DO of 2 M itreet, factory	A Oth 8c. Injur Wor 1 , office	26. Piece of left: 4 Wursi yat k? Yes 2 No	24a. Death (Check of the check	Use en e performed 1 Yes Nesidence ribe how in (Stree r Town, S) the caussime, dete	2 No utopsy 17 2 No a 6 Other njury occurr t and Numb tate) e(s) and ma	3 Probe 24b. Were evail common of direction	e autopsy findings leble prior to pletion of cause sath? Yes 2 No Route Number,
by the funeral director, page 2 should be detached for us [fileation: To Be Completed by Physician	to be completed by ripsicial	25. Was case referred to medical examiner? 1	Hospital: 1 Inno 28a. Date of (Month, on be d 28e. Placa of building	patient 2 Dinjury Day Year) Injury - At ho, etc. (Specification of exeminal	ER/Outpatie 28b. Time Injury ome, farm, s	ent 3 DO of 2 M itreet, factory	A Oth 8c. Injur Wor 1 , office	26. Piece of ier: 4 Nursi yat k? Yes 2 No	24a. Death (Check of the check	Use en e performed 1 Yes Nesidence ribe how in (Stree r Town, S) the caussime, dete	2 No utopsy 17 2 No a 6 Other njury occurr t and Numb	3 Probe 24b. Were evail common of direction	e autopsy findings leble prior to pletion of cause sath? Yes 2 No Route Number,
pletely filled in by the funeral director, page 2 should be detached for under the funeral director. To Be Completed by Physician		25. Was case referred to medical examiner? 1	Hospital: 1 Inno 28a. Date of (Month, on be 28e. Piaca of building hyalclan: To the basiend manne	patient 2 Injury Day Year) Injury - At he, etc. (Specify est of my knowe of exeminar reteted.	ER/Outpatie 28b. Time Injury ome, farm, s V)	ent 3 DO of 2 M treet, factory	A Oth 8c. Injur Wor 1 , office	26. Piece of ier: 4 Nursi yat k? Yes 2 No	24a. Death (Check of the check	Use en e performed 1 Yes Nesidence ribe how in (Stree r Town, S) the caussime, dete	2 No utopsy 17 2 No a 6 Other njury occurr t and Numb tate) e(s) and ma	3 Probe 24b. Were evail common of direction	e autopsy findings leble prior to pletion of cause sath? Yes 2 No Route Number,

A Land Company Line Line Line Company I am a company in the compan 9613094

d eddress of person who completed cause of deeth (Item 23a) (Type, Print)

istrar's Signature

litani

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

1983 Poplar Ridge Rd Pasadena, Maryland 21122 e of Disposition (Name of Glen Haven Memorial Park 1/7/98 | Glen Burnie, Maryland Intervel Between Onset end Deeth 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 □ Unknown 1 Yes 2 No 24b. Were eutopsy findings eveileble prior to 24a. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No 250 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) and manner stated. 29c. License number 29d. Dete signed (Month, Dey, Year) Norh

3. Time of Deeth

10d. Inside City Limits

1 ☐ Yes 2 ➡ No

1998

14. Rece - American Indian, Black, White, etc.

White

Specify:

7:40 P.M

To the Hospital within 24 hours e Hospitai

completely

Registrar

29e. Certifier

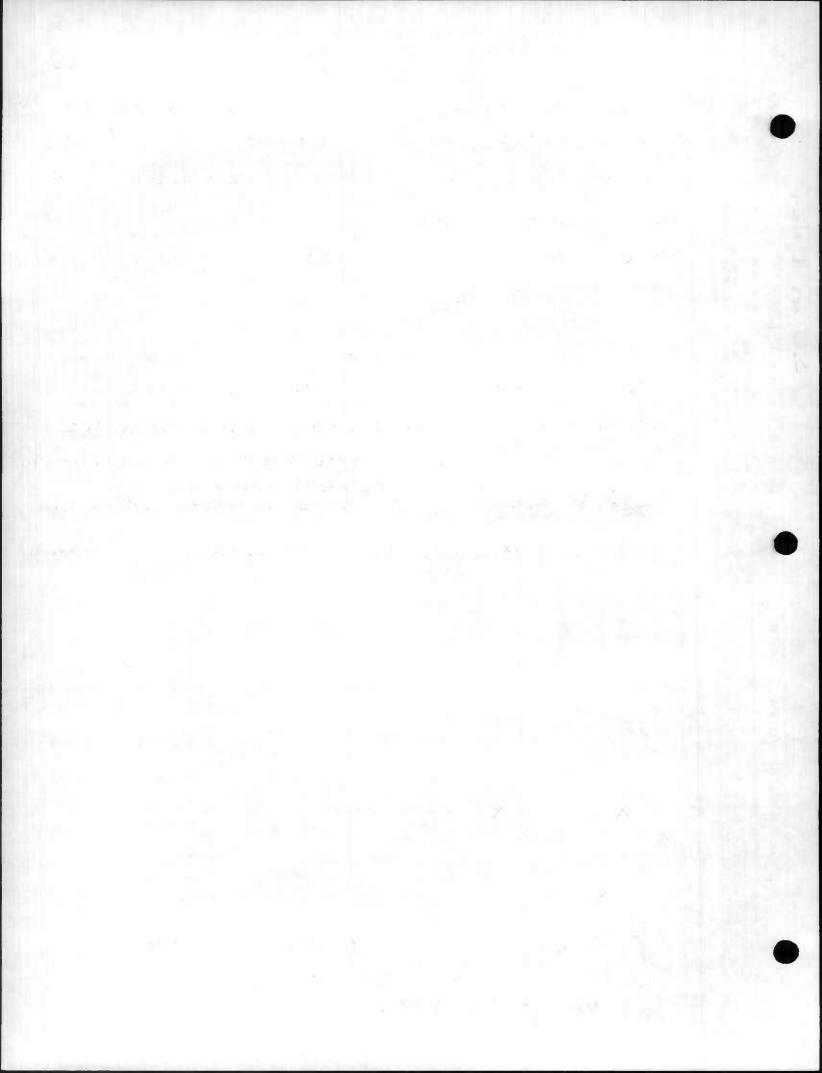
(Check only onel

296. Signature and title of certifier

31. Dete filed (Month, Day,

Mudolf

edicai



State of Maryland / Department of Health and Mental Hygiene

				(Certifica	ate of	Death		Reg. No.	5 U	0041	
Physicia /Medic		1. Decedent's Neme (First, Middle, L. Mitchell	John		Skar	rzin	ski	2. Dete of D Month Janua	eeth Dey	Year 1998	3. Time of 1	Death PN
Examin		4e. Fecility Neme (If not institution, gi 2227 Monacao	ye street and number)				4b. City, Town, o	r Location of Dee	th 4c. Cour	nty of Deeth	re	
Funeral Director			Sex 7. Age (I	In yrs. iast birtho	Month	der 1 Year ns Deys	If Under 24 H Hours Mi	n. (Month, D	rth ay, Year) 7/1947	9. Birth Cou MD	place (Stete or ntry)	Foreig
Mo W		10e. Stete 10b. County	10	Oc. City, Town o	r Location						10d. Inside City	y Limits
le les	ctor	MD Balti	more 1	Essex							1 🗆 Yes	213 N
a or 28 De no	Director	10e. Street end Number 2227 Monacao	v Rd			Zip Code		4	10g. Citizen o	of Whet Cou	ntry?	
ntal Hygiene. od other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	Funeral	11. Marital Stetus	12. Wes Decedent Eve Armed Forces?	er in U,S.				(Specify Yes or Narto Ricen, etc.)	o- 14. R	ace - Ameri leck, White,		
Fram	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 MYes 2 □ No If Yes, Give Year or Dates: 1	96541	1 ☐ Yes	2 2 No	Specify:		Spec	olfy: Wh:	ite	
natur	Completed	15. Decedent's E (Specify only highest gr	ducetion	16e. D	ecedent's U	suel Occup work done	petion during most of w d)	rorkina	16b. Kind of	Business/In	dustry	
han han	dE	Elementary/Secondary (0-12)	College (1-4or 5+)	1			Sales		Conn i o	T 17.		
and Mental Hygiene. s marked other than aumatic event, tha		17. Fether's Name (First, Middle, Last	1	be.	TATCE	ε α ε		ame (First, Middle	Crain		ustry	
ed o	9 Be	John		arzins	k i		Mild		, Maideri Surri	- 16	o o le	
th and Men 7 Is marke traumatic	10	19a. Informent's Name/Reletionship				ess (Street		Ru <i>ral Rou</i> te Numi	er City or Tow		ook Codel	
		Lauren Skarzin						Balti				
TEE		20a, Method of Disposition	Removel from State	20b. Plece of D cemetery,	isposition (for cremetory co	Verne of or other ple	ce)	Dete	20c. Location	n - City or T	own, State	
rtmer		4 Donetion 5 Other (Speci	1	Greenm			-	116	Balt	imore	e MD	
Department of Important: If is any injury or once.		21. Signature of Funeral Service Lice	eber CF5	P			ss of Fecility J. Webe Cheste	r Funer	cal Ho	me to	MD 21	23
nysician Medicai xaminer		23a. Pert1. Enter the diseese, or com shock, or heart feilure. List only Immediate Ceuse (Finel disease or condition	plications that caused the one cause on each line.	hetas	enter the m	1		ec or respiretory	errest,		Approximete Intervel Betwoonset and Do	eeth
	Jer	resulting In deeth)	Du	e to (or es e cor	sequence o		1					
physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events	b. — Due	e to (or es e con	sequence o	of):				1		
ging e e	Med	Ceuse (Disease or Injury that initieted events resulting In deeth) Lest	C. Due	to (or es a con	sequence o	f):						
etten I for u	Physician											
by the teched	hys	Part II. Other algnificant conditions of	ontributing to death but n	ot resulting in th	e underlying	g ceuse giv	ren in Part I.		tobacco use o			
bed bed	2								Yas 2 No	3 Pro	овыу 4 ц	nknor
s been s	Completed							24e. Wes	an autopsy ormed?	ev	ere eutopsy fin reliable prior to impletion of ca death?	
ate hes page 2	E							10	Yes PNo	1[□Yes 2□N	40
		25. Was case referred to medical examiner?					26. Place of De	eath (Check only	one)			
S D	2	1 ☐ Yes ②No	Hospital: 1 ☐ Inpatient	2□ ER/Outpa	tlent 3	DOA Oth	er: 4 Nursing	Home 5 Res	dence 6 🗆 O	ther (Specia	(y)	
After fune	ation:	27. Manner of Death 1 → Neturel 5 → Pending 2 → Accident Investigation	28a. Date of injury (Month, Dey Ye	28b. Tim Inju		28c, Injur Wor 1 🗆	y et k? Yes 2 □ No	28d. Describe	how Injury occu	urred		
within 24 hours efter deati	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28e. Plece of Injury building, etc. (S	At home, farm, Specify)	street, fect	ory, office		28f. Location (City or To	Street and Num wn, State)	nber or Run	al Route Numb	er,
24 hours Funeral etely filled	edical	29a. Certifier 1 → Certifying Ph (Check only one) 2 ☐ Medical Exam	ysician: To the best of manner: On the basis of exa	aminetion end/or	eath occurre r Investigation	ed at the tir on, in my o	ne, dete end place plnion, deeth occ	e, and due to the curred et the time,	ceuse(s) and n dete end place	nenner es s e, end due t	tated. the ceuse(s)	
vithin 2 To the comple		29b. Signeture and title of certifier	a a		2	9c. Licens	e number		29d. Date sign	ed (Month,	Dev. Year)	
> = 0		In Proceed	Slop Ply	Much		D11	714		1/5/	98		
27)		30. Name end eddress of person who	completed gause of death	(Item 23e) (Typ	pe, Print)	elen-	dire	BALTIM	114 1	1	1224	
	-	31. Dete filed (Month, Day, Year)	32 Pagietraria	Signature		- UN	-00	P7 1-1/17	1	Vid L	, 1	

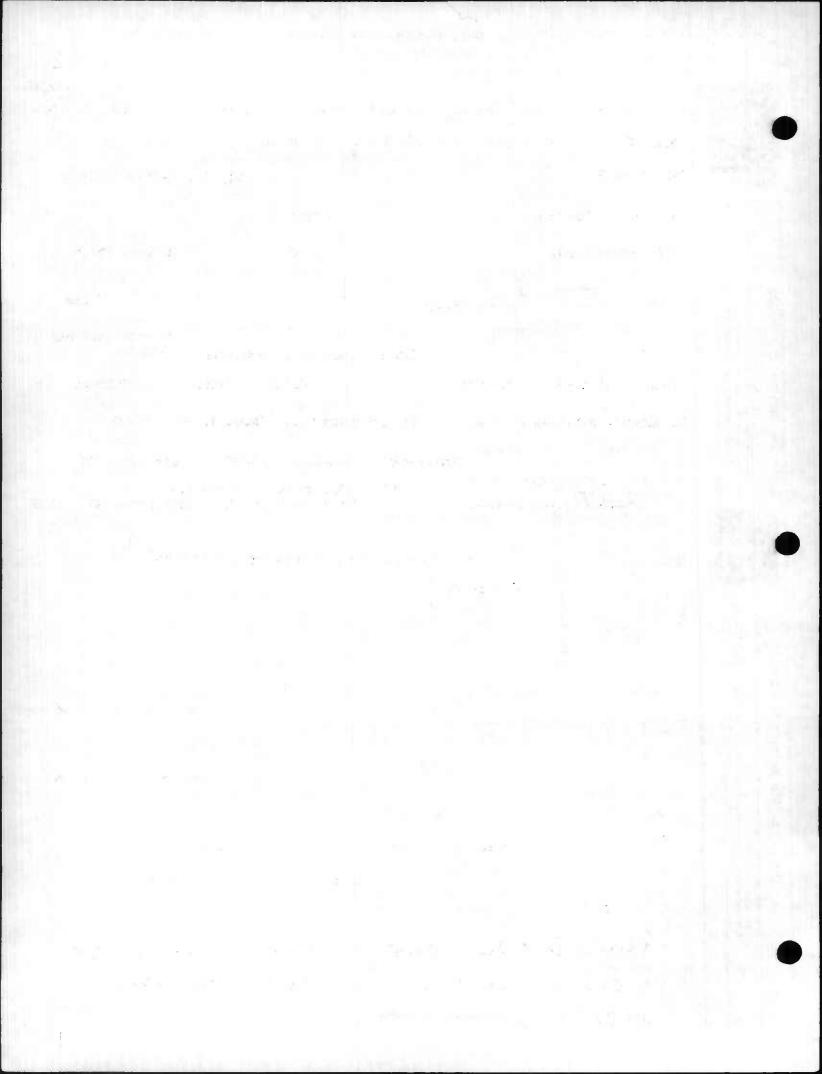
DHMH 16 Rev 6/95

111

AND STATE OF STREET

State of Maryland / Department of Health and Mental Hygiene 0001.2

					Cert	tificate of	f Death		Reg. No.	U	1042
Dhuainia		1. Decedent's Nema (First, Middle, L			- 2	4.		2. Data of De	eth Day	Yaar	3. Time of Death
Physicia /Medic		JOHN	SAM DE	<u> </u>	SUL	LUUA	~	JAN		198	16=53
Examin	er	4e. Fecility Nama (If not institution, g					4b. City, Town, or				
	_	EL FALLSTO		Hos			FALL		HA		
Funeral Director		5. Social Security Number 6. 226 58 4593 Usual Residence of Decedant		(In yrs. last b	Yrs.	If Under 1 Year Months Dey	r If Under 24 Hrs s Hours Min.	8. Data of Bir (Month, De July 14	th ly, Year) 1, 1943		laca (Stata or Foreig try) hio
the Maryland 28s-f show nour ed st	ctor	10e. Steta 10b. County Maryland Harfo		10c. City, Tov	wn or Loc		Edgewood			1	0d. Inside City Limit:
th with th	Funeral Olrector	10e. Street and Number 306 Laburnum Rd				10f. Zip Code	21040		10g. Citizen of Unit	What Coun	,
5-0020 The Maryland To hours effer death with the Maryland natural; or flems 23s or 28s-1 show alea Example notified at	by	11. Marital Status 1 Nevar Married 3 Widowed 4 Divorced	12. Was Decedant E- Armad Forcas? 1 Yas 2 No if Yas, Giva Yaar or Datas: 1	0		as Decedant of Yas, specify Cu ☐ Yes 2∏ No	Hispanic Origin? (Suban, Maxican, Puerlo Specify:	Specify Yes or No to Rican, atc.)	14. Rad Bla Specify	e - Americ ck, White,	
15-00;	etec	15. Decedent's 8 (Specify only highast g	Education rada complated)	168	. Decede	ent's Usuai Occi	upation a during most of wo	rkina	16b. Kind of B		
d within jiene.	Completed	Elementary/Secondery (0-12)	College (1-4or 5+				a during most of wo red) tronic Te		0-		tions
Da it all it double over	To Be C	17. Fether's Nema (First, Middla, Las John Richard	Sulliva				1	ma (First, Middla		Hulk	ert
re, Maryiai	F	19a. informant's Name/Ralationship		1			at and Number or Re		_	Steta, Zip	Code)
		Carolyn H. Sulliv	an / Wife				m Rd., Ed	gewood,	MD 21	040	
no age		20a. Method of Disposition 1 Burial 2 remation 3 4 Donation 5 Other (Spec				ition (Nama of atory or other pi nt Cremi	1	Deta 5/98	20c. Location -		
baltimo permit. Pages Depertment of Important: If it any injury or once.	1.12	21. Signature of Funeral Service Lion	Change of the Ch		22. CZ	Nama and Add AFA Ste		ohrmann	P.A.		
o principal de la company de l	Medical Examiner	disease or condition resulting in death) Saquentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or injury that initiated events resulting in death) Lest	b. A 2 W	Dua to (or as e	consequ	ance of):	37.(6)	7 0.3	60136		
	Physician/N	Part il. Other significant conditions	dcontributing to death but	not rasulting	In the unc	darlying causa g	givan in Part í.	23b. Did	tobacco uee co	ntribute to	the cause of death
that the deteche	by Phy							1 🗆	Yee 2 No	3 Prot	ably 4 Unknow
requir	Completed b							24a. Was	en eutopsy ormed?	ava	re autopsy findings lieble prior to appletion of cause death?
The The page	Co							10	Yas 200 No	10	Yas 2 No
Physician: The lev this certificate has ral director, page 2	Be	25. Was casa refarred to medical axaminer?	ļ				26. Pieca of De	ath (Check only	one)		
Physician: Tribis certificational director, per	P L	1 No	Hospital:		utpatient	3LI DOA		loma 5□ Rasi	dence 6 Oth	ar (Specify)
Attending P. r death. ector: After the	Certification:	27. Mannar of Death 1 Natural 2 Accident 5 Pending investigation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yaar)	Tima of Injury	28c. Inj W M 1 [uryat ork? ⊒Yas 2√ No	28d. Describe	how Injury occur	red	
LIVISION If or Attending a ster death. I Director: Affer d in by the fune	ertific	3 Suicida 6 Could not l 4 Homicide detarmined	28a. Place of injur building, etc.	y - At home, fa (Specify)	arm, stree	at, factory, office			Street and Numb wn, State)	er or Rura	Poute Number,
To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29a. Certifier (Check only one) 1 Certifying P 2 Medical Exa	hyaictan: To the best of miner: On the basis of e and mannar state	xamination ar	e, deeth o	occurred at tha	tima, date and piece	e, end dua to the urred at the time,	causa(s) and ma	annar as st and dua to	ated. the causa(s)
To th within To th	M	29b. Signalura and titla of certifiar	~ 1 1	Λ.			osa number		29d. Data signe		
10		30. Name end addrass of person who	completed causa of dea			rint)			JAN 1		98
State	e	31. Deta filed (Month, Day, Year)	32. Registrar	FULI 's Signatura	For	DAJE	BELAN	in My	210	14	
Registra	ır	JAN 0 5 1998	gulle Day	4dson-17	indell					_	



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** SCOT JANUARY 1998 3:37A-M JAMES 1 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) **Examiner** BALTIMORE
If Under 24 Hrs. 8. Deta of Birth
Hours Min. Month, Day,
11 15 HOSPITAL CENTER HARBOR If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign
Country) **Funeral** 1♥ M 2□ F Days 70 Yrs. MaryTand 217-22-4977 **Director** Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 27 is marked other than "natural", or items 23s or 28s-f show traumstic event, it a Medical Examinar must be notified at 1 Yes 2 No N/A Maryland Baltimore Co. Directo 10e. Street and Number 12. Was Decedent Ever in U.S.
Armed Forces?

1 Tayes 2 No 11/14/50
If Yas, specify Control of Yas of No. Specify:

12 Yes 2 No Specify:

13. Was Decedent Ever in U.S.
If Yas, specify Control of Yas, specify:

14 Yes 2 No. Specify:

15 Yes 2 No. Specify:

16 Decedent's Usual Occupation (Give kind of work done duning most of working life. DO NOT use retired)

18. Mother's Name (Mass Decedent's Usual Occupation (Give kind of work done duning most of working life. DO NOT use retired) 10f. Zip Coda 10g. Citizen of What Country? 3911 Lausanne Road U.S.A. Funeral death Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status filed within 72 hours after 1 Never Married 2 Married specify: Black p 3 Widowed 4 Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry d 2 should be filed within it and Mental Hygiene.
7 Is marked other than *! Elementary/Secondary (0-12) Industrial 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Nama (First, Middle, Last) Jannie M. Scott Carroll Blue 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is n any injury or other traun page. Goldie Scott/Wife 3911 Lausanne Road, Baltimore, Maryland 21133 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition X Burial 2 Cremation 3 Ramoval from State Maryland Veterans Cemetery 1/8/98 Ownings Mill, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Signature of Funeral Servica Licensee, William C. Brown Community Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Mary land 21217 shock, or heart failure. List only one cause on each line. Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical 4 DAYS CEREBRAL EDEMA Examiner Due to (or as a consequence of): Examiner ANDXIC ENCEPHALOPATHY 4-DAYS and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that included support of the conditions of the c Due to (or as a consequenca of): PULMONARY EMBOLICM 4 DAYS ACUTE Physician/Medical that initiated events resulting in deeth) Last Due to (or as a consequenca of): OBLITERANS ORGANISING PNEUMONIA 4-6 DAYS d.BRONCHO 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 3 XProbably 4 □ Unknown 6 1 Yes 2 No ARTERY DISEASE CORONARY Division of Vital Records, þ 90 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed DIABETES MELLI TUS: certificate has 1 ☐ Yas 2 No 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Certification: After ie Hospital or Attending in 24 hours after death. the Funeral Director: After Funeral Director in by tha Iu 5 Pending 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

To the Hosp within 24 hor To the Fune completely fi

4 ☐ Homicide

29a. Certifier

Medical

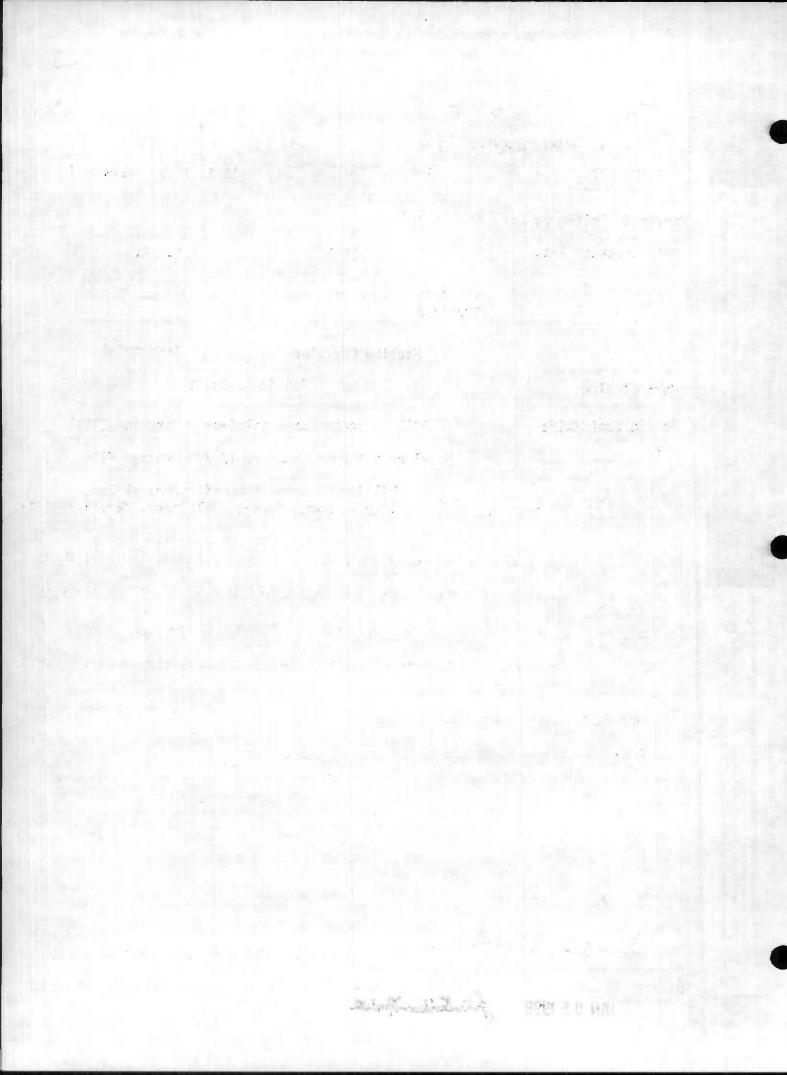
1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29c. License number 29d. Data signed (Month, Day, Year) 29b. Signature and title of certifie Kanhadta

M.D 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

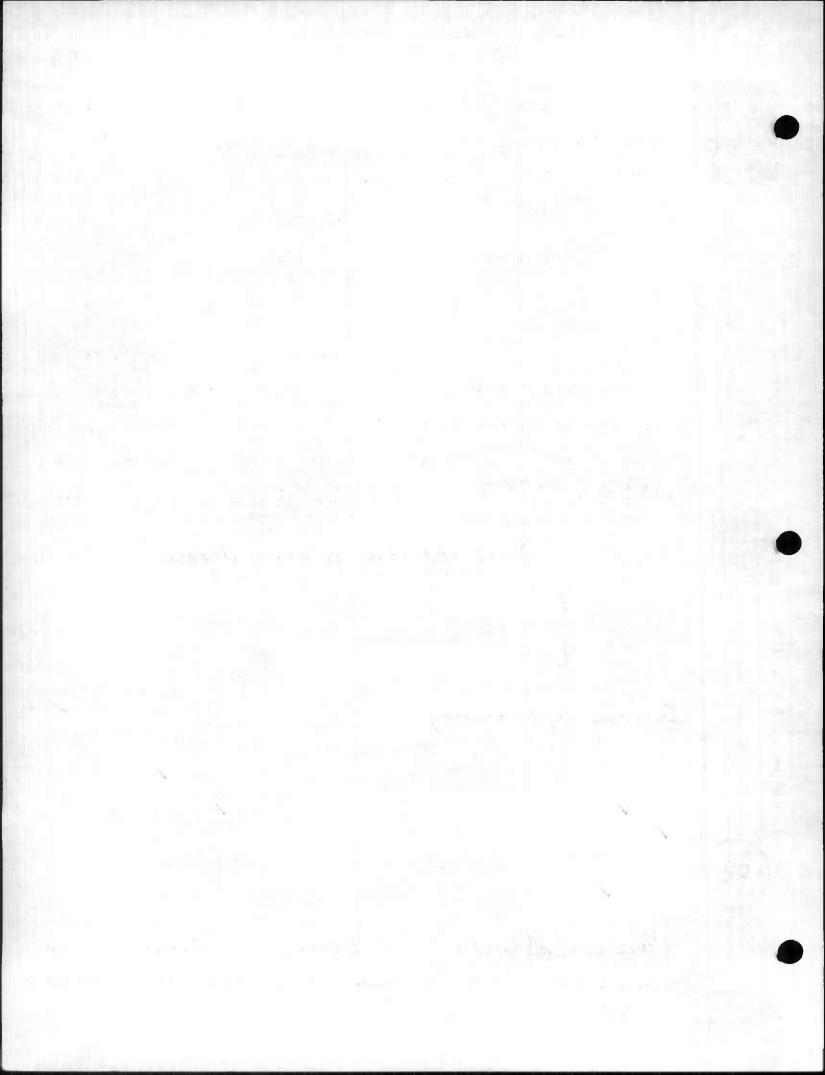
AS244 1614 A 6 JANUARY 1

3001.S. HANDYER ST BALTIMORE MD 2/225 SUMA KASI BHOTLA

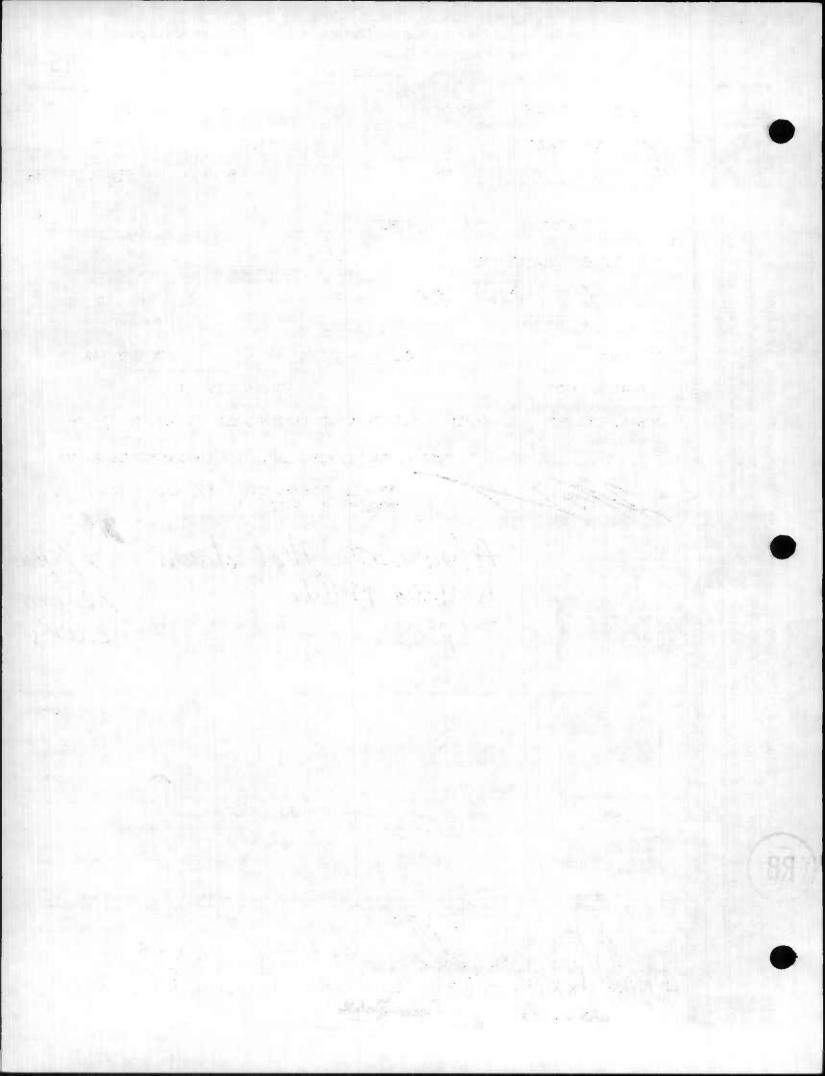


State of Maryland / Department of Health and Mental Hygiene 8

							Ce	rtificat	e of	Death		F	Rag. No.			,
			1. Decedent's Name (Fin	st, Middle, L	ast)							2. Date of Dea	ith	Vaca	3. Time of D)eath
	hysici /htodio		Francis	J	ames	Thomp	oson					JAN	$02^{9}, 1$	9 9 8	6:40	AM
	/Medic :xamir		4a. Facility Name (If not in	nstitution, gi	ive street end numb	per)				4b. City, To	wn, or Lo	ocation of Death	4c. County	of Death	0.10	7111
1	.naiiiii		4901 W	11is	ton Str	eet				Ba	1+i	more		N/	A	
En	neral		5. Social Security Number				lest birthday)	if Under		If Under	24 Hrs.	8 Date of Birtl	1		place (Stete or	Foreign
	ector		212-05-76	513	1 X M 2□ F	8	1 Yrs.	Months	Days	Hours	Min.	DEC 12	, 1916	Mar	yland	
			Usuai Residence of Dece				_					220 12	, 1,10	1763	Juna	
Mano	Show Mari		10a. State 10b.	County		10c. Ci	ity, Town or Lo	ocation						1	0d. inside City	Limits
Mar	100	to	MD		N/A				Ba1	timo	re				1X Yes	2 No
the	DOI 1	Je C	10e. Street and Number					10f. Zip	Code				10g. Citizen of V	Vhat Coun	ntry?	
death with the Maryland	5 S	Funeral Director	4901 Will	icto	n Stroo	+				212	20			USA		
theat	100	era	11. Marital Status	LISLO	12. Was Decede		J.S. 13.	Was Decad	dent of H	-		ecity Yes or No-		The second second	an Indian,	
fer	in in	F	1 Never Married 2	M Married	Armed Force	es?		il Yes, spec	cify Cuba	an, Mexican	, Puerto	Rican, etc.)		k, White,		
5-0020 72 hours efter	0,0	by	3 ☐ Widowed 4 ☐ [1 Yes 2 II Yes, Give Year or Date	es: WW	II	1 🗆 Yes	2 X I No	Specify:			Specify	Whi	to	
-0 Pe	N N		15. [ecadent's E		WW		dent's Usua	al Occup	ation			16b. Kind of Bu			
15 15 15 15 15 15 15 15 15 15 15 15 15 1	(Septiment)	Completed	(Specify on	y highest gi	rede completed)		(Give	kind of wo	rk done	etion during most d)	of work	ing	100.11.10.01.01	30110001111	ou only	
2121 d within giena.	2	E	Elementary/Secondary 10	(0-12)	Coilege (1-4	or 5+)				nter			Con	etru	ction	
d Sign	ant,		17. Father's Name (First,	Middle, Las	t)			Ou	rpe		r's Name	e (First, Middle,			CCIOII	
ylan ould be Mental	0 0 0	Be C												_		
aryla should nd Men	Tat	2	AFCI 19a. informent's Name/R	nibal		pson	10h Maill	- A elele	(Can - 4		ary	Marg		Crow		
Maryland d 2 should be file th and Mental Hy	If from 27 is marked order than haturer, or floms 23s of 28s-1 short or other traumatic event, the Madical Examiner must be notified at															
l end Haalth	ther		Helen Marg		Thomps		Vite Place of Dispo			llis	ton	St.	Baltim 20c. Location -	ore,	MD 2	1229
altimore,	0,0		1 ☐ Buriai 2 ☑ Cre		☐Removal from St		cemetery, cre	metory or o	ther plea	ce)		Date	20c. Location -	City or 10	wn, State	
rimen Pa	Jury		4 □ Donation 15 □ C	Other (Speci	ity)	Me	tro Cre						Balt	imor	e, MD	
Baltimo permit. Page Department	any Injury		21. Signature of Funeral	Service Lice	insee all		22	Name an	d Addre	ss of Facilit	y i o	ty of	ма т	n.o.		
m 221	5 6 5		George	E.	MacNabb		2	OO E	red	aric	L D	oad Ba	ltimor	o M	ID 212	28
			23a. Part1. Enter the dis	ease, or cor	mplications that cau	sed the dea								e , I	Approximate	
Phys	ician		shock, or heart lailu	re. List only	y one cause on eac	an line.								1	Onset and De	eath
	dicai		Immediate Cause (Finai		Sauce		6-1-	1 1110		1		1100		i		
Exan	niner		disease or condition resulting in death)		a. Sever	e 01	USTRUCT	rive	p	mor	an	1 aise	asc			
		ē				Due to (or as a consec	quence or):	•					l I		
pet ,	Insit	Examiner			b. ———	D 1		, , ,								
oertificate be assecut	oing priysician end se as the burial-transit	Exa	Sequentially list condition if any, leading to immedia cause. Enter Underlying Cause (Disease or injury	is, ete		Due to (or as a consec	quence oi):								
68760,	bur		Cause (Disease or injury that Initiated events	- <	C									-		
58 icat	s the	Medical	resulting in death) Last	- 1		Due to (d	or as a consec	juenca ol):						1		
X	ise a	Š			d											
Box death cent		lar														
. 0 (e de	Physician	Part li. Other significant	conditions	contributing to deat	h but not res	suiting In the u	nderlying c	ause giv	en in Part I.		23b. Dld t	obacco use co	ntributa to	the cause of	death?
O to	datec		Ischemic	m	uncarda	mth	111					101	es 2□ No	3 Prol	bably 4 Dd	nknown
	5.8	by	JAKINI C		y control	punn	7							T		
ords	should	Completed										24a. Was a	an autopsy med?	ava	ere autopsy fin ailable prior to	
e ec	ON	ple													mpletion of ca death?	126
	page	PO										1 🗆 Y	es 2 No	10	Yes 2□N	lo
Vital I		0	25. Was case referred to	medicai						26. Plece	ol Deat	h (Check only o	ne)			
of Vital Physician: T		OB	examiner?		Hospital:	atient 2	ER/Outpatier	nt 3 DC	Oth	OP:		me 5 Resid	1	er (Snecif	(v)	
	la l	-uo	27. Manper of Death		28a. Date of (Month,		28b. Time o		8c. Injur Wor		- 1	28d. Describe h			,,	
0	-		1 W Naturai 5 □ 2 □ Accident	Pending Investigation		Dey Year)	Injury	м		1k? Yes 2∐l	No					
Division Se Afficient	-	100	3 ☐ Suicide 6 ☐	Could not I		injury - At h	iome, farm, sti	reet, factory	, office		-	28f. Location (S	treet end Numb	er or Rura	I Route Numb	er,
台(京都	B	tt.	4 Homicide	determined	building	, etc. (Speci	fy)	,				City or Tow	n, Stete)			
_ /2/2 t		2	29a. Certifier	ertifying Pi	hysician: To the be	ast of my kny	ltech anhalwo	h occurred	at the tir	no dete an	d place	and due to the	euse(s) and me	nnor se el	teted	
3	-	dice	(Check only 2 N	ledical Exa	miner: On the basi	s of examina	ation and/or in	vestigation,	, in my o	pinion, deel	th occur	red at the time,	date and placa,	and due to	the cause(s)	
491	d l	Med	29b. Signature and title of	cartilla	and manner	stateu.		290	Licens	e nu <i>m</i> ber		Τ,	29d. Date signe	d (Month	Day Year)	
도로	. 8		1000	11)0	700-											
			Jauren	2 K	pusper!	M		1	101	186	,	_	lanuar	42,	1990	7
			30. Name and address of			of death (ite	m 23e) (Type,	Print)		01		1	1		h	
			Laurence R	. Ga	llager M	10 1	716 A	laide	77	Choice	e	hane	Dal	-70 ,	1Kd 21	328
	Sta	_	31. Date filed (Month, De	(, Year)	3. Reg	Istra 's Sign	ature	00								
R	eaistr:	ar	O NAL.	מבבו	July	the following	An-Elevators	Of the last								

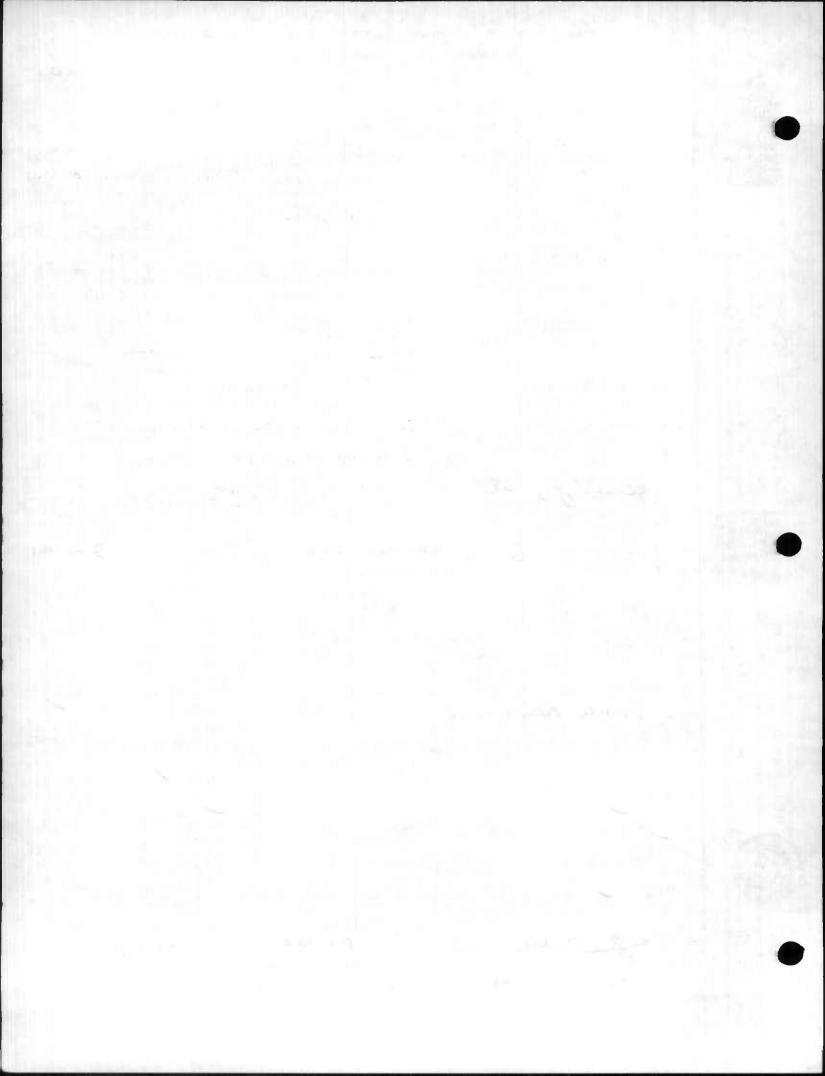


	1.	Decedent's Nam	e (First, Mide	idle, Last)				ertificate of		2. Date of De			3. Time of Death
sician	н	ELBERT	ELM	MHIRS	\mathbf{T}	THOMP	SON			JAN.	2 1	Year 998	11:50 A.M
ledical aminer	4a	Facility Name (CON		4b. City, Town, or	Location of Deat		ty of Death	
	н	MANOR	CARE I	rowso	N			1050	TOWSON		BA	LTIMO	RE
eral	5.	Social Security N		6. Sex		7. Age (In y	rs. lest birthda	y) If Under 1 Year Months Days		8. Date of Bi	rth	9. Births	place (Stete or Foreign
tor]	169-16-4	822	11.21	M 2□ F	8:	3 Yrs.	Worthis	Tiours Willia	8/10/	14	GRAN	D CAYMAN AND
	-	sual Rasidance of		4.		100	City Tourney	Lacation					
-		e. State	10b. Count	ity		100.	City, Town or	Location					10d. Inside City Limits 1 ☐ Yas 2X No
cto		MD		CMIT	RE		TOI	NSON					
Pre	10	e. Street and Nu	mber					10f. Zip Code			10g. Citizen o	What Cou	ntry?
rai		8153 PL	EASANI	r PLA	INS RC	AD		2128			USA		
Funeral Director	11	. Maritel Status	W -11-	1	2. Was Dece Armed For	rces?	0,8.	 Was Decedent of I If Yes, specify Cub 	an, Mexican, Puer	o Rican, etc.)	0- 14. PS	aca - Americack, White,	
by F		1 Never Mam			If Yes, Giv Year or Da	2 No 19	941-	1 ☐ Yes 2 🛣 No	Specify:		Spec	ity: W	HITE
		3 - 111001160	15. Deceda			1105. —		cedent's Usual Occur	nation		16b. Kind of		
Completed			cify only high	nest grade	completed)		(Gi	ve kind of work done DO NOT use retire	during most of wo	rking	TOD. TAILS OF	Dusinosani	obotty
E C	1	Elementary/Secol)	College (1	-4or 5+)		IEF ENGINE			MERCH	ANT M	ARTNE
S	17	. Father's Name		e, Last)			CII	IDI DINOTINI	18. Mother's Na	ne (First, Middle			AKTIND
To Be		ELBERT	THOME	PSON					EUDEA	N MERRI	AM		
-		9a. Informant's Na			e, Print)		19b. Ma	iling Address (Street				n, State, Zij	o Code)
		GRACE A.				WIFE	815	3 PLEASANT	PLAINS	ROAD T	OWSON,	MD 2	1286
	20	a. Method of Dis	position			20b	. Place of Dis	position (Name of		Date	20c. Location	- City or To	own, State
		1 Burial 2 4 □ Donation			emoval from S	State		valley ME		1/6/98	COCKEY	SVILL	E, MD
	- 01	Signature of Fu						22, Name and Addre					
8500	2	1. Signature of Fo	meral Survice	- Consor	-	-		JOHNSON FU		ME 852	1 LOCH	RAVEN	BLVD.
		1	1-0	1	-/			COWSON, MI					
ian cal ner	Im	nmediate Cause (iaeese or conditionsulting in death)		or complic st only one	setions that ca a causa on a	aused the deach lina.	VOSC	enter the mode ot dyi	ng, such as cardia				Approximate Interval Between Onset and Death
edical Examiner	Im dia ra	nmediate Cause ((Final nn	or complicationly one a. b. c.	petions that can a causa on a cau	Due to	VCSC (or es e cons (or as a cons	enter the mode ot dyi	Heart Utus			7	Approximate Interval Between Onset and Death 2 years 2 years 2 years
edical	Im dia ra	nmediate Cause is assets or condition in death) equentielly list country, leading to insure. Enter Under use (Disease or at initiated events sulting in death)	(Final on on on other or other	6. c. d.		The Due to	OC AS A CONS	equence of):	Heart Theoret	23b. Did	ease		Onset and Death 2 y cory 2 y cory 2 w cory 4 to the cause of death?
of injointainmental	Im did ra	nmediate Cause is assets or condition in death) equentielly list country, leading to insure. Enter Under use (Disease or at initiated events sulting in death)	(Final on on on other or other	6. c. d.		The Due to	OC AS A CONS	equence of):	Heart Theoret	23b. Did	COUSE_	3 ☐ Pro	Onset and Death 2 Y CON 2 Y CON 4 CON To the cause of death?
by Physician/Medical	Im did ra	nmediate Cause is assets or condition in death) equentielly list country, leading to insure. Enter Under use (Disease or at initiated events sulting in death)	(Final on on on other or other	6. c. d.		The Due to	OC AS A CONS	equence of):	Heart Theoret	23b. Did 1 = 24e. War	I tobacco use of yes 2 No.	3 Pro	Onset and Death 2 y Coly 2 y Coly 2 y Coly 4 bealty 4 bealty 4 bealty 4 bealty 4 bealty 5 bealty 6 bealty 6 bealty 6 bealty 6 bealty 7 bealty 6 bealty 7 bealty 7 bealty 8 bealty 8 bealty 9 bealty 10
e Completed by Physician/Medical	In di ra	nmediate Cause i aeese of condition in death) equentielly list country leading to insuse. Enter Undeause (Disease of at initiated events sulting in death)	(Final on the second of the se	b. c. d.		The Due to	OC AS A CONS	equence of):	Heart Little ven in Part 1.	23b. Did 1 = 24e. War	I tobacco uae of toba	3 Pro	Onset and Death 2 y Coys 2 y Coys 2 y Coys 4 Death, own Vere autopsy findings valiable prior to monitation of cause
o Be Completed by Physician/Medical	In di ra	nmediate Cause; aeese of condition sulting in death) equentielly list county, leading to muse. Enter Unideause (Disease vat initiated events sulting in death) art II. Other significant III. Other significan	(Final and ittons,	b. c. d.	ributing to de	Due to Due to Due to	OC AS A CONSTRUCTION OF A CONSTRUCTION OF AS A CONSTRUCTION OF A C	equence of): equence of): equence of):	Heart The second of December 26. Place of December 26. Second of December 26. Place 26. Place of December 26. Place 26. Pla	23b. Did 1 = 24e. War	I tobacco use of the sen eutopsy ormed?	24b. Was cor	Onset and Death 2 y Cons 2 y Cons
To Be Completed by Physician/Medical	Im di ra	nmediate Cause i aeese or conditio sulting in death) equentielly list co any, leading to muse. Enter Unde ause (Disease viat initiated event sulting in death) art III. Other significant in the condition of the	(Final moditions, neediate styling injury stast	b. c. d. tlona cont	ributing to de	Due to Du	De ER/Outpal	equence of): equence of): equence of): equence of): ounderlying cause given the mode of the properties of the proper	ven in Part I. 26. Placa of Dehar:	23b. Did 1 = 24e. Wa per 1 = ath (Check only)	I tobacco use of the sen eutopsy ormed?	24b. Was conditions of the Con	Onset and Death 2 y Cons 2 y Cons
To Be Completed by Physician/Medical	Im di ra	equentielly list coany, leading to insulting in death) equentielly list coany, leading to insuse. Enter Undeause (Disease or at initiated events sulting in death) art II. Other significant in the coany of the coany of the coange of the coan	(Final on dittons, mediate orbying injury stast	b. c. d. tlona cont	ributing to de	Due to Du	De ER/Outpal	equence of): equence of): equence of): equence of): ounderlying cause given the mode of the properties of the proper	ven in Part I. 26. Placa of Dehar:	23b. Did 1 = 24e. Wa per 1 = ath (Check only)	I tobacco use of toba	24b. Was conditions of the Con	Onset and Death 2 y Cons 2 y Cons
To Be Completed by Physician/Medical	Im di ra	equentielly list coany, leading to in usual leading list of the usual leading list of the usual leading leading leading to the usual leading l	rred to medic	b. c. d. tiona cont	ributing to de	Due to Du	esulting in the	equence of): equence of): equence of): equence of): ounderlying cause given the mode of the properties of the proper	yen in Part I. 26. Place of Dehar: 42. Place of Dehar: 42. Place of Dehar: 42. Place of Dehar:	23b. Did 1 24e. Wa perl ath (Check only) tome 5 Res 28d. Describe	tobacco use of the sense of the	24b. Was a control of the control of	Onset and Death 2 y Cons 2 y Cons
To be completed by Physician/Medical	Im di ra	equentielly list co any, leading to in sulfing in death) equentielly list co any, leading to in suse. Enter Unde ause (Disease or at initiated events sulfing in death): art II. Other significant in the sulfine in death): 5. Was case referexaminer? 1 Yes 2 2 7. Manner of Deat 1 Prestural 2 Accident	rred to medic	b. c. d. tlona cont	ributing to de	Due to Du	esulting in the	equence of): equence of): equence of): equence of): equence of): ounderlying cause given by the content of	yen in Part I. 26. Place of Dehar: 42. Place of Dehar: 42. Place of Dehar: 42. Place of Dehar:	23b. Did 1 24e. Wa perl ath (Check only) tome 5 Res 28d. Describe	I tobacco uae o I Yes 2 No s en eutopsy ormed? Yas 2 No one) iidence 6 Co how injury occ	24b. Was a control of the control of	Onset and Death 2 y Const. 3 y Const. 4 peak nown. 4 peak nown. 5 yeliable prior to completion of cause death? 1 yes 2 no
Certification: To Be Completed by Physician/Medical	Im did ra	equentielly list coany, leading to insulting in death) equentielly list coany, leading to insuse. Enter Undeause (Disease (Disease vat initiated events sulting in death) art III. Other significant in the company of t	red to medic No h 5 Pends Inves 6 Could	b. c. d. tlona cont ding stigation d not be rmined	ributing to de pospital: 1 1 10 10 28a. Date of (Month) 28e. Place buildir clan: To the	Due to Du	De not e	equence of): equen	ven in Part I. 26. Place of Dehar: 42 Nursing Investigation	23b. Did 1 24e. War perl 24e. War perl 28d. Describe 28f. Location City or To	I tobacco use of Sen eutopsy ormed? Yas No one) idence 6 Co how injury occ (Streat and Nurwin, State)	24b. War of the state of the st	Onset and Death 2 Y CON 2 Y
edical Certification: To Be Completed by Physician/Medical	Im did ra	equentielly list co any, leading to in ease or condition is sulfing in death) equentielly list co any, leading to in ease. Enter Under a condition is sufficient in ease or at initiated events sulfing in death) art #. Other significant in the condition is sufficient in ease or a condition in the condition is sufficient in the condition in the condition is sufficient in the condition in the condition is sufficient in the condition in the condit	red to medic No h 5 Pends Inves 6 Could	b. c. d. tlona cont ding stigation d not be rmined	ributing to de pospital: 1 1 10 10 28a. Date of (Month) 28e. Place buildir clan: To the	Due to Du	De not e	equence of): equence of): equence of): equence of): ounderlying cause grident 3 DOA Other and DOA Other and DOA of Month M	ven in Part I. 26. Place of Dehar: 42 Nursing Investigation	23b. Did 1 24e. War perl 24e. War perl 28d. Describe 28f. Location City or To	I tobacco use of toba	24b. War and an	Onset and Death 2 y Coly 2 y Coly
Certification: To Be Completed by Physician/Medical Examiner	Im did ra	equentielly list co any, leading to in sustensive the country leading to in suse. Enter Unde ause (Disease or at initiated events sulting in death) in the country leading to in the country leading to the country leading in the country leading to lead the country lead t	red to medic local to medic red to medic red to medic red to condit red to medic red to condit red to medic red to medic red to medic red to medic	b. c. d. tlona cont ding stigation d not be rmined ring Physia	ributing to de Dispital: 1 It It 28a. Date of (Month) 28e. Place building to the bar: On the bar.	Due to Du	De not e	equence of): equen	ven In Part I. 26. Placa of Dehar: 42 Nursing Invation? JYes 2 No	23b. Did 1 24e. War perl 24e. War perl 28d. Describe 28f. Location City or To	I tobacco use of Sen eutopsy ormed? Yas No one) idence 6 Co how injury occ (Streat and Nurwin, State)	24b. War and an	Onset and Death 2 y Coly 2 y Coly
edical Certification: To Be Completed by Physician/Medical Examiner	Im did ra	equentielly list coany, leading to insulting in death) equentielly list coany, leading to insuse. Enter Unde ause (Disease or at initiated events sulting in death) art II. Other significant in the coange of the c	red to medic local to medic red to medic red to medic red to condit red to medic red to condit red to medic red to medic red to medic red to medic	b. c. d. tlona cont ding stigation d not be rmined ring Physia	ributing to de Dispital: 1 It It 28a. Date of (Month) 28e. Place building to the bar: On the bar.	Due to Du	De not e	equence of): equence of): equence of): equence of): equence of): equence of): step of 28c. Injury of 15c. Injury of 28c.	ven In Part I. 26. Placa of Dehar: 42 Nursing Invation? JYes 2 No	23b. Did 1 24e. War perl 24e. War perl 28d. Describe 28f. Location City or To	I tobacco use of toba	24b. War and an	Onset and Death 2 y Coly 2 y Coly
edical Certification: To Be Completed by Physician/Medical Examiner	Im did ra	equentielly list coany, leading to insulting in death) equentielly list coany, leading to insuse. Enter Unde ause (Disease or at initiated events sulting in death) art II. Other significant in the coange of the c	red to medic local to medic red to medic red to medic red to condit red to medic red to condit red to medic red to medic red to medic red to medic	b. c. d. tlona cont ding stigation d not be rmined ring Physia	ributing to de Dispital: 1 It It 28a. Date of (Month) 28e. Place building to the bar: On the bar.	Due to Du	De not e	equence of): equence of): equence of): equence of): equence of): equence of): step of 28c. Injury of 15c. Injury of 28c.	ven In Part I. 26. Placa of Dehar: 42 Nursing Invation? JYes 2 No	23b. Did 1 24e. War perl 24e. War perl 28d. Describe 28f. Location City or To	I tobacco use of toba	24b. War and an	Onset and Death 2 y Coly 2 y Coly
ৰ ভ edical Certification: To Be Completed by Physician/Medical Examiner	Im did ra	equentielly list coany, leading to insulting in death) equentielly list coany, leading to insuse. Enter Unde ause (Disease or at initiated events sulting in death) art II. Other significant in the coange of the c	red to medic local to medic red to medic red to medic red to condit red to medic red to condit red to medic red to medic red to medic red to medic	b. c. d. tlona cont ding stigation d not be rmined ring Physia	ributing to de Dispital: 1	Due to Du	De not e	equence of): equence of): equence of): equence of): equence of): equence of): step of 28c. Injury of 15c. Injury of 28c.	ven In Part I. 26. Placa of Dehar: 42 Nursing Invation? JYes 2 No	23b. Did 1 24e. War perl 24e. War perl 28d. Describe 28f. Location City or To	I tobacco use of toba	24b. War and an	Onset and Death 2 y Coly 2 y Coly



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Dhysisi		1. Decedent's Ner							2. Dete of De Month		Year	3. Time of Daath
Physicia /Medic				Cephas		ent			JAN	01, 19	98	6:30 H
Examin	er	4e. Facility Name 2729 V	(If not institution, Vest Mo					4b. City, Town, or to Baltimo		4c. County	of Death	/A
Funeral Director		5. Social Security 246-30-	-4677	6. Sex 1 X M 2 ☐ F		73 Yrs.	Months Days		8. Date of Bir (Month, De SEP 07	th by, Year) , 1924	9. Birthp Coun Nort	olace (Stete or Forei htry) h Carolin
now At		Usual Residanca 10e. State	of Decedent 10b. County		100	c. City, Town or L	ocation				1	0d. Înside City Limi
28a-f show	ctor	MD	N/A				Balt	imore				ty⊋Yes 2□N
De no	Dire	10e. Street and No		1 0.	alv.		10f. Zip Code	1.0		10g. Citizen of \		ntry?
al', or items 23a or 28a-f sho Examiner must be nothed at	/ Funeral Director	11. Marital Status 1 ☐ Never Mar	W. Mos	12. Was De	ecedent Ever Forces?	r in U,S. 13.	212 Was Decedent of if Yes, specify Cult 1 Yes 2 X No	Hispanic Origin? (S ban, Mexican, Puert	pecify Yes or No o Rican, etc.)		USA e - Americ ck, White,	etc.
"natural", or edical Exam	ted by		4 Divorced 15. Dacadent's	Year or Education	r Dates:	16a. Dec	edent's Usuai Occu	pation		16b. Kind of B		
PT 100	Completed	Elamantary/Sec	condary (0-12)		e (1-4or 5+)	life.	b kind or work done DO NOT use retire	during most of wor ed)	King	Baker	·v	
other vent,	Be C	17. Fether's Neme						18. Mother's Nan	ne (First, Middle		-	
end Mental Hygiene. s marked other than aumatic event, the M	ToE	Collis	son Vin	cent				Levini	ia Boor	ne		
r is m								t end Number or Ru				
Item 2 other	20a. Method of Disposition X Burial 2 Cremation 3 4 Donation 5 Other (Special Control of Control		3 □Ramoval fro	m State	Ob. Place of Disp cemetery, cre	position (Neme of emetory or other pla	sher St ery 01/09	Date	imore, 20c. Location - Gaston	City or To	21216 own, State	
Department of Important: If any injury or once.		21. Signature of F	-01	Gregor			MacNabb	Funeral	Home	P.A.	5.	MD 212
				GICKOL	CHIK		JUL Fre	derick b	a. Ca	TOUSVI	TIE.	. 1111 212
		23a. Part1. Enter shock, or he	the disease, or co art failure. List or	omplications tha	at caused the			derick I			ire,	Approximate Intervel Batwean
ysician Nedicai aminer		23a. Part1. Enter shock, or he Immediate Causa disaasa or conditions in death)	the disease, or clart failure. List of	omplications tha nly one cause or	at caused the n aech lina.	death. Do not er		lng, such as cerdiad				Approximate
Medicai aminer	Iner	shock, or he Immediate Causa disaasa or conditi	the disease, or clart failure. List of	omplications tha nly one cause or	at caused the n aech lina.	death. Do not er	Carcing	lng, such as cerdiad				Approximate Intervel Batwean Onset and Death
Medicai aminer	Examiner	shock, or he Immediate Causa disaasa or conditi resulting in death)	the disease, or clart failure. List or (Final on)	omplications tha nly one cause or	at caused the n aech lina.	Aden o	CACCIAC	lng, such as cerdiad				Approximate Intervel Batwean Onset and Death
Medical and set the private transit	edical	shock, or he Immediate Causa disaasa or conditi	the disease, or cart failure. List of the disease, or cart failure. List of the disease of the d	omplications tha nly one cause or	at caused the n aech lina.	Aden of to (or as a conse	equenca of):	lng, such as cerdiad				Approximate Intervel Batwean Onset and Death
Aedical and publical and publical and poural-transit for use es the poural-transit	edical	shock, or he Immediate Causa disaasa or condition resulting in death) Sequentially list or if any, leading to incause. Enter Und Cause (Diseasa of that initiated evant resulting in death)	the disease, or cart failure. List of the disease, or cart failure. List of the disease of the d	a b d d	Due	death. Do not en	carcino	ing, such às cerdiac	or respiratory a	rrest,		Approximate Interval Batwean Onset and Death 2 — C — H
by the attending physician and morphysician and tached for use es the burial-transit units and tached for use es the burial-transit units and the physician	Physician/Medical	shock, or he Immediate Causa disaasa or conditi resulting in death) Sequentially list or if any, leading to i cause. Enter Und Cause (Diseasa or that initiated evant resulting in death) Part II. Other signi	the disease, or cart failure. List of the disease, or cart failure. List of the disease of the d	a b d s contributing to	Due	death. Do not endeath. Do not	equenca of):	ing, such às cerdiac	23b. Did	tobacco use co	ntribute to	Approximate Intervel Batwean Onset and Death
gened by the attending physician and pe detached for use es the burial-transit	by Physician/Medical	shock, or he Immediate Causa disaasa or conditi resulting in death) Sequentially list or if any, leading to i cause. Enter Und Cause (Diseasa or that initiated evant resulting in death) Part II. Other signi	the disease, or cart failure. List of the disease, or cart failure. List of the disease of the d	a b d s contributing to	Due	death. Do not endeath. Do not	carcino equenca of): equenca of):	ing, such às cerdiac	23b. Did	tobacco use co	ntribute to	Approximate Interval Batwean Onset and Death 2 Color of the cause of death bably 4 Onknown
ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit of the page 2 should be detached for use as the burial-transit of the page 2 should be detached for use as the burial-transit of the page 2 should be detached by the attendance of the page 2 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the page 3 should be detached by the attendance of the attendanc	by Physician/Medical	shock, or he Immediate Causa disaasa or conditi resulting in death) Sequentially list or if any, leading to i cause. Enter Und Cause (Diseasa or that initiated evant resulting in death) Part II. Other signi	the disease, or cart failure. List of the disease, or cart failure. List of the disease of the d	a b d s contributing to	Due	death. Do not endeath. Do not	carcino equenca of): equenca of):	ing, such às cerdiac	23b. Did	tobacco use co Yes 2 No	ntribute to 3 Prof	Approximate Interval Batwean Onset and Death 2
artificate hes been signed by the attending physician and more of the burial-transit aurignment by the street of the burial-transit aurignment by the street of the burial-transit aurignment by the street of the s	Be Completed by Physician/Medical	shock, or he Immediate Causa disaasa or condition resulting in death) Sequentially list of any, leading to incause. Enter Und. Cause (Diseasa or that initiated evaninesulting in death) Part II. Other significant in the sequence of the s	the disease, or can't failure. List of art failure. List of the conditions, mmediate ferlying or injury ts. Last	a. 6 4 b. c. d. s contributing to	Due Due	death. Do not endeath. Do not	equenca of): equence of): underlying ceuse g	ing, such as cerdiac	23b. Did 1 □ 24a. Was perfo	tobacco uae co Yes 2 No an eutopsy ymad?	ntribute to 3 Prof	Approximate Interval Batwan Onset and Death 2
his certificate hes been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit of the burial transit	To Be Completed by Physician/Medical	shock, or he Immediate Causa disaasa or conditi resulting in death) Sequentially list or if any, leading to i cause. Enter Und Cause (Diseasa or that initiated evant resulting in death) Part II. Other eigni	the disease, or can't failure. List of art failure. List of the conditions, mediate ferlying or injury to Last	a. 6 4 b. c. d. s contributing to Adenoca. Hospital: 1 1 28a. Dat (Mr.	Due Due	death. Do not en	equenca of): equenca of):	iven In Part I. 26. Place of Deathar: 4 □ Nursing H	23b. Did 1 □ 24a. Was perfo	tobacco uae co Yes 2□ No an eutopsy med?	ntribute to 3 Proi	Approximate Intervel Batwean Onset and Death The cause of death
his certificate hes been signed by the attending physician and all director, page 2 should be detached for use as the burial-transit of the burial transit	To Be Completed by Physician/Medical	shock, or he Immediate Causa disaasa or conditi resulting in death) Sequentially list or if any, leading to or cause. Enter Und Cause (Diseasa or hat initiated evant resulting in death) Part II. Other eigni 25. Was case rafa examiner? 1 Yes 2 27. Manner of Dea	the disease, or can't failure. List of art failure fa	b. d. s contributing to Advance. Hospital: 1 [28a. Dat (Mo	Due Due Due Due Due Due Due Due	death. Do not en	equenca of): equenca of):	iven In Part I. 26. Place of Deathar: 4 \(\text{Nursing Horry at 1 to rk?} \)	23b. Did 1 □ 24a. Was perfo	tobacco use co Yes 2 No an eutopsy rmed? Yes 2 No one) dence 6 Oth how injury occur	ntribute to 3 Proi 24b, Ww. avv. of	Approximate Interval Batwan Onset and Death 2
the control of the certificate has been signed by the attending physician and many control of the control of th	Certification: To Be Completed by Physician/Medical	shock, or he Immediate Causa disaasa or condition resulting in death) Sequentially list of any, leading to include the cause. Enter Under Cause (Diseasa or that initiated evant resulting in death) Part II. Other signification of the cause in the cause of the caus	the disease, or can't failure. List of art failure.	b. d. d. s contributing to Adenote. Hospital: 1 28a. Dal (Mr. (Mr. Physician: To the aminer: On the	Due Due Due Due Due Due Due Due	death. Do not en Ade o to (or as a consect to	equenca of): equenca of): equenca of): equenca of): equence of): underlying ceuse g ent 3 DOA Of 28c. Inju M treet, factory, office	iven In Part I. 26. Place of Deathar: 4 \(\text{Nursing Horry at 1 to rk?} \)	23b. Did 1	tobacco use co Yes 2 No an eutopsy med? Yes 2 No one) dence 6 Oth how injury occur Street and Numb wn, State)	ntribute to 3 Proi 24b. Wave occord 1 [iner (Specify red annar as si	Approximate Interval Batwean Onset and Death The cause of death
Program Director, first this certificate hes been signed by the attending physician and program of the first transit of the principle of the p	To Be Completed by Physician/Medical	shock, or he Immediate Causa disaasa or conditi resulting in death) Sequentially list or if any, leading to i cause. Enter Und Cause (Diseasa or that initiated evant resulting in death) Part II. Other signification 25. Was case rafa examiner? 1	the disease, or can't failure. List of art failure failure. List of art failure failu	b. d. d. s contributing to Adenote. Hospital: 1 28a. Dal (Mr. (Mr. Physician: To the aminer: On the	Due Due Due Due Due Due Due Due	death. Do not en Ade o to (or as a consect to	equenca of): equenca of): equenca of): equenca of): equence of): underlying ceuse g ent 3 DOA of 28c. Inju. M 1 Investigation, in my 29c. Licer	iven In Part I. 26. Place of Deathar: 4 Nursing Harry at Drk? Yas 2 No ima, data and place opinion, death occurse number	23b. Did 1	tobacco use co Yes 2 No an eutopsy med? Yes 2 No one) dence 6 Oth how injury occur Street and Numb wn, State)	ntribute to 3 Prol 24b. We average of 1 Comments of 1 Comments and	Approximate Interval Batwean Onset and Death 2
the control of the certificate has been signed by the attending physician and many control of the control of th	edical Certification: To Be Completed by Physician/Medical	shock, or he Immediate Causa disaasa or condition resulting in death) Sequentially list or if any, leading to incause. Enter Und. Cause (Diseasa or that initiated evant resulting in death) Part II. Other signification of the sequence of	the disease, or can't failure. List of art failure failure. List of art failure failu	b. d. d. s contributing to Adenote. Hospital: 1 28a. Dal (Mr. (Mr. Physician: To the aminer: On the	Due Due Due Due Due Due Due Due	death. Do not en Adda of the Coras a consect to (or as a consect t	equenca of): equenca of): equenca of): equenca of): equence of): underlying ceuse g ent 3 DOA of 28c. Inju. M 1 Investigation, in my 29c. Licer	iven In Part I. 26. Place of Deathar: 4 \(\text{Nursing H} \) 17 yas 2 \(\text{No} \) 18 yas 2 \(\text{No} \) 19 yas 2 \(\text{No} \)	23b. Did 1	tobacco use co Yes 2 No an eutopsy med? Yes 2 No one) dence 6 Oth how injury occur Street and Numb wn, State) causa(s) and ma date and placa,	ntribute to 3 Prol 24b. W. av. co. of 1 [arer (Specify red annar as si and dua to d. (Month,	Approximate Interval Batwean Onset and Death 2



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth , VEREEN Month EMERSON, 98 7: IT AM 04 01 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth University of Maryland Medical Ctr 7. Age (In yrs. last birthday) | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey Year) | Months | Deys | Hours | Min. | Month, Dey Year) | Months | Dec 27,1954 N/A 5. Social Security Number 9. Birthplece (State or Foreign Country) SC. 1**X**M 2□F 213-62-6039 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Horry Loris 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 29569 6235 Highway 66 USA 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Yeer or Detes: 11. Meritai Status Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes **2**ONo Specify: Specify: Black 3 Widowed 4 Divorced 15. Decadent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elamantary/Sacondary (0-12) College (1-4or 5+) 12th Nursing Home Porter 17. Father's Neme (First, Middle, Last) 18. Mother's Nema (First, Middla, Maiden Sumeme) Emerson B. Vereen Sr. Frankie Graham 19a. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Audrey Lewis (Sister) 4 Susanne Court Randallstown, Md. 21133 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Deuriel 2 Cremetion 3 Removel from State King Memorial Park 1/07/98 Randallstown, Md 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Caple Funeral Service 21. Signalett of Funeral Service Lin 5502 Winner Avenue Baltimore, Md 21215 e, or com ocetions thet caused the daeth. Do not enter the mode of dylng, such as cardiac or raspiretory errast, one cause on each line. Approximete Intervel Between Onset and Deeth Immediete Ceuse (Finel Hyper Kalemia day diseese or condition resulting in deeth) Renal Failure Year Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury thet initiated avants resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequenca of) Pert II. Other significant conditions contributing to deeth but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown ('erebral Anoxia 24b. Wara autopsy findings aveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 Yas 2 No 1 Yes 2 No 25. Was case referred to medical 26. Piace of Deeth (Check only one)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examinar must be notified at

Director

Funeral

Š

Completed

Be

Maryland

the

72 hours efter

filed within 7 Hygiena.

permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiena. Important: if item 27 is marked other than any Injury or other traumatic avant

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

buriel physician the 0 Pe ad peen has certificata this After

or Attending Physician: after death. Director: Aft To the Hospital or within 24 hours aft To the Funeral Di completely filled in

Examiner Physician/Medical þ Completed Be To

27. Manner of Deeth Certification:

Medical

1 Yes 2 No

1 Naturei

2 Accident

5

Registrar

6 Could not be determined 3 Sulcide 28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homleida 29e. Cartifian 1 🔀 Cartifying Physician: To the best of my knowladga, daath occurrad et the time, data end pleca, end dua to the causa(s) and mannar as statad. (Check only one) 2 Medical Examiner: On the basis of axemination end/or investigetion, in my opinion, daeth occurred at the time, data and place, and dua to the cause(s) and manner stated. 29b. Signeture end title of certifier

5 Pending investigation

28e. Data of Injury (Month, Dey Year)

29c. License number

28c. Injury et Work?

1 Yes 2 No

29d. Dete signed (Month, Dey, Year)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

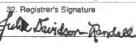
28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Neme end address of person who completed cause of daeth (Item 23e) (Type, Print)

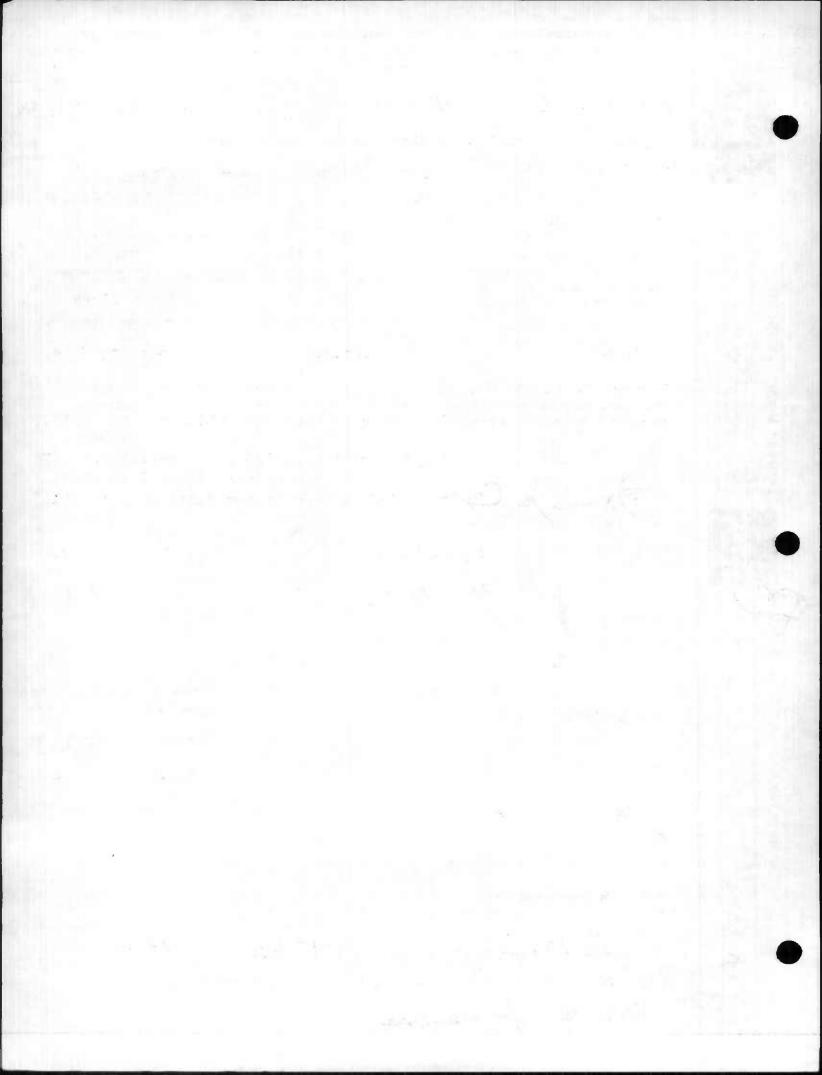
SEAN M. CURTIN, M.D., 22 S. GREENE ST., BALTIMORE, MD

31. Dete filed (Month, Dey, Year) JAN 0 5 1998



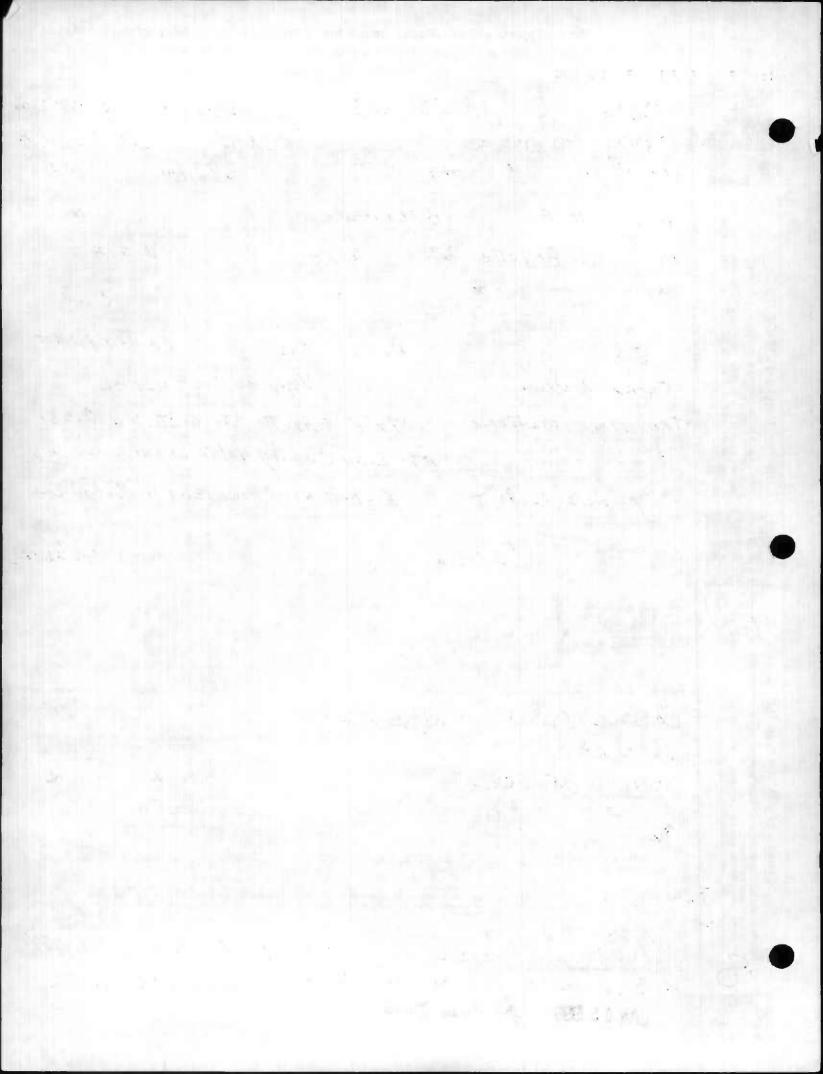
Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28b. Time of



Item: 7 Per F	H Film G-755 1-5-98RC	State of Maryland	Certificate of			ene g. No.	X
Physician /Medical Examiner	Decedent's Name (First, Middle, Last) A Facility Name (If not Institution, giva.		llams	4b. City, Town, or	2. Date of Death Month Tanuary Location of Death	Day Y	aar 02:22am Death
Funeral Director	210 10 8117	01 tal 7. Age (In yrs. Ia. 1M 280 F 48 49	st birthday) If Under 1 Your Months De		8. Date of Birth (Month: Day,	Year) 9	Birthplace (State or Foreign Country)
or 288-f show a nottled at	Usual Residence of Decedent 10a. Stata 10b. County M d N, A		Town or Location ALTIMOR	e			10d. Inside City Limits 1 ☑ Yas 2 □ No
of the state of the Main of the Main of the Main of the state of the s	10e. Street and Number	yette St.	10f. Zip Coo	2 3 /	10	g. Citizen of Who	
020 urs a	11. Marital Status 15 Naver Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates:	. 13. Was Decedent If Yas, specify (of Hispanic Origin? (Scuban, Mexican, Puerl No Specify:	specify Yes or No- lo Rican, atc.)		American Indian, White, etc. Black
ind 21215-0020 be filed within 72 hours aff tal Hygiens and the house the "settles", or a event, the Medical Earn Be Completed by F.	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cetion e completed) College (1-4or 5+)	16a. Decedent's Usual Oc (Give kind of work do life. DO NOT use re NULSES	ccupation one during most of wor dired)	rking	6b. Kind of Busin	ness/industry
Maryland 2 d 2 should be filed th and Mental Hygi T is marked other traumatic event, To Be Co	Opear Wille			Virgin	me (First, Middle, M	CABE	
or Health	19a. Informant's Name/Relationship (Ty TRNGELARR M 20a. Method of Disposition 16 Buriai 2 Cremation 3 R 4 Donation 5 Other (Specify)	ONTERIO 200. Pla	19b. Mailing Address (St. 1872 E., ce of Disposition (Name on metery, crematory or other 210 N	FRYette	ST. Ba	QTo. m	ty or Town, Stete
Baltime permit. Peg Department Important: It any Injury o	21. Signature of Funeral Sarvice License		22. Name and Ad				
Physician /Medical Examiner	23a. Rent F. Enter the diseasa, or complished, or heart failure. List only or Immediate Cause (Final disease or condition resulting in death)	Sepsis	es e consequence of):	dying, such as cardia	c or respiratory arre	st,	Approximate Interval Between Onset and Death 48 Wows
58760, cate be executed physical street to the burners of the burn	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		as a consequence of):			7	
/ital Records, P.O. Box 6	Part II. Other significent conditions con	Itributing to deeth but not result	ing in the underlying cause	e given in Part I.			ibute to the cause of death?
dS, P.	chroniz ver	ial may	Hicience	1	1 ☐ Ye	autopsy	Probably 4 Ohknown 24b. Were autopsy findings
Re lav	diabetes	40.0			perform	ned?	available prior to completion of cause of death?
/ita	25. Was case referred to medical examiner?	lospital:		Other	1 ☐ Ye	9)	1 ☐ Yes 20000
On ding	27. Menner of Death 1 Datural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be	28a. Date of Injury (Month, Day Year) 28e. Piace of Injury - At home	M Mne, farm, street, factory, of	Injury at Work? 1 Yes 2 No	dome 5 ☐ Rasider 28d. Describe hor 28f. Location (Str	w Injury occurred	
Divisir To the Heapital or Attention within 24 hours after deat completely filled in by the Medical Certifical	29a. Certifying Phys	building, efc. (Specify) Iclan: To the best of my knowner: On the besis of examinetic	edge, death occurred at th	e time, date and place	City or Town	use(s) end menr	ner as stated. If due to the cause(s)
To the tail within 2 To the f complete	29b. Signature and title of certifier	and manner stated.		cense number		-	Month, Day, Year)
8	30. Name and address of person who co	mpleted cause of death (Item 2	23e) (Type, Print)	al.	30/10	MD	21202
State	1. Date filed (Month, Day, Year)	Registrar's Signatu	Mandelle.		1		

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month Jan. 98 Tillar 8:15am Mae Anderson 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Facility Nama (If not institution, give street and number) 1747 Homestead Street Baltimore NA If Undar 1 Year | If Undar 24 Hrs. Months | Days | Hours | Min. Birthplace (Stata or Foraign Country) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) 1 M 2 KF 80 Yrs. NC 239-26-3431 Usual Rasidanca of Decedant 10d. Insida City Limits 10a Stata 10h County 10c. City. Town or Location 1 Xes 2 □ No Md. NA Baltimore 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Code 1747 Homestead Street 21218 USA 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indien. Black, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Navar Marriad 2 ☐ Married 1 Yas Z No Specify: Specify: 3 ₩idowed 4 Divorced Black 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada complated) Elemantary/Secondary (0-12) Collega (1-4or 5+) Domestic Housewife 8th Grade NA 18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fathar's Nama (First, Middle, Last) Hill Robert Frances Alston 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Sherrin 1747 Homestead Street Baltimore, Maryland 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Namovel from Stala
4 □ Donation 5 □ Other (Specify) Jordan Chapel Ch. Cem. 01-09-98 Louisburg, NC 22. Name and Address of Facility 21. Signetura of Funeral Sarvica Licensaa Baltimore, Maryland 21202 Semand WM.C.MArch FH 1101 E. North Avenue mound 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List my one cause on each line. Approximata Intarvai Between Onsat and Death Immediata Causa (Final gears cardiomyopathy diseasa or condition rasulting in death) Dua to (or as a consequence of): 5 years lipidemia Due to (or as a consaquance of): yeard periteral vascular Dua to (or as a consequance of): hypertension years

Physician /Medical Examiner

2

ă

9

00002

director.

funeral

certificate

To the Hospital or Attending Physician: within 24 hours efter death. To the Funerel Director: After this certific

Completed

Be

0

Certification:

edical

ò Department of Important: If

any injury

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinal must be notified at

Peges 1 and 2 should be filed within 72 hours efter tent of Health and Mental Hygiene. nt: If Item 27 Is marked other than "natural", or Ite

Baltimore, Maryland 21215-0020

Division of Vital Records, P.Q.

the Meryland

death

Sequantially list conditions, if any, laading to Immediata causa. Entar Undarlying Causa (Diseasa or injury that initiated evants rasulting in daath) Last Physician/M

Part II. Other stgnfftcant conditions contributing to death but not resulting in the underlying causa given in Part I. Renal failure busulin dependent deabtes mellitus

23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

26. Piaca of Daath (Chack only ona)

24b. Wara autopsy findings availabla prior to complation of cause of daalh? 24a. Was an autopsy 1 Yas 2 XNo

25.	axaminar?	
27.	Mannar of Daath	5 □ Panding

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of 28c. Injury at Work? 28a. Data of injury (Month, Day Year)

Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d. Dascribe how injury occurred

Invastigation 2 Accidant 3 Sulcida 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida

281. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a. Cartifian (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29b. Signeture and title of certifier Walker MD

JAN 06 1998

29c. Licansa number

1 Yas

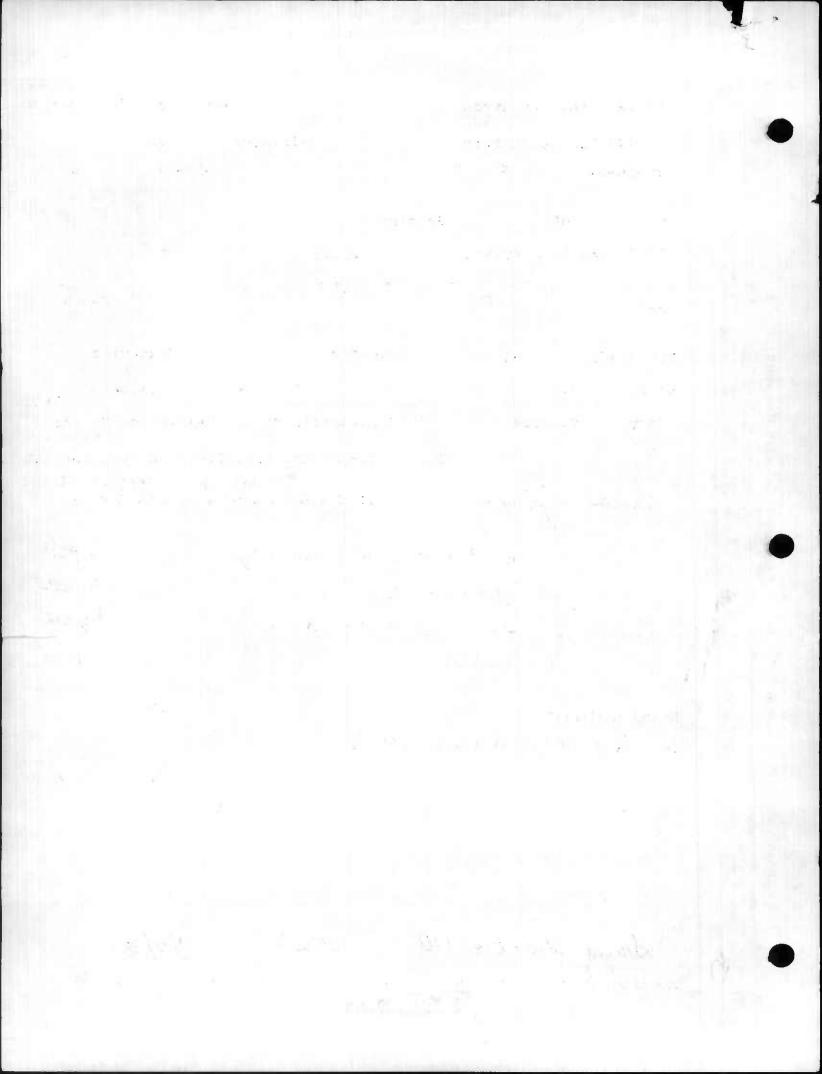
29d. Data signed (Month, Day, Year)

30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print)

Sheila Walker. MD . 2300 Garreson Blud · Suite 104 · Backimon, Md 21216 31. Dete filad (Month, Day, Yaar)

Registrar





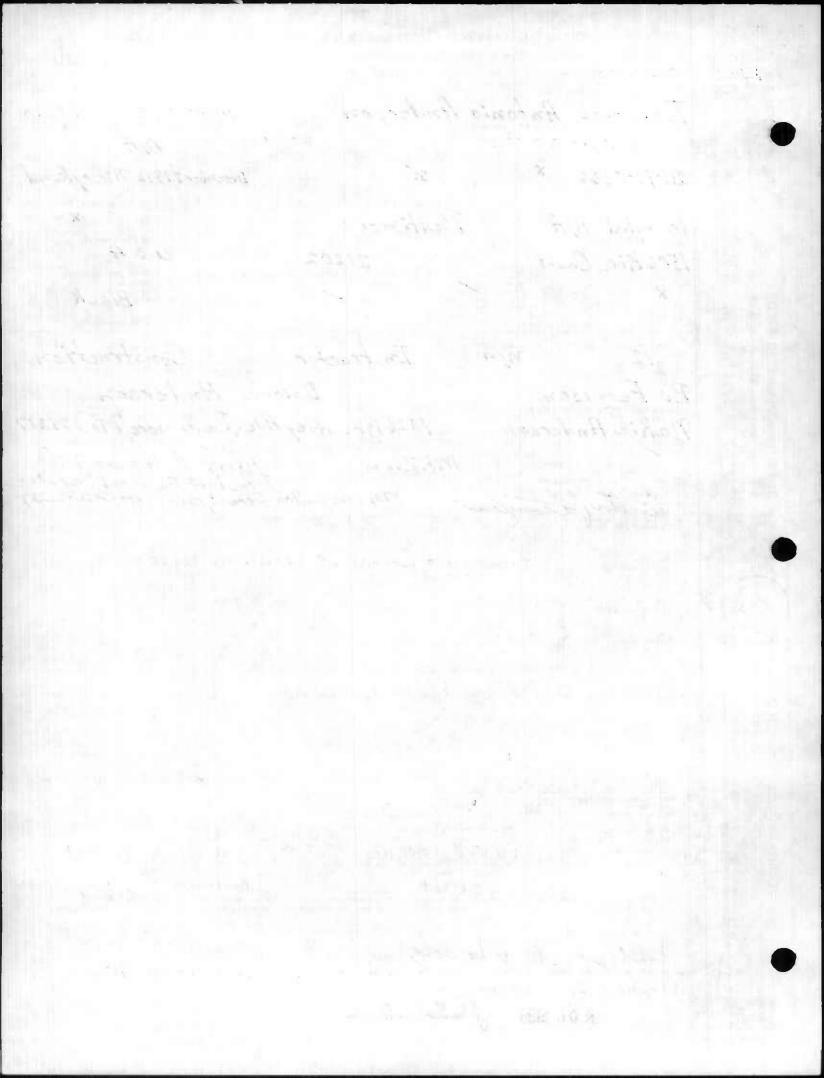
0	0	0	0	5	0
8	U	U	U	J	U

MACE !	ANTONIO ANDERSON			Certifica	ate of Death	nd Mental Hyg F	Reg. No.	00000	
	1. Decedent's Name (First, Middle, L	Last)	-	- 10		2. Date of Dea		3. Time of Death	1
ician	Terrance 1	Intonio	An	derso	21	JANUAR	Day Y 01.19	Year 198 00:45 A	M
ical iner	4a Facility Name (If not institution, g		7.77			, or Location of Death	-		
Ŭ.	909 NORTH CALH	OUN STREET			BALTI	MORE	n	A	
		Sex 7. Ag	e (In yrs. last	6.4 41	der 1 Year If Under 24	Hrs. 8. Date of Birth	h Vearl	9. Birthplace (State or Fore Country)	ign
	216-19-0666	1 M M 2□ F	2	75 Yrs. Month	ns Days Hours I	Decembe	7,1972		1
	Usual Residence of Decedent		10- 00- 7-				7		
	10a. State 10b. County	2	10c. City, 10	own or Location				10d. Inside City Lim 1 XYes 2 □ 1	
Director	Maryland 11/H		Dal	timor	C				40
	10e. Streetland Number	,		10f. 2	Zip Code		10g. Citizen of \		
runeral	1506 Kia Loui	rt		2	1202	0.00	a		
5	11. Marital Stetus	12. Was Decedent Armed Forces?	/	If Yes, s	cedent of Hispanic Origin pecify Cuban, Mexican, P	Puerto Rican, etc.)	Blac	ce - American Indian, ick, White, etc.	
	1 Never Married 2 Married 3 Widowed 4 Divorced	If Yes, Give	No.	1□ Yes	2 No Specify:		Specify	Black	
	15. Decedent's	Year or Dates:	11	6a. Decedent's Us	tuel Occupation		16h Kind of B	Business/Industry	-
Ser	(Specify only highest g	rade completed)		(Give kind of I	work done during most of use retired)	f working			
Completed	Elementery/Secondery (0-12)	College (1-4or 5))	Inst	,		Cans	trustina	
	17. Father's Name (First, Middle, Las	st)		45/10/		Name (First, Middle,	Maiden Sumen	ne)	
200	Ba Famusa.	20			Dala	was A.	1	501	
1	19a. Informant's Name/Relationship		1	19b. Meiling Addre	ess (Street and Number of	or_Rural Route Numbe	or, City or Town,		
1	$n \cdot \nu \cdot n \cdot n$	rson	/	026 R.	-catleut	ive. Bal	ti man	-m22121	17
1	20a. Method of Disposition	10011	20b. Place	a of Disposition (A	Verne of	Date	20c. Location -	- Lity or Town, State	
	1 Burial 2 Cremation 3 4 Donation 5 Other (Spec		mi	7	Unior place)	191900	R.11:	more ma	
-	21. Signature of Funeral Service Lic		1.191	22. Name	and Address of Facility	Doug 1950	Sam	eral Service	
	DP N 01	2-1		1701	me Cullat	54	2-11:20	re, 200-2121	7
	23a Part1, Enter the disease, or co	ongloss							/
	The state of the s	mplication that caused	the death. D	Do not enter the m	node of dying, such es ca	rdiac or respiretory er	rest,	Approximete	
	shock, or heart failule. List on	ly one cause on each li	the death. D	Do not enter the m	node of dying, such es ca	rdiac or respiretory en	rest,	Approximete Interval Between Onset and Death	
	Immediate Cause (Final							Interval Between	
			nshot		s of head			Interval Between	
шег	Immediate Cause (Final disease or condition		nshot	wound	s of head			Interval Between	
caminer	Immediate Cause (Final disease or condition resulting in death)	a. Two gu	nshot Due to (or as	wound	s of head			Interval Between	
	Immediate Cause (Final disease or condition resulting in death)	a. Two gu	nshot Due to (or as	wound,	s of head			Interval Between	
	Immediate Cause (Final disease or condition resulting the death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	a. Two gu b	nshot Due to (or as	wound,	s of head			Interval Between	
- 1	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	a. Two gu b	nshot Due to (or as	weund a consequence of a consequence of	s of head			Interval Between	
	Immediate Cause (Final disease or condition resulting the death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	a. Two gu b	nshot Due to (or as	weund a consequence of a consequence of	s of head			Interval Between	
	Immediate Cause (Final disease or condition resulting the death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	a. Two gu b c	Due to (or as	a consequence of	s of head	d and t	rorso	Interval Between	nth?
r ii yaiciai vimedicai	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. Two gu b c	Due to (or as	a consequence of	s of head	d and t	tobacco use co	triterval Between Onset and Death	
, ,	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. Two gu b c	Due to (or as	a consequence of	s of head	dand t	tobacco use co	Interval Between Onset and Death Onset and Death on the cause of dea	owi
incompanion for the	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. Two gu b c	Due to (or as	a consequence of	s of head	23b. Didt	tobacco use co	ontribute to the cause of dea 3 Probably 4 Unkn 24b. Were autopsy finding available prior to	owi
	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. Two gu b c	Due to (or as	a consequence of	s of head	23b. Didt	tobacco use co Yes 2 No an autopsy	ontribute to the cause of dea	ow
	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. Two gu b c	Due to (or as	a consequence of	s of head	23b. Didt	Robacco use co Yes 2 No an autopsy med?	ontribute to the cause of dea 3 Probably 4 Unkn 24b. Were autopsy finding available prior to competition of cause	ow
	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions	a. Two gu b c	Due to (or as	a consequence of	s of head on): on): g ceuse given in Part t.	23b. Didt	tobacco use co Yes 2 No an autopsy med?	Interval Between Onset and Death Onset and Death Onset and Death Ontribute to the cause of dea 3 Probably 4 Unknown available prior to completion of cause of death?	owi
	Immediate Cause (Final disease or condition resulting to death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	a. Two gu b c	Due to (or as Due to (or as Due to (or as	a consequence of	s of head of): of): g cause given in Part t.	23b. Didt 10 24a. Was perior	tobacco use co Yes 2√No an autopsy med?	Interval Between Onset and Death Onset and Death Onset and Death Ontribute to the cause of dea 3 Probably 4 Unknown available prior to completion of cause of death?	owi
	Immediate Cause (Final disease or condition resulting to death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? Yes 2 No 27. Manner of Deeth	a. Two gu b c d contributing to death b	Due to (or as Due to (or as Due to (or as ut not resulting	a consequence of a cons	s of head of): of): g ceuse given in Part t. 28. Place of DOA Other: 4 \(\subseteq \) Nursi	23b. Didt 10 24a. Was perior	tobacco use co Yes 2√No an autopsy med? Yes 2□No one) denca 6 ○Oth	Interval Between Onset and Death Onset (Specify) SCENE	ow
	Immediate Cause (Final disease or condition resulting to death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? Yes 2 \(\subseteq \text{No} \)	a. Two gu b. c. d. contributing to death be Hospital: 1 Inpatie 28a. Date of inju (Month, Da	Due to (or as Due to (or as Due to (or as ut not resulting	a consequence of a cons	s of head of): of): g cause given in Part t.	23b. Did t 1 1 24a. Was a perior 1 Death (Check only or ling Home 5 Resid	Robacco use co Yes 2 No an autopsy med? Yes 2 No one) denca 6 Noth how Injury occur	ontribute to the cause of dea 3 Probably 4 Unkn 24b. Were autopsy finding available prior to completion of cause of death? Yeres 2 No her (Specify) SCENE	ow 18
	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? 27. Manner of Deeth 1 Naturat 5 Pending Investigati 2 Accident 5 Could not	a. Two gu b c d contributing to death b	Due to (or as Due to (or as Due to (or as ut not resulting	a consequence of a cons	S of head of): of): 28. Place of DOA Other: 4 Nursi 28c. Injury at Work? 1 Yes 2 No	23b. Did t 1 1 24a. Was a perior 1 Death (Check only or ling Home 5 Resid	Robacco use co Yes 2 No an autopsy med? Yes 2 No one) denca 6 Noth how Injury occur	ontribute to the cause of dea 3 Probably 4 Unkn 24b. Were autopsy finding available prior to completion of cause of death? Yeres 2 No her (Specify) SCENE	ow 18
(()	Immediate Cause (Final disease or condition resulting to death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? 27. Manner of Deeth 1 Naturat 5 Pending Investigati 2 Accident Sulcide 6 Could not	a. Two gu b. c. d. Hospital: 1 Inpatie 28a. Date of Inju ion be de 28e. Placa of Inju building, etc.	Due to (or as Due to (or as)	Aconsequence of a consequence of a conse	S of head of): of): 28. Place of DOA Other: 4 Nursi 28c. Injury at Work? 1 Yes 2 No	23b. Did t 1 1 2 24a. Was i performent of Death (Check only or long Home 5 Residence 28d. Describa here) 28d. Location (Scity or Town)	Robecco use co Yes 2 No an autopsy med? Yes 2 No one) denca 6 Noth how Injury occur Characteristics Street and Numi wn, Stete) 900	Interval Between Onset and Death Onset on Death Onset on Death Onset on Bural Route Number, On Death Onset on Bural Route Number, On Death Onset on Death Death Onset on Death Onset on Death Onset on Death Death Onset on Death Dea	ow un
	Immediate Cause (Final disease or condition resulting to death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? 27. Manner of Deeth 1 Naturat 5 Pending Investigati 2 Accident 3 Sulcide 4 Homicide 1 Could not determine	a. Two gu b c d contributing to death be contributed as a contribution of the contribut	Due to (or as	S a consequence of a co	28. Place of DOA Other: 4 Nursi Work? 1 Yes 2 No tory, office	23b. Did t 10 24a. Was perfor 18 Death (Check only or 19 Home 5 Resid 28d. Describa h 28f. Location (S City or Tow Balfima place, and due to the or	tobacco use co Yes 2 No an autopsy med? Yes 2 No one) denca 6 Noth how injury occur of the course o	thiterval Between Onset and Death Onset of death? 24b. Were autopsy finding available prior to completion of cause of death? 24b. Were autopsy finding available prior to completion of cause of death? 24b. Were autopsy finding available prior to completion of cause of death? 25 hot	ow un
	Immediate Cause (Final disease or condition resulting to death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? 27. Manner of Deeth 1 Naturat 5 Pending Investigati 2 Accident 3 Sulcide 4 Homicide 1 Could not determine	a. Two gu b c d contributing to death be contributed as a contribution of the contribut	Due to (or as Due to (or as	S a consequence of a co	28. Place of DOA Other: 28. Place of DOA Other: 28. Injury at Work? 1 Yes 2.50 No tory, office	23b. Did t 10 24a. Was perfor 18 Death (Check only or 19 Home 5 Resid 28d. Describa h 28f. Location (S City or Tow Balfima place, and due to the or	tobacco use co Yes 2 No an autopsy med? Yes 2 No one) denca 6 Noth how injury occur of the course o	thiterval Between Onset and Death Onset of death? 24b. Were autopsy finding available prior to completion of cause of death? 24b. Were autopsy finding available prior to completion of cause of death? 24b. Were autopsy finding available prior to completion of cause of death? 25 hot	un
edical Certification: 10 Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? Yes 2 No 27. Manner of Deeth 1 Naturat 5 Pending Investigati 3 Sulcide 6 Could not determine 29a. Certifier (Check only 2 Medicat Exc.)	a. Two gu b c d Hospital: 1 □ Inpatie 28a. Date of inju (Month, Da) 1 □ 1 □ 9 28e. Placa of Inju be in	Due to (or as Due to (or as	Aconsequence of a consequence of a conse	28. Place of DOA Other: 28. Place of DOA Other: 28. Injury at Work? 1 Yes 2.5 No tory, office ed at the time, dete and place of the point of the	23b. Did t 10 24a. Was perior 10 10 11 24a. Was perior 10 11 24a. Was perior 12 24a. Was perior 12 24a. Was perior 12 24a. Was perior 15 24a. Was perior 16 24a. Was perior 17 18 24a. Was perior 25 26 27 28 28 28 28 28 28 28 28 28	Robacco use co Yes 2 No an autopsy med? Yes 2 No one) denca 6 Noth how Injury occur Character and Numi wn, Stete) 900 cause(s) and m date end pleca, 29d. Date signe	Interval Between Onset and Death Onset of Death Onset of Death Onset on Sural Route Number,	un
Medical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other significant conditions 25. Wes case referred to medical examiner? 27 Yes 2 No 27. Manner of Deeth 1 Naturat Investigation I	a. Two gu b c d Hospital: 1 □ Inpatie 28a. Date of inju (Month, Da) 1 □ 1 □ 9 28e. Placa of Inju be in	Due to (or as Due to (or as	Aconsequence of a consequence of a conse	28. Place of DOA Other: 4 Nursi 28c. Injury at Work? 1 Yes 2.5 No tory, office	23b. Did t 10 24a. Was perior 10 10 11 24a. Was perior 10 11 24a. Was perior 12 24a. Was perior 12 24a. Was perior 12 24a. Was perior 15 24a. Was perior 16 24a. Was perior 17 18 24a. Was perior 25 26 27 28 28 28 28 28 28 28 28 28	Robacco use co Yes 2 No an autopsy med? Yes 2 No one) denca 6 Noth how Injury occur Character and Numi wn, Stete) 900 cause(s) and m date end pleca, 29d. Date signe	ontribute to the cause of dea 3 Probably 4 Unkn 24b. Were autopsy finding available prior to completion of cause of death? Yes 2 No her (Specify) SCENE irred 25 Shot ber or Rural Route Number, 1 A Value 10 of anner as stated. and due to the cause(s)	un

State Registrar

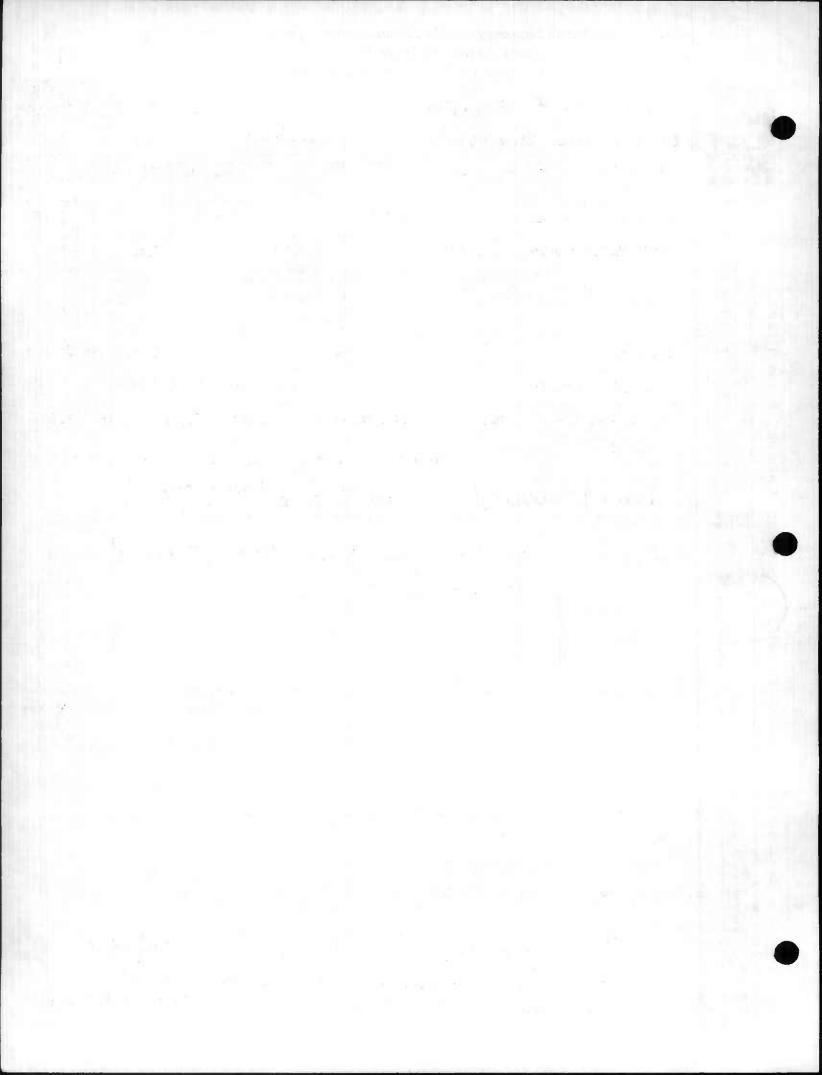
Stephen S, Radentz, MD
31. Date filed (Month, Day, Year)
JAN 06 1998
January

A STATE OF THE STA



State of Maryland / Department of Health and Mental Hygiene 8

					Cer	tificate of	Death		Reg. I	No.	0 0		
hysician		1. Decedent's Name (First, Middle, La	*	#				2. Dete Mont	of Deeth	Day 7	Year	3. Time o	
/Medical	١,	Sal-atom	e street and number	vtilo			4b. City. Tow	n, or Location of	Death	tc. County	of Deeth	U:	NEOC
xaminer		8800 Walther	Blv & #3				Bark		Douti, .	Bal			
neral ector		5. Social Security Number 6. 5 220-09-2742	ex 7. Ag	ge (In yrs. las 82	t birthday) Yrs.	If Under 1 Year Months Days	If Under 2 Hours	4 Hrs. 8 Date	of Birth th. Day. Yes	1915	9. Birthpl Count	lace (State of try) CSSCC	or Foreign
	-	Usual Residence of Decedent			-			1,40.04	, , ,				
other traumatic avent, the Medical Examiner must be notified at To Be Completed by Funeral Director		10a. State 10b. County Maryland Baltimo	h o	10c. City, 1	Fown or Loc	timore					10	0d. inside C	ity Limits
Director		10e. Street end Number	ne		bac	10f. Zip Code			10g (Citizen of V	What Count		200
<u>a</u>		8800 Walther Bl	lvd., Apt.	3413		10 2	21234	!	-	I.S.A		y :	
Funeral		11. Maritai Status	12. Wes Decedent Armed Forces	Ever in U,S.	13. W	as Decedent of h	lispenic Orlg	In? (Specify Yes Puerto Rican, et	or No-		e - America		
þ	2	1 ☐ Never Married 2 🔯 Married 3 ☐ Widowed 4 ☐ Divorced	1 X Yes 2 ☐ If Yes, Give Yeer or Dates:		i	□Yes 2Å No	Specify:		,		whit		
eted		15. Decedent's Ed (Specify only highest gra	ducation		16a. Decede	ent's Usual Occup	pation during most	of working	16b.	Kind of B	usiness/Ind	iustry	
Completed	-	Elementary/Secondary (0-12)	College (1-4or	5+)	life. D	o not use retire Barber	d)		S.	01_F	mnlau	ed Ba	that
ပိ	1	6th grade 17. Father's Name (First, Middle, Last,				owiber	18. Mother	's Name (First, M		-		ea sa	noel
To Be		Joseph Armet	ta				Ste	phanie	Mubi	selot	to		
		19a. Informant's Name/Relationship (Mildred E. Arme				Address (Street Walthe							34
	2	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	Removal from State		e of Dispos etery, crem	ition (Name of atory or other ple	ce)	Date	20c.	Location -	City or To	wn, State	-
		4 ☐ Donation 5 ☐ Other (Specif	y)	Gre	en Moi	unt Crem	atory	1/5/9	8 Ba	rltim	ore,	Maryl	and
9000	1	21. Signeture of Funeral Service Licer	Duch		S	Name and Addre	. Funer	al Home	s, Inc	2.	01021		
	+	23a. Pert1. Enter the disease, or com shock, or heart failure. List only	plications that cause	d the death.		705 Belar the mode of dyl				MU	21236	Approximat	te
n		orioon, or riout randro. Elst only										Interval Bet Onset and	Death
cal ner	1	immediate Cause (Final disease or condition resulting in death)	. Mutaste	atic '	ance	r of Bi	ain	(Prima	2 dr	Krow	7		
ē .		,		Due to (or a	s a consequ								
Examiner		Sequentially list conditions	b. Prenn	Due to (or a	s a consequ	ience of):							
		Sequentially fist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	•								i		
/Medical	t	that initiated events resulting in death) Last	C	Due to (or as	s a consequ	ence of):							
cian/Medic			d	-									
Physician	F	Part II. Other significant conditions of	ontributing to death b	out not resulting	ng in the un	derlying cause gi	ven in Part I.	236				the causs	
by Pl									1 Yas	2∐ No	3 Prob	ably 4)	Unknown
								24a.	Was an au performed		ava	allable prior	to
Completed										h-d	of c	death?	
6 60	2	25. Was case referred to medical					26 Place	of Dooth (Charle	1 Yes	2 No	1 🗆	Yes 2□	No
ToB		examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpati	ent 2 EF	VOutpatient	3□ DOA Oth	oor:	of Death (Check		6 □Oth	er (Specify	()	
	2	7. Manner of Death 1 ⊠Natural 5 □ Pending	28a. Date of Inju	iry 28	b. Time of injury	28c. tnju			cribe how in				
icat		2 Accident Investigation 3 Suicide 6 Could not be		i As to amo	fam. stee		Yes 2□N		tion (Ctroat	mmet Ali um h	or or Our	/ Courts Alone	
Certification:		4 Homicide determined		ic. (Specify)	e, rarm, stre	et, factory, office			or Town, St.		er or Hura	/ Route Num	i <i>ber</i> ,
edical C		29a. Certifier (Check only one) (Check only one)	ysician: To the best niner: On the basis o end manner st	f examination	dge, death	occurred at the tile	me, date and opinion, death	place, and due to occurred at the	o the cause time, date a	(s) and ma	anner as sta	ated. the cause(s)
Medical Certifi		29b. Signeture and title of cartifier	Ono marrier st	ateu.		29c. Licens	se number		29d. I	Date signe	d (Month, L	Day, Year)	
		· h.	Lake			0	5062	0	1	151	49		
	3	0. Name and address of person who	completed cause of c	leath (Item 23	3a) (Type, P	rint)	10.50	fier a.		1-1	1.10		
		Brigg Lable	MD C	baka	est 1	redical	(97)	la, 200	U Wal	Mer	DINY		
State egistrar		Brigh Lable 11. Date filed (Month, Day, Year)	M D C	115	est 1	modical	(9-7	o [v, 900]	Qual Po	the 1	Blod Le M	D 21	



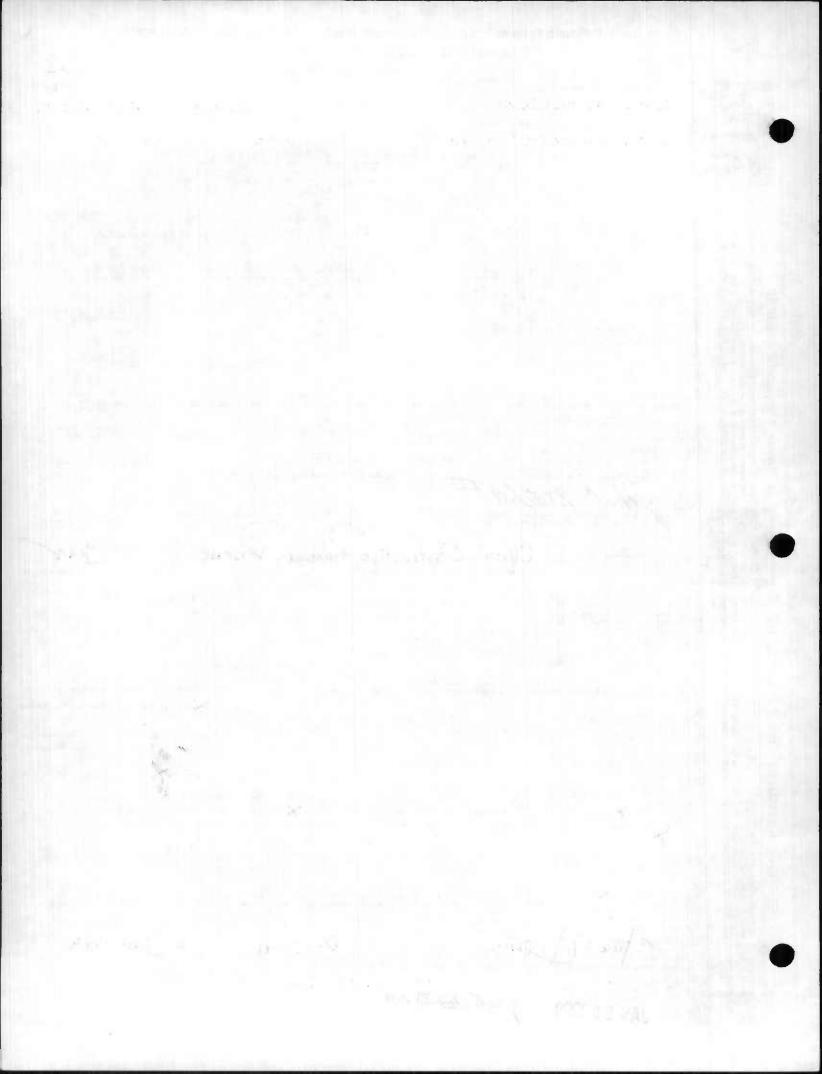
State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Day **Physician** Alberta Busenius Bond January 4 1998 6:05 AM /Medical 4a Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Holly Hill Manor Nursing Home Baltimore Towson Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Yeer) 6. Sex **Funeral** 1 M 2 XF Months Days Hours 220-01-3221 83 September 16,1914 Maryland Director Usual Residence of Decedent with the Marylend 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or frama 23a or 28a-f ahow traumatic event, the Madical Examinar must be notified at Baltimore 1 ☐ Yes 2 No Maryland Lutherville Directo 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 12 Felton Rd. 21093 United States Funeral death 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give 14. Raca - American Indian, Black, White, etc. 11 Meritei Status 1 Never Married 2 Married 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: White P 3 Widowed 4 □ Divorced Year or Dates: Completed 16a. Decedent'a Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Induatry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) bookkeeping telephone end Mental Hygie Is marked other 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) . Peges 1 and 2 should be fill ment of Health end Mental Higher 27 is marked oth Be Walter Busenius Elizabeth Otto 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles Stairs/executor 4318 Ridge Rd. Baltimore, MD 21236 other 20a. Method of Disposition
1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State ò permit. Pege Department of Important: If eny injury or 4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Mem Garden 1/7/98 Timonium, Maryland 22. Name and Address of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, MD 21212 21. Signature of Funeral Service Licansee Mchall 11. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, book, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death **Physician** /Medical immediate Cause (Final . Chronic OS almonar 125676 disease or condition resulting in death) **Examiner** Due to (or as e consequence of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest and buriel-tran Due to (or as a consequence of): certificate be execu Records, P.O. Box 68760. physician Physician/Medicai the Due to (or as a consequenca of) 98 ettending use Por ed by the e 23b. Did tobacco use contributs to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by To Cyee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findinga available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Deed pege 2 certificate has 1 ☐ Yes 1 □ Yes 2 □ No Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific Be 25. Was case referred to medical 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: After 1 Avatural 2 Accident 5 Pending 2 No investigation 1 Yes 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, end due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. edicai 29e. Certifier completely To the Vithin 2 29c. License number 29d. Date signed (Month, Dey, Year) and title of 29b. Signatu 17-17041 1998 30. Name and address of person fompieted cause of death (item 23a) (Type, Print) Lutherville, MD 21093 Marc Leavey, M.D. 205 York Rd. 31. Date filed (Month, Day, Year)

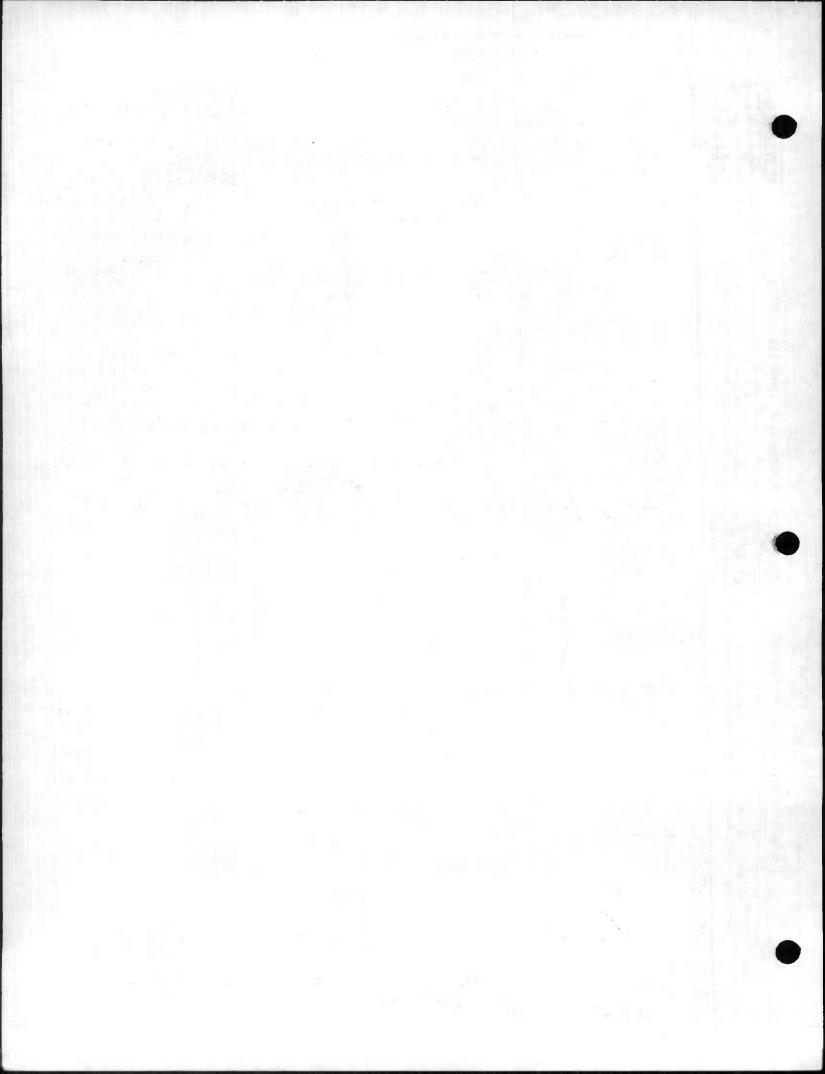
JAN 0 6 1998 State

DHMH 16 Rev 6/95

Registrar



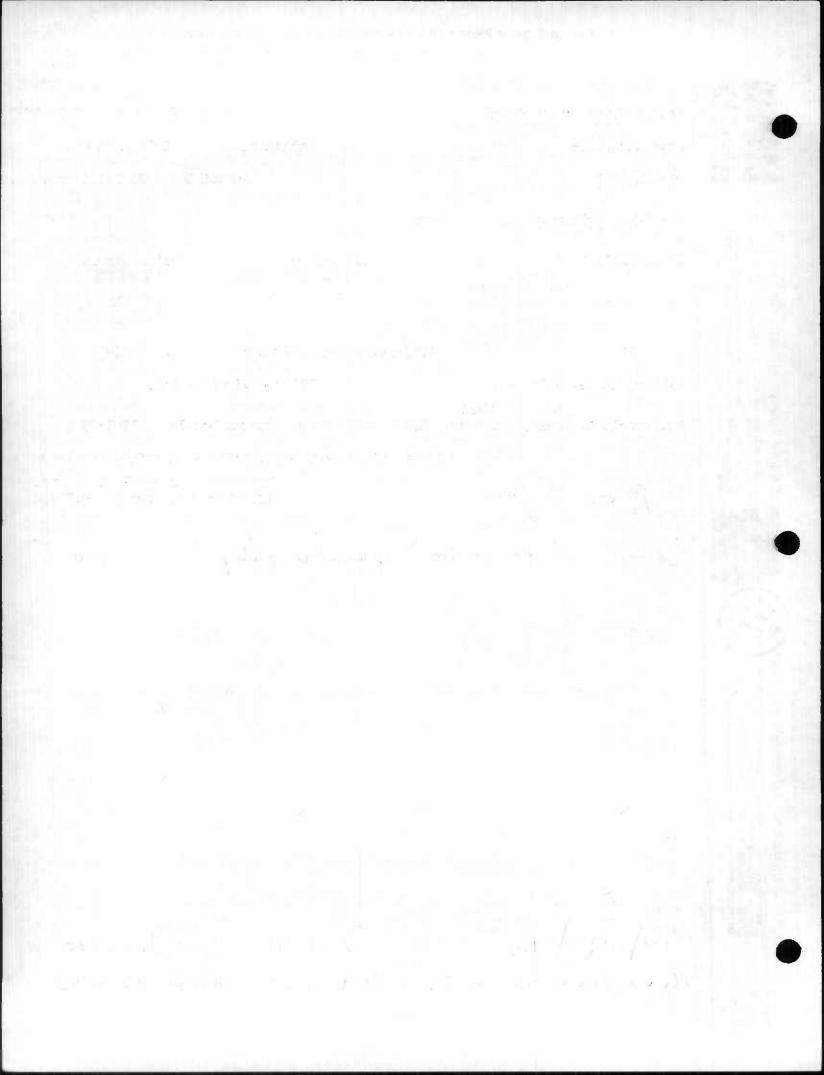
Dhysiai		1. Decedent's Nema (First, Middla,	(ast)		Certificate		2 Dete	Reg of Death			3. Tima of De
Physicia				PPERT			Mon	lh	Day	Yaar	
/Medic		4e. Facility Name (If not institution,				4b. City, Town,		Death	5 1 4c. Count	998	12:40 a
Examin	ier	Stella Maris		,		Timoni					ra
Funeral								8. Data of Birth (Month, Day, Yea		Baltimore State	
Director		219-38-2671 Usuel Residance of Decadant	11 M 2□ F	85 Yr	Months E	ays Hours M	Min. (Mon	th, Day, Y h 30,	1912	Mary	pieca (Stata or F ntry) Land
Mo w		10e. Steta 10b. County						10d. Inside City L			
28a-f show	to	Maryland Balti	more	Timon	ium					1 ☐ Yas 2	
Lydrainer mat be	Funeral Director	10e. Street end Number		10f. Zip Coda				10g. Citizan of N			ntry?
		2300 Dulaney Val		21	.093	93			U.S.A.		
		11. Marital Status	12. Was Decedant Armed Forces		13. Was Decedent of Hispenic Origin? (Sp. If Yas, specify Cuben, Maxicen, Puarto			or No-	- 14. Race - Amarlcen Indi		
	by	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced		1 ☐ Yas 217 No		No Specify:	uano nican, a	Black, White, atc. Specify: White			
'netural',	ted b	15. Decedent's	Education	16a. D	6a. Decedent's Usual Occupetion (Giva kind of work dona during most of wo			16	b. Kind of B		
e a	Be Completed	(Specify only highast (Elementery/Secondary (0-12)	Collage (1-4or	- li	a. DO NOT usa i	etired)	working				
d th	S		5+ years		Dentist				Medical		
a H oth	Be (17. Fathar's Nama (First, Middla, La				18. Mothar's Nama			a (First, Middle, Maiden Suman		
Men	2	William Irvin	Buppert			Rose			Blair		
Department of Health Important: If New 27 Important		19a. Informant's Name/Raiatlonship	(Type, Print)	19b. M	lailing Address (S	traat and Number o	r Rural Routa	Vumber, C	city or Town	, State, Zij	Code)
		Hobart Buppert I	II (son)			oat Lane	Spark	s, Ma	arylar	nd 21	152
		20a. Mathod of Disposition 1 1 ☐ Burial 2 ☐ Cramation 3	Demouslifrom State	comoton/	isposition (Nama crematory or otha	of r place)	Data	20	c. Location	- City or To	own, Stete
		4 □ Donation 5 □ Other (Spec			idge Cem	eterv	1-8-9	8 P-	Pikesville		Marv1ar
		21. Signature of Funaral Sarvice Lic	ensaa		22. Nema and A	ddrass of Fecility			LICOVI		I MAL J LCII
	- 7	G 1				-Wiedefel		>	·1	. 1 0	1010
		23a. Part1. Entar the disease or co	mplicetions that causa	d tha deeth. Do not	anter the moda o	k Road I	diac or raspira	lory errest	aryıa	and Z	Approximete
		shock, or haart feilura. List on	ly one ceusa on aach l	ina.							Onset end Dea
		tmmediata Causa (Final	D-1							1	
		disaasa or condition rasulting in daath) Pneumonia Dua to (or es e consequance of):									
	je.			244 10 (01 00 0 001	isoquarioo oi).					1	
	100									1	
nd ransit	amir	Sequentially list conditions.	b	Due to (or as a cor	sequence of);					1	
an end irial-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	b	Due to (or as a cor	sequence of);					-	
rysician end he burial-fransit	licai Examin	that Initiated avants	b	Due to (or as a con							
physicia the bur	edicai	Causa (Diseasa or Injury	b								
iding physicia ise as the bur	//Medical	that Initiated avants	b								
ttanding physicia or use es the bu	//Medical	Causa (Diseasa or Injury that Initiated avants rasulting In daath) Last	cd.	Due to (or as a con	sequence of):	a givan in Part I.	236	. Dtd toba	icco use co	ontribute t	o the causa of d
ttanding physicia or use es the bu	//Medical	that Initiated avants	c d	Due to (or as a con	sequence of):	a givan in Part I.	236				
ttanding physicia or use es the bu	Physician/Medical	Causa (Diseasa or Injury that Initiated avants rasulting In daath) Last	cd	Due to (or as a con	sequence of):	a givan in Part I.	236				o the causa of d bably 4닷Uni
igned by the attanding physicia be detached for use es the bu	by Physician/Medical	Causa (Diseasa or Injury that Initiated avants rasulting In daath) Last	c	Due to (or as a con	sequence of):	a givan in Part I.		1 ☐ Yes	2□ No	3 ☐ Pro	bably 4\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
igned by the attanding physicia be detached for use es the bu	by Physician/Medical	Causa (Diseasa or Injury that Initiated avants rasulting In daath) Last	b c d d contributing to death b	Due to (or as a con	sequence of):	a givan in Part I.		1 🗆 Yes	2□ No	3☐ Pro	bebly 45 Uni
has been signed by the attanding physicia ga 2 should be detached for use as the bui	by Physician/Medical	Causa (Diseasa or Injury that Initiated avants rasulting In daath) Last	b c d	Due to (or as a con	sequence of):	a givan in Part I.		1 ☐ Yes Was an a performe	2□ No	3☐ Pro	bebly Tuni era autopsy findi allable prior to impletion of ceus
ate has been signed by the attanding physicia paga 2 should be detached for use as the bu	Completed by Physician/Medical	Causa (Diseasa or Injury that Initiated avants rasulting In death) Last Part II. Other significant conditions 25. Wes casa referred to medical	c	Due to (or as a con	sequence of):		24a	1 ☐ Yes Was an a performe	2□ No autopsy d?	3☐ Pro	bably MyUni era autopsy findi allable prior to impletion of ceus daath?
certificate has been signed by the attanding physicia frector, paga 2 should be detached for use as the bu	Be Completed by Physician/Medical	Causa (Diseasa or Injury that Initiated avants rasulting In death) Last Part II. Other significant conditions	b b d d d l d l l l l l l l l l l l l l l l l l l l l l l l l l l l l l l l l l l l l l	Due to (or as a con	sequence of): a undarlying caus	28. Plece of	24a Death (Check	1 ☐ Yes Was an a performe 1 ☐ Yas only one)	2□ No autopsy d? XIN No	3 Pro	era autopsy findi allable prior to mpletion of ceus death?
nls certificate has been signed by the attanding physicia il director, paga 2 should be detached for use es the bu	To Be Completed by Physician/Medical	Causa (Diseasa or Injury that Initieled avants rasulting In daath) Last Part II. Other significant conditiona 25. Wes casa referred to medical axaminer? 1 □ Yas 2 ☑ No 27. Mennar of Death	Hospital: 1 ☐ tnpati	Due to (or as a conduction of resulting in the conduction of resulting in the conduction of the conduc	sequence of): a undarlying caus	28. Plece of Othar: 4\(\tilde{\text{L}}\) Nursin	24a Death (Checking Homa 5	1 ☐ Yes Was an a performe 1 ☐ Yas only one) Rasidance	2□ No autopsy d? XIN No	3 Pro 24b. W aw cc of	era autopsy findi allable prior to mpletion of ceus death?
n. After this certificate has been signed by the attanding physicia funeral director, paga 2 should be detached for use as the bu	To Be Completed by Physician/Medical	25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Mennar of Death Accident S Panding 2 Accident Accident Invastigati	Hospital: 1 ☐ tnpati 28a. Date of Inju (Month, Da	Due to (or as a conduction of the conduction of	sequence of): a undarlying caus	28. Plece of	24a Death (Checking Homa 5	1 ☐ Yes Was an a performe 1 ☐ Yas only one) Rasidance	2□ No tutopsy d? XX No	3 Pro 24b. W aw cc of	era autopsy findi allable prior to mpletion of ceus death?
n. After this certificate has been signed by the attanding physicia funeral director, paga 2 should be detached for use as the bu	To Be Completed by Physician/Medical	Causa (Diseasa or Injury that Initiated avants rasulting In death) Last Part II. Other significant conditions 25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Mennar of Death AD Naturei 5 Panding Invastigati 3 Suicida 6 Could not	Hospital: 1 Inpati 28a. Date of Inju (Month, Da	Due to (or as a conduction of the conduction of	sequence of): a undarlying caus titient 3□ DOA e of	28. Plece of Othar: AND Nursin Injury at Work? 1 Yas 2 No	Death (Checking Homa 5 = 28d. Das 28f. Loca	Was an a performe	2 □ No Autopsy d? XXII No the 8 □Oth Injury occur at and Numit	3 Pro 24b. W av co of 11	era autopsy findi allable prior to mpletion of ceus death?
n. After this certificate has been signed by the attanding physicia funeral director, paga 2 should be detached for use as the bu	To Be Completed by Physician/Medical	25. Wes casa referred to medical axaminer? 1	Hospital: 1 Inpati 28a. Date of Inju (Month, Da	Due to (or as a conduction of resulting in the conduction of resulting in the conduction of the conduc	sequence of): a undarlying caus titient 3□ DOA e of	28. Plece of Othar: AND Nursin Injury at Work? 1 Yas 2 No	Death (Checking Homa 5 = 28d. Das 28f. Loca	Was an a performe	2 □ No Autopsy d? XXII No the 8 □Oth Injury occur at and Numit	3 Pro 24b. W av co of 11	bebly MyUnlifera autopsy findialiable prior to impletion of ceus death?
n. After this certificate has been signed by the attanding physicia funeral director, paga 2 should be detached for use as the bu	Certification: To Be Completed by Physician/Medical	25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Mennar of Death A Naturei 5 Panding Invastigati 3 Suicida 6 Could not datermina 29a. Cartifiar 1 Cartifying F	Hospital: 1 Inpati 28a. Date of Injuiding. 28e. Place of Inbuilding, all Physician: To the best aminer: On the bests of	ant 2 ER/Outpa	sequence of): a undarlying caus attient 3□ DOA e of 28c. y M , streat, factory, of	28. Plece of Othar: 4\(\sum \) Nursin Injury at Work? 1 \(\sup \) Yas 2 \(\sup \) No fice	Death (Check Ing Homa 5 28d. Das 28f. Loca City	Usa an a performe 1 ☐ Yas only one) Rasidanceribe how tion (Street	2 No Autopsy d? XX No ee 8 Ott Injury occur et and Numb Stata)	3 Pro 24b. W av cc of 1[1 Special arred annar (Special annar as s	bebly Multiple autopsy findialiable prior to impletion of ceus death? Yas 2 No
n. After this certificate has been signed by the attanding physicia funeral director, paga 2 should be detached for use as the bu	ledical Certification: To Be Completed by Physician/Medical	25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Mennar of Death A Naturei 5 Panding Invastigati 3 Suicida 6 Could not datermina 29a. Cartifiar (Check only 2 Medical Exception)	Hospital: 1 tnpati 28a. Date of Inju (Month, Da ion be 28b. Place of In building, at	ant 2 ER/Outpa	sequence of): a undarlying caus a undarlying caus attent 3 DOA e of ry M streat, factory, of aath occurred at the rinvastigation, in	28. Plece of Othar: 4\(\sum \) Nursin Injury at Work? 1 \(\sup \) Yas 2 \(\sup \) No fice	Death (Check Ing Homa 5 28d. Das 28f. Loca City	Was an a performe 1 ☐ Yas only one) Rasidanceribe how tition (Street or Town, S o tha caustime, dete	2 No No No Rutopsy No Ref 8 Oth Injury occur est and Numb set(s) end ma and plece,	3 Pro 24b. Way except of 1[nar (Special rred annar as s and due to	bebly Multiple of autopsy findial allable prior to impletion of ceus death? Yas 2 No
in 24 nours arier obain. Ne Funeral Director: After this certificate has been signed by the attanding physicial pletely filled in by tha funeral director, paga 2 should be detached for use as the but the but the funeral director.	ledical Certification: To Be Completed by Physician/Medical	25. Wes casa referred to medical axaminer? 1 Nother significant conditional axaminer? 2 No No No 27. Mennar of Death No No 28. Cardidant No No 3 Suicida Suicida Suicida No 4 Homicida No 29a. Cardidar Check only Check only Check only Cone 20 Medical Exception No 21 Medical Exception No 22 Medical Exception No 24 Medical Exception No 25 Medical Exception No 26 Medical Exception No 27 Medical Exception No 28 Medical Exception No 29 Medical Exception No 20 Medical Exception No 21 Medical Exception No 22 Medical Exception No 23 Medical Exception No 24 Medical Exception No 25 Medical Exception No 26 Medical Exception No 27 Medical Exception No 28 Medical Exception No 29 Medical Exception No 20 Medical Exception No 20 Medical Exception No 20 Medical Exception No 20 Medical Exception No 26 Medical Exception No 27 Medical Exception No 28 Medical Exception No 29 Medical Exception No 20 Medical Exception No 21 Medical Exception No 22 Medical Exception No 23 Medical Exception No 24 Medical Exception No 25 Medical Exc	Hospital: 1 tnpati 28a. Date of Inju (Month, Date) 28e. Piace of Induiting, at 28e. Piace of Induiting, at 28e. Piace of Induiting, at 28e. Piace of Induiting, at	ant 2 ER/Outpa	sequence of): a undarlying caus a undarlying caus attent 3 DOA e of ry M streat, factory, of aath occurred at the rinvastigation, in	28. Plece of Othar: 42 Nursin Injury at Work? 1 Yas 2 No flice	Death (Check Ing Homa 5 28d. Das 28f. Loca City	Was an a performe 1 ☐ Yas only one) Rasidanceribe how tition (Street or Town, S o tha caustime, dete	2 No Autopsy d? XX No ee 8 Ott Injury occur et and Numb Stata)	3 Pro 24b. Way except of 1[nar (Special rred annar as s and due to	bebly MyUnl era autopsy findi aliable prior to empletion of ceus death? Yas 2 No Yas 2 No Yas 2 No Talenta Number tated. to the cause(s) Day, Year)
n. After this certificate has been signed by the attanding physicia funeral director, paga 2 should be detached for use as the bu	Medical Certification: To Be Completed by Physician/Medical	25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Mennar of Death Accident S Panding Invastigation	Hospital: 1 Inpati 28a. Date of Inju (Month, Da ion be d 28e. Place of In building, al 28a. Place of In building, al 28a. Place of In building, al	ant 2 ER/Outpa	sequence of): a undarlying caus a undarlying caus titient 3 DOA e of ry M 28c. streat, factory, of aath occurrad at the relation of the rel	28. Plece of Other: 4 Nursin Injury at Work? 1 Yas 2 No fice	Death (Check Ing Homa 5 28d. Das 28f. Loca City	Was an a performe 1 ☐ Yas only one) Rasidanceribe how tition (Street or Town, S o tha caustime, dete	2 No No No Rutopsy No Ref 8 Oth Injury occur est and Numb set(s) end ma and plece,	3 Pro 24b. Wall and Coco of 1 [and 1 [Special of the coco of th	bebly MyUnl era autopsy findi aliable prior to empletion of ceus death? Yas 2 No Yas 2 No Yas 2 No Talenta Number tated. to the cause(s) Day, Year)
n. After this certificate has been signed by the attanding physicia funeral director, paga 2 should be detached for use as the bu	Medical Certification: To Be Completed by Physician/Medical	25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Mennar of Death Addinaturei 5 Panding Invastigati 3 Suicida 4 Homicida 1 Cartifying F (Check only one) 29a. Cartifiar (Check only one)	Hospital: 1 Inpati 28a. Date of Inju (Month, Da 28e. Place of In building, al	ant 2 ER/Outpa	sequence of): a undarlying caus attent 3 DOA e of y M streat, factory, of aath occurred at the relation of t	28. Plece of Other: 4 Nursin Injury at Work? 1 Yes 2 No fice The time, dete and ple my opInion, death of the corne number D 15504	Death (Check Ing Homa 5 28d. Das 28f. Loca City	Was an a performe 1 Yas Only one) Rasidanceribe how tion (Street Town, So tha caustime, dete	2 No No No Rutopsy AN No Ref 8 Oth Injury occur et and Numb Stata) se(s) end mm. and plece, Data signe	3 Pro 24b. Way exception 1 [and (Special exception and Special exception and due to d (Month, exception and special exception and	bebly MyUnl era autopsy findi aliable prior to empletion of ceus death? Yas 2 No Yas 2 No Yas 2 No Talenta Number tated. to the cause(s) Day, Year)



State of Maryland / Department of Health and Mental Hygiene 0

	-	 Decedent's Nam 	a (First, Middle, L	ast)						2. Dala of De		vient.	3. Time of Death
cian		Des land	ones Deep	مانده داده داده						Month	Day	Yaar	2.15.21
dical niner		4a. Facility Nama (oyce Bre	idenbaugh	er)			41	o. City, Town, or	Location of Deaf	7 04, 1	ty of Death	3:15 AM
mici									Dolling	140	Dol		Co
al		Armacost 5. Social Security N		Sax 7.	Age (In yrs.	. last birthday)	If Under 1		Baltimo	8. Date of Bir (Month, De	th .	timore	lace (Stete or Foreign try)
r	-	213-30-7 Usual Residence o	775	1□ M 2 □ XF	64	Yrs.	Months D	ays	Hours Min.				timore, M
hotified at		10a. State 10b. County 10c. City, Town or Location									10	0d. Inside City Limits	
Į.	5	Maryland	Baltim	ore Co.	S	parks							1☐ Yes 2√2 No
Director	3	10e. Sireet and Number 10f. Zip Code								10g. Citizen o	f What Count	try?	
- E	2	15629 Fa		21152-9585				United S			-05		
Funeral	5	11. Marital Status	110 1000	12. Was Dacedar	12. Was Dacedani Ever in U,S. Armed Forces?		13. Was Decedent of Hispanic Origin? (If Yes, specify Cuban, Mexican, Pue		pecify Yas or No	- 14. Re	14. Race - American Indian, Black, White, etc. Specify: White		
by Fu		1 Nevar Marr	ied 2☐ Marrled	1 ☐ Yes 2 ⊠No If Yes, Give Yaar or Dates:			1 ☐ Yes 2 No Specify:			o rican, etc.)			
			15. Decedent's E	ducation		16a. Deced	lent's Usual C	ccupa	tlon		16b. Kind of		
pie	2	(Spec	cify only highest gr	College (1-4or 5+)		(Give	(Give kind of work done during most of wo life. DO NOT use retired)			rking		27.11.12.01.02.01.12.01.1	
Completed	5	12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	03	Adm:		inistrative		Assista	nt	Secre	tarial	1
Be	ו מ	17. Father's Nama		*						ne (First, Middle,			
To Be	2	William		•					Mildred	Virgini	la Fitz		
		19a. Informant's N		(5)	on)	19b. Mallin	g Address (S	treet e		irel Routa Numb			
		Mr. Arno 20a. Method of Dis		eidenbaug	h,Jr.	15629	Falls	Ro	oad Sp	arks, Mar			
	1	1 Burial 2	Cremation 3	Removal from Stat		Placa of Dispos					20c. Location		
	-		5 Other (Speci		Du.	-	_		1				Maryland
N N		21. Signature of Funerel Service Licenses 22. Name and Addrass of Facility Ru							ack Towson Funeral Home, Inc. 050 York Rd. Towson, Md.21204				
		July	100	- sun					10	50 York	Rd. To	wson.	Md. 21204
		23a. Part1. Enter t shock, or hea	he disbasa, or con	polications that cause on each	ed Iha deat line.				10	50 York	Rd. To	wson,	Md. 21204 Approximete Interval Between Onset and Death
		23a. Part. Enter to shock, or hea immediate Cause disease or condition resulting in death)	(Final		essiv	th. Do not ente	er tha mode o	f dying	, such as cardia	50 York	Rd. To	wson,	Md. 21204 Approximete Interval Between
Examiner		Immediate Cause disease or condition resulting in death)	(Final		Ssiv Oue to (c	th. Do not ente	er tha mode o	f dying	, such as cardia	50 York	Rd. To	wson,	Md. 21204 Approximete Interval Between Onset and Death
Redical Examiner		Immediate Cause disease or condition	(Final ndilions, mediate rhydiate injury sinjury s	Prox	Ssiv Oue to (c	th. Do not ente	er tha mode of company uence of):	f dying	, such as cardia	50 York	Rd. To	wson,	Md. 21204 Approximete Interval Between Onset and Death
Redical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list confirm and family, leading to in cause. Enter Under Cause (Disease or that initiated events	(Final ndilions, mediate rhydiate injury sinjury s		Ssiv Oue to (c	th. Do not enter	er tha mode of company uence of):	f dying	, such as cardia	50 York	Rd. To	wson,	Md. 21204 Approximete Interval Between Onset and Death
Redical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list colif any, leading to incause. Enter Undeate Cause (Disease or that initiated events resulting in death)	rickinal in a second of the se	Prox	Due to (c	th. Do not enter	uenca of):	f dylng	a, such as cardia	50 York correspiratory at	Rd. To	wson,	Md. 21204 Approximate Interval Between Onset and Death
Redical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list colif any, leading to incause. Enter Undeate Cause (Disease or that initiated events resulting in death)	rickinal in a second of the se	Proxi	Due to (c	th. Do not enter	uenca of):	f dylng	a, such as cardia	50 York correspiratory at	Rd. To	wson,	Md. 21204 Approximate Interval Between Onset and Death Cary the cause of death
by Physician/Medical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list colif any, leading to incause. Enter Undeate Cause (Disease or that initiated events resulting in death)	rickinal in a second of the se	Proxi	Due to (c	th. Do not enter	uenca of):	f dylng	a, such as cardia	23b. Did	Rd. To	ontribute to 3 Prob	Approximate Interval Between Onset and Death Carry the cause of death? the cause of death? ably 4 Unknown ore autopsy findings illable prior to inplation of cause
by Physician/Medical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list colif any, leading to incause. Enter Undeate Cause (Disease or that initiated events resulting in death)	rickinal in a second of the se	Proxi	Due to (c	th. Do not enter	uenca of):	f dylng	a, such as cardia	23b. Did	Rd. To	ontribute to 3 Prob	Md. 21204 Approximate Interval Between Onset and Death Cary the cause of death abily 4 Unknown or autopsy findings illable prior to inplation of cause death?
Completed by Physician/Medical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list conflict and list cause. Enter Under Cause (Disease or that initiated events resulting in death): Part II. Other significance.	ricant conditions	Proxi	Due to (c	th. Do not enter	uenca of):	f dylng	n, such as cardia.	23b. Did	Rd. To rest,	ontribute to 3 Prob	Approximate Interval Between Onset and Death Cary the cause of death beby 4 Unknown of a autopsy findings illable prior to impletion of cause
Be Completed by Physician/Medical Examiner	F F	Immediate Cause disease or condition resulting in death) Sequentially list confidence of any, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in death): Part II. Other significance of the cause of the ca	red to medical	d.	Due to (c	th. Do not entered to as a consequence or as a consequence as a consequenc	uenca of): uenca of):	f dylng	n In Part I.	23b. Did 1 24a. Was perfo	Rd. To	ontribute to 3 Prob	Approximate Interval Between Onset and Death Onset and Death Pears the cause of death beby 4 Unknown or autopsy findings illable prior to inplation of cause leath?
To Be Completed by Physician/Medical Examiner	F Company	Immediate Cause disease or condition resulting in death) Sequentially list confirmed in any leading to in cause. Enter Under Cause (Disease or that initiated events resulting in death): Part II. Other significant in the cause (Disease or that initiated events resulting in death):	red to medical	d. Hospitel: 1 Inpa	Due to (co	th. Do not enter or as a consequence or as a consequence or as a consequence of a consequence of as a consequence of a consequence	uenca of): uenca of): uenca of): uenca of):	f dying	n In Part I. 26. Place of Decre	23b. Did	tobacco use c Yes 2 No an autopsy med? Yes 2 No one)	ontribute to 3 Prob 24b. We ava ava con of d	Approximate Interval Between Onset and Death Onset and Death Pears the cause of death beby 4 Unknown or autopsy findings illable prior to inplation of cause leath?
To Be Completed by Physician/Medical Examiner	F Company	Immediate Cause disease or condition resulting in death) Sequentially list confidence of any, leading to in cause. Enter Under Cause (Disease or that initiated events resulting in death): Part II. Other significance of the cause of the c	red to medical	Hospitel: 1 □ Inpa	Due to (co	th. Do not enter or as a consequence as	uenca of): uenca of): uenca of): uenca of):	other Injury	n In Part I. 26. Place of Decre	23b. Did 1 24a. Was perfo	tobacco use c Yes 2 No an autopsy med? Yes 2 No one)	ontribute to 3 Prob 24b. We ava ava con of d	Approximate Interval Between Onset and Death Onset and Death Cars the cause of death the Cars the cause of death on the Cars ore autopsy findings illable prior to inplation of cause leath?
To Be Completed by Physician/Medical Examiner	F Company of the Comp	Immediate Cause disease or condition resulting in death) Sequentially list conditions are sequentially list conditions are sequentially list conditions. Sequentially list course, Enter Unde Cause (Disease or that initiated events resulting in death): Part II. Other significant list conditions are sequentially list conditions. The sequential list conditions are sequentially list can be sequentially list conditions. The sequential list can be sequentially list cause of list can be sequentially list can be sequentially list cause of list can be sequentially list can	red to medical	Hospitel: 1 Inpa 28a. Date of In (Month, E	Due to (co	th. Do not enter or as a consequence or as a c	uenca of): uenca of): uenca of): uenca of): uenca of): derlying caus t 3 □ DOA 28c.	Other	n In Part I. 26. Place of Dear Strain Part I.	23b. Did 1 24a. Was perfo	tobacco use c Yes 2 No an autopsy med? denca 8 0 how injury occu	ontribute to 3 Prob 24b. We ava con of d 1 ther (Specify)	Approximate Interval Between Onset and Death Onset and Death Pears the cause of death webly 4 Unknown United Building Prior to application of cause leath?
Certification: To Be Completed by Physician/Medical Examiner	F (2)	Immediate Cause disease or condition resulting in death) Sequentially list confirmed in a cause. Enter fundacause (Disease or that initiated events resulting in death): Part II. Other significance of the cause (Disease or that initiated events of the cause of the c	red to medical No h Continue of the conditions	Hospitel: 1 Inpa 28a. Date of In (Month, L building, a 28e. Piaca of I building, a	Due to (co	th. Do not enter or as a consequence of	uenca of): uenca of): uenca of): uenca of): to aderlying caus to a DOA 28c. M oet, factory, of	Other linjury Work	n In Part I. 26. Place of Dear Place of Dea	23b. Did 23b. Did 1 24a. Was perfo ath (Check only of City or Townson (City or Townson	Rd. To	ontribute to 3 Prob 24b. We ava com of d 1 U ther (Specify urred	Approximate Interval Between Onset and Death Onset and Death Cary the cause of death on the cause of death of cause is allowed by 4 Unknown or autopsy findings is allowed by the cause is at the cause of death of death of the cause of death of death of the cause of death o
To Be Completed by Physician/Medical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list conditions are selected in any, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in death) Part II. Other significance of the cause of the cause (Disease or that initiated events resulting in death) Part II. Other significance of the cause of th	red to medical	Hospitel: 1 Inpa 28a. Date of In (Month, L) 28a. Piaca of I building,	Due to (co	th. Do not enter or as a consequence of a conseque	uenca of): uenca of): uenca of): uenca of): t 3 DOA 28c. M occurred at the stigation, in	Other Injury Work	n In Part I. 26. Place of Dear Place of Dea	23b. Did 23b. Did 1 24a. Was perfo ath (Check only of City or Town 28f. Location (City or Town 1, end due to the treed at the time,	Rd. To	ontribute to 3 Prob 24b. We ava con of d 1 U ther (Specify urred	Approximate Interval Between Onset and Death Onset Ons
edical Certification: To Be Completed by Physician/Medical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list contains a cause. Enter funder Cause (Disease or that initiated events a cause. The cause (Disease or that initiated events a cause or that initiated events a cause of the ca	red to medical	Hospitel: 1 Inpa 28a. Date of In (Month, L building, a 28e. Piaca of I building, a	Due to (co	th. Do not enter or as a consequence of a conseque	uenca of): uenca of): uenca of): uenca of): t 3 DOA 28c. M occurred at the estigation, in 29c. Li	Other Injury opi	n In Part I. 26. Place of Dear I. 26. Place of Dear II. 27. 28. dete end place inion, death occur	23b. Did 23b. Did 1 24a. Was performent to the control of the c	tobacco use c Yes 2 No an autopsy med? Zence and Num vn, State) Cause(s) and n date and place	ontribute to 3 Prob 24b. We ava con of d 1 U ther (Specify urred	Approximate Interval Between Onset and Death Onset and Death Carry the cause of death? the cause of death? abity 4 Unknown or autopsy findings illable prior to no plation of cause death? I Yes 2 No Route Number, ated. the cause(s)
edical Certification: To Be Completed by Physician/Medical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list contains a cause. Enter under the cause (Disease or the cause of the	red to medical	Hospitel: 1 Inpa 28a. Date of In (Month, L building, a 28e. Piaca of I building, a	Due to (co	th. Do not enter or as a consequence or as a c	t 3 DOA A 28c. M occurred at the estigation, in	Other Injury opi	n In Part I. 26. Place of Dear I. 26. Place of Dear II. 27. 28. dete end place inion, death occur	23b. Did 23b. Did 1 24a. Was perfo ath (Check only of City or Town 28f. Location (City or Town 1, end due to the treed at the time,	tobacco use c Yes 2 No an autopsy med? Zence and Num vn, State) Cause(s) and n date and place	ontribute to 3 Prob 24b. We ava con of d 1 U ther (Specify urred	Approximate Interval Between Onset and Death Onset and Death Carry the cause of death? the cause of death? abby 4 Unknown or autopsy findings illable prior to inplation of cause death? I yes 2 No Route Number, ated. the cause(s)

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Deeth 3. Time of Death Dey Month 1998 1:43 pm 1, VALENTINE CLOUSPY January 4a. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Timonium Baltimore County Stella Maris Hospice Hunder 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)

Worths Days Hours Min. July 20, 19 5. Sociel Security Numbar 7. Age (In yrs. last birthdey) Birthplece (Steta or Foreign Country) 1⊠M 2□ F 218-09-1241 76 Yrs 1921 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland N/A Baltimore City Yas 2□No 10e. Street end Number 10f. Zip Code 10a. Citizan of Whet Country? 4013 White Avenue, Apartment 1-B 21206 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Rece - American Indian, Black White etc. 1 X Yes 2 ☐ No If Yes, Give Yeer or Detas: 1 □ Never Merried 2 □ Married 8/19/43-1 ☐ Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elamantary/Secondery (0-12) Collega (1-4or 5+) Professional Musician Music Industry 8th Grade 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surnama) Clouspy Mary Goeb 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Numbar, City or Town, Stete, Zip Code) 3906 Long Lake Drive, Owings Mills, Maryland 21117 Valerie A. Roberts/Daughter 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 1/5/98 20a. Method of Disposition Dete 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Removel from State Sacred Heart of Jesus Cemetery Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21 Signature of Funerel Service Licensea John C. Miller, Inc. atura Homas 6415 Belair Road, Baltimore, Maryland 21206

Physician /Medical Examiner

> use as atten jo ed by the at

been signed to should be det

page 2 certificate has

this

2

£

10

by

Completed

Be

2

Medical Certification:

Physiclan

/Medical

Examiner

10e State

Director

Funeral

by

Be

2

Emil

Funeral

Director

show

7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be notified as

permit. Pages 1 and 2 should be filed within 72 hours after toppartment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any injury or other traumatic event. In a secure

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Records,

of Vital

The law r

90

the Maryland

death 1

physician and the burial-transit Sequantially list conditions, if any, leeding to immadiate cause. Entar Underlying Cause (Diseese or injury that initiated events resulting in daath) Lest Physician/Medical

Immediate Ceuse (Finel

disease or condition resulting in death)

METS TO LUNG

Due to (or as a consequance of)

23a. Part. Inter the disaese, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest, inter the disaese, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest, interest feeliure. List only one cause on each line.

METS TO KIDNEY

Due to (or es a consequence of):

Due to (or es e consequence of)

Pert II. Other eignificant conditions contributing to deeth but not rasulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an eutopsy performed?

24b. Were autopsy findings eveilable prior to completion of cause of death?

Approximate Intervel Batwe Onset end Deeth

1 Yes

26. Pleca of Daeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case refarred to medicel axaminer? 1 Yes 2 No

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year)

28b. Time of

28c. Injury et Work?

28d. Dascribe how Injury occurred

27. Menner of Death 2 Accidant 3 ☐ Suicide

4 Homicide

5 Pending investigation 6 Could not be datarmined

1 ☐ Yes 2 ☐ No 28e. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify)

28f. Location (Streat end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

Certifying Phyalcian: To the best of my knowledge, deeth occurred at tha time, date end piece, and due to the ceusa(s) and manner as steted. In Medical Examinar: On the basis of exemination end/or investigation, in my opinion, daath occurred at tha tima, date end piece, and due to the Medical Examinar: On the basis of examination end/or investigation, in my opinion, daath occurred at tha tima, date and piece, and dua to the cause(s) and manner stated.

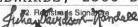
29b. Signature and title of

29d. Dete signed (Month, Day. Year) January 2, 1998

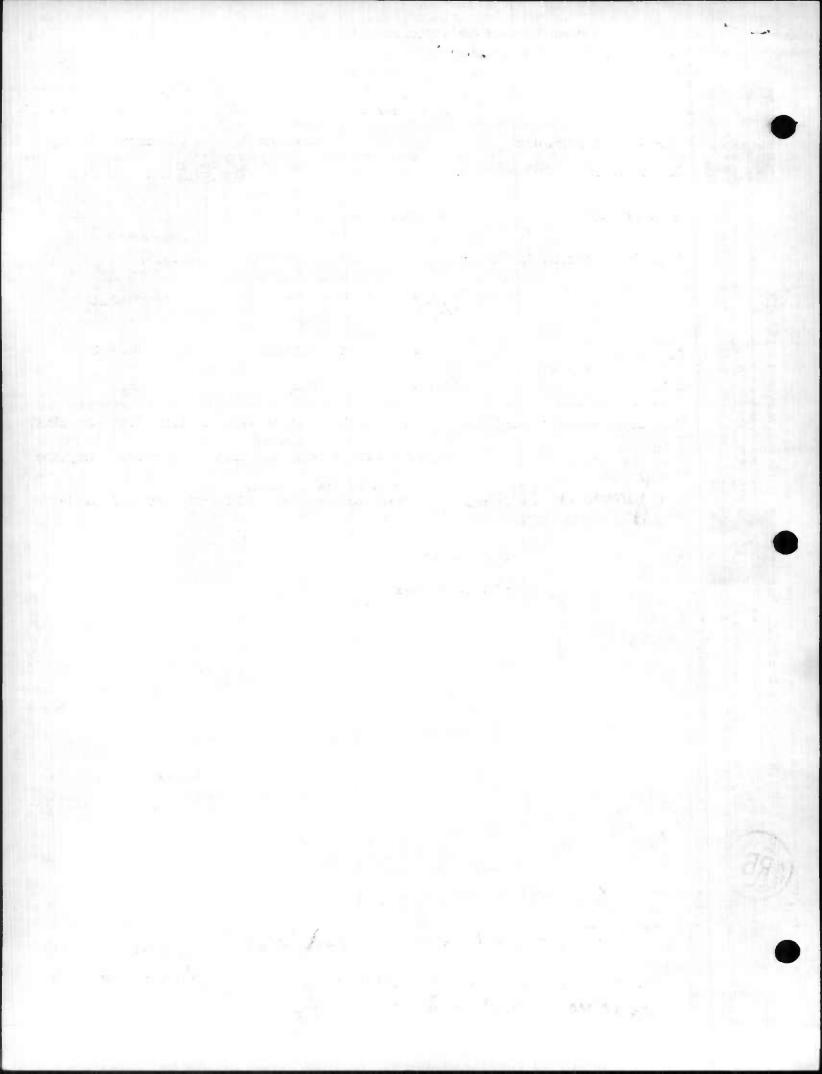
30. Neme and address of person who completed causa of death (Item 23e) (Type, Print)

PENELOPE EDWARDS, 2300 DULANEY VALLEY RD., TIMONIUM, MD 21093

31. Dete filed (Month, Day, Year)
JAN 0 6 1998



State Registra



State of Maryland / Department of Health and Mental Hygiene 8 00056

	Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth									3. Ti	m f = th						
cian dical	H	Charles					, J:	r.	_		4b. City. Town	Month Janua or Location of Dec		County	Yeer 998 of Death	24	:50
niner	-	Shock T					Bal.	+ i mo	ra			nore Ci		N/A			
al or	5	5. Social Security P 213-36-	Number	6. Se				est birthday)	- production	ler 1 Year s Deys	if Under 24 H	in. 8. Date of E	lirth Dey, Year)	942	9. Birthpl	lece (S try)	tete or Foreig
	-	Usuel Residence o	10b. County	,		1	100 Cibu	. Town or L	aantiaa						Tar	Od Inc	de Ole I limit
7			/							0	±				10		de City Limit Yes 2 □ N
ect	VI.	aryland	-	A				Balt		Zip Code	ıty		10a Cit	izon of W	Vhat Count		
Funeral Director		3917 Ly		Av	renue				2	2121			U.S.A.				
þ		11. Maritel Stetus 1 Never Man 3 Widowed		ried	12. Wes Dec Armed F 1 Yes If Yes, G Year or I	orces? 2 No ive		5. 13.			Hispenic Origin? en, Mexican, Pu Specify:	(Specify Yes or f erto Ricen, etc.)	No- 14. Race - Am Bleck, Wh Specify: B1		k, White, e		
Mantal Marked of attic ev		(Sne	15. Decaden	nt's Edu	cation)		(Give	e kind of v	f work done during most of working				ind of Bu	siness/Ind	lustry	
		Elementery/Sec		3. 9.00		(1-4or 5+))	life.	DO NOT	use retire	nd)	vontang		at -	- 7		
		- //	(Fire A. M. Aledelle	4 = = 4)				St	Steel Worker Steel 18. Mother's Name (First, Middle, Maiden Sumeme)								
		17. Fether's Neme			007	amon					Bell (10)			
								/Ct					Ctata Zia	Codel	01006		
	- 1	19e. Informent'e Neme/Relationship (Type, Print) 19b. Mailing Address (Street															
	-									Dete	1						
			Cremetion		emovel from	State			-			1/12/08			City or To	Ul	ty,
important: if flem 27 any injury or other tr once.		4 Donetion 5 Other (Specify) Baltimore Cemetery 1/12/98 Maryland										aggalea	in G	TIMO	re d	len	son.
n l	6	EI. Signature of F							113111	LC TG	II DOTI	Dust	IN SIN	PIC	on, Or	Tah	man-
		Man	4	11	1	. 11		丑	arri	IS F	uneral	Home 5	240	K61	ster	SL	own
		Mag	galen De diseese, of	Compl	lmus cetions that	caused th	longs he death	Po not en	arri	Bal	uneral timore	, Mary 1	and	212	ster 15		
		23a. Pert1. Enter shock, or hea	de diseese, of art feilure. List	complitionly or	cetions thet	caused the	he death.	R Do not en	arri oad nter the m	Bal ode of dyi	uneral timore ng, such es card	Maryl	and errest,	212	ster 215	Appro	own ximete al Between end Deeth
		23a. Pert1. Enter shock, or her	(Finel	complitionly or				. Do not dit	nor uno m	oud or dyr	ng, suon es can	Maryl	and errest,	212		Appro Intervi Onset	ximete al Between end Deeth
		23a. Pert1. Ent/ shock, or hea	(Finel	complitionly or		ntri	icul	al F	ibri	illa	ng, suon es can	Mary1	and errest,	212		Appro Intervi Onset	ximete al Between end Deeth
		23a. Pert1. Enter shock, or her Immediate Cause disease or condition	(Finel	complitionly on	. Ve	ntri	icul	. Do not dit	ibri	illa	ng, suon es can	Home Mary1	and errest,	212		Appro Intervi Onset	ximete al Between end Deeth minut
xaminer	100	23a. Pert1. Enter shock, or her Immediate Ceuse disease or conditi- resulting in deeth)	(Finel	complete only or	yer Hy	ntri poxi	icul ue to (or ia	al F	ibri	illa	ng, suon es can	Home Mary1	errest,	212		Approintervionset	minut minut
		23a. Pert1. Enter shock, or her shock, or her shock, or her shock, or her shock of the shock of	(Finel on onditions, mediate erlying rinjury	f complitionly on	. Ve	ntri poxi	icul ue to (or ia	al F	ibri	illa	ng, suon es can	Home Mary1	and errest,	212		Approintervionset	ximete el Between end Deeth minut minut
	Silico	23a. Pert1. Enter shock, or her Immediate Cause disease or condition	(Finel on onditions, mediate erlying sinjury s	complete only or	yer Hy	ntri poxi RD	icul rue to (or d La ue to (or d	al F	ibri	illa n:	ng, suon es can	Mary1	240 and errest,	212		Approintervionset	ximete el Between end Deeth minut minut
Medical Examiner	i con series de la constante d	23a. Pert1. Enter shock, or her shock, or her disease or conditions are sulting in deeth) Sequentielly list or fern, leading to it cause. Enter Und Ceuse (Disease or her initiated event	(Finel on onditions, mediate erlying sinjury s	r compli	Hy:	ntri poxi RD	icul rue to (or d La ue to (or d	al F es e conse es e conse	ibri	illa n:	ng, suon es can	Home Mary1	240 and errest,	212		Approintervionset	ximete el Between
Medical Examiner	i con series de la constante d	23a. Pert1. Enter shock, or her shock, or her disease or conditions are sulting in deeth) Sequentielly list or fern, leading to it cause. Enter Und Ceuse (Disease or her initiated event	(Finel on onditions, onditions, onditions, onditions, one of the original ori	{	Hy:	ntri Do POX i RD	icul ue to (or e	al F es e conse es e conse	ibri	illa n): n):	tion	ac or respiratory	011001;			Approintervo Onset	minut minut
carexamine	Since	23a. Pert1. Enter shock, or her shock, or her disease or condition resulting in deeth) Sequentielly list or if eny, leeding to incause. Enter Und Cause (Disease or that initiated event resulting in death) Part II. Other signi	(Finel on onditions, mediate erlying Injury s Lest	E ons con	Hy: ESI	ntri Doxi Dox RD	icul ue to (or ia ue to (or e	es e conse	ibri	illa	tion	23b. DI	d tobacco		ntribute to	Approintervious on set	ximete all Between end Deeth end Deeth minut minut years
by Physician/Medical Examiner	Sin Court	23a. Pert1. Enter shock, or her shock, or her shock, or her shock and shock	(Finel on onditions, mediate erlying Injury s Lest	E ons con	Hy:	ntri Doxi Dox RD	icul ue to (or ia ue to (or e	es e conse	ibri	illa	tion	23b. DI	d tobacco	use cor	ntribute to	Appropriate Approp	minut minut years
by Physician/Medical Examiner	Sin Court	23a. Pert1. Enter shock, or her shock or conditions and shock of the shock of	(Finel on onditions, mediate errying in liniury states) fleent conditions	ons cor	Hy: ESI	ntri Doxi Dox RD	icul ue to (or ia ue to (or e	es e conse	ibri	illa	tion	23b. DI	d tobacco	use cor	ntribute to 3 □ Prob	Approinter/Onset 15 20 5 the capably	minut minut years Muse of death 4 M Unkno
by Physician/M	Sin Court	23a. Pert1. Enter shock, or her shock, or her disease or condition resulting in deeth) Sequentielly list or if eny, leeding to incause. Enter Und Cause (Disease or that initiated event resulting in death) Part II. Other signi	(Finel on onditions, mediate errying in liniury states) fleent conditions	ons cor	Hy: ESI	ntri Doxi Dox RD	icul ue to (or ia ue to (or e	es e conse	ibri	illa	tion	23b. DI	d tobacco	use cor	ntribute to 3 □ Prob	Approinter/Onset 15 20 5 the capably	minut minut years
Completed by Physician/M	Silico	23a. Pert1. Enter shock, or her shock or consistency. Sequentially list or if eny, leeding to incause. Enter Under Ceuse (Disease or the initiated event resulting in death) Part II. Other signitudes the shock of the sho	onditions, mediate erlying shriping sheat /P Cad ension	Sate	Hy: ESI	ntri Do Do RD Du Jeath but r	Leul ue to (or e ue to (or e not result	al F es e conse es e conse es e conse titing in the u	ibri	illa	tion	23b. DI	d tobacco	use cor	24b. We ave con of c	Appropriate Approp	minut minut years Muse of death 4 M Unkno
Be Completed by Physician/Medical Examiner	e di de la companya di de la companya di della c	23a. Pert1. Enter shock, or her shock or condition resulting in death) Sequentielly list or if eny, leeding to incause. Enter Und Ceuse (Disease or that initiated event resulting in death) Part II. Other signitudes of the shock of	(Finel on onditions, mediate errying rinjury states) Prost Prost Tred to medical	lave	Hyperic length Hyperi	ntri Doxi Dox RD Du	Leul ue to (or e ue to (or e not result	al F es e conse es e conse es e conse titing in the u	ibri	illa f): f): g cause gf	tion ven in Pert I.	23b. Di 1[24e. Wy pe	d tobacco	use cor	24b. We sve con of c	Appropriate Approp	minut minut years use of death 4 18 Unkno
To Be Completed by Physician/Medical Examiner	Since Control of the	23a. Pert1. Enter shock, or her shock enter sh	(Finel on onditions, mediate errying rinjury single on ondition of the condition of the con	lave	Hyperic lospite:	ntri poxi poxi RD Du death but	ue to (or end to compare to compa	es e conse	ibri equenca of equenca of equence of underlying	illa f): f): g cause gi	tion ven in Pert I. 26. Place of ther:	23b. Di 1[24e. We pe	d tobacco	use cor	attribute to 3 Prob	Appropriate Approp	minut minut years use of deat 4 W Unkno
To Be Completed by Physician/Medical Examiner	Since Control of the	23a. Pert1. Enter shock, or her shock or condition resulting in death) Sequentielly list co if eny, leeding to irecause. Enter Und Ceuse (Disease or that initiated event resulting in death) Part II. Other significant or shock o	conditions, mediate erlying striping st	Coons corns	ESI Attributing to describe Hyperical 1286. Dete	ntri poxi poxi RD Du death but	ue to (or ended to the control of th	al F es e conse es e conse titing in the L rans	ribri	illa f): f): g cause gi	tion ven in Pert I. 26. Place of ther: 4 Nursin ry et	23b. Di 1[24e. Wy pe	d tobacco	use cor	attribute to 3 Prob	Appropriate Approp	minut years use of death 4 Wunknoon
To Be Completed by Physician/Medical Examiner	Since Control of the	23a. Pert1. Enter shock, or her shock or condition resulting in death) Sequentielly list or if eny, leeding to incause. Enter Und Ceuse (Disease or the tinitieted event resulting in death) Part II. Other significant in the shock of the shock o	onditions, mediate erlying rinjury since to medical Prost	lave	Hyperic less than the less tha	ntri Di Do RD Du Beath but of Injury of Injury of the Dey Y	ue to (or ended to the control of th	es e conse	ibri equence of equence of underlying plan ent 300	illa fi): fi): g cause gi	tion ven in Pert I. 26. Place of ther:	23b. Di 1[24e. Wy pe 1 Deeth (Check only g Home 5 □ Re 28d. Describ	d tobacco	Duse cor	24b. We ave con of c	Approinter/Onset Inter/Onset I	minut years use of death 4 W Unknown of to n of cause
To Be Completed by Physician/M	Since Control of the	23a. Pert1. Enter shock, or her shock of each shock of enter under shock of enter under shock of enter under shock of the shock	conditions, mediate erlying Injury s Lest Prost Prost No th 5 Pendin investigness	lave	ESI Attributing to de Cric I le Hypering I	ntri Di Do RD Du Beath but of Injury of Injury of the Dey Y	ue to (or e	es e conse	ibri equence of equence of underlying plan ent 300	illa fi): fi): g cause gi	tion ven in Pert I. 26. Place of ther: 4 Nursin ry et	23b. DI 1[24e. We pe Deeth (Check only g Home 5 □ Re 28d. Describ	d tobacco	use corr	attribute to 3 Prob	Approinter/Onset Inter/Onset I	minut years use of death 4 W Unknown of to n of cause
Certification: To Be Completed by Physician/Medical Examiner	2 2 2	23a. Pert1. Enter shock, or her shock or condition resulting in death) Sequentielly list or if eny, leeding to incause. Enter Und Ceuse (Disease or the tinitieted event resulting in death) Part II. Other significant in the shock of the shock o	(Finel on onditions, mediate erlying rinjury sizest Prost Prost Prost Fired to medical investing 6 Could determine the cortifying sizest on the could be co	ons cornal ave	Hyperical Section 1 to the left of the lef	poxipoxipoxipoxipoxipoxipoxipoxipoxipoxi	ue to (or eque to	es e conse	ibrigation in a paper of a paper	illa ff): ff): g cause gif DOA Off 28c. Inju Wo 1 ory, office	tion tion ven in Pert I. 26. Place of ther: 4 Nursin ry et rk? I Yes 2 No	23b. DI 1[24e. We pe Deeth (Check only g Home 5 □ Re 28d. Describ	d tobacco Yes 2 Yes 2 Yone) sidenca e how inju (Street er own, Stete e ceuse(s	use cor	atribute to 3 Prob 24b. We ave corror of control of the corror Rural arror Rural arror Rural arror sas still arror as still arror as still arror as still arror as still arror are said arror ar	Approinter/Onset Inter/Onset I	minut minut years use of death 4 W Unkno
To Be Completed by Physician/Medical Examiner	2 2 2	23a. Pert1. Enter shock, or her shock of each shock of enter shock of enter shock of enter shock of the shock of	conditions, mediate errlying striping s	ons cornal ave	Hyperical Section 1 to the left of the lef	ntri Di Do RD Du leath but of Rena ertr Inpatient of Injury with, Dey Y	ue to (or eque to	es e conse	ibri equenca of equence of underlying plan ent 30 to M treet, factor th occurren	illa illa f): f): g cause given 28c. Injury wo 1 Cory, office	tion tion ven in Pert I. 26. Place of ther: 4 Nursin ry et rk? I Yes 2 No	23b. DI 1[24e. We pe Joeth (Check only grant of the control of t	d tobacco Yes 2 ss en euto formed? Yes 2 one) sldenca e how inju (Street er own, Stete e ceuse(s e, dete end	Duse correction No	atribute to 3 Prob 24b. We ave corror of control of the corror Rural arror Rural arror Rural arror sas still arror as still arror as still arror as still arror as still arror are said arror ar	Appropriate Approp	minut minut years muse of death 4 Munknon opsy findings prior to n of cause 2 No
edical Certification: To Be Completed by Physician/Medical Examiner	2 2 2	23a. Pert1. Enter shock, or her shock or shock or shock of enter shock or shock of shock of shock of shock of shock of shock of shock or shock	conditions, mediate errlying striping s	ons cornal ave	Hyperical Section 1 to the left of the lef	poxipoxipoxipoxipoxipoxipoxipoxipoxipoxi	ue to (or eque to	es e conse	ibri equenca of equence of underlying plan ent 30 to M treet, factor th occurren	illa illa f): f): g cause given 28c. Injury wo 1 Cory, office	tion ven in Pert I. 26. Place of I her: 4 Nursin ry et rk? J Yes 2 No me, date end pla	23b. DI 1[24e. We pe Joeth (Check only grant of the control of t	d tobacco Yes 2 ss en euto formed? Yes 2 one) sldenca e how inju (Street er own, Stete e ceuse(s e, dete end	Duse cor DNo Psy No 6 □Other Ty occurr and Numb 9) end me d plece, a	24b. We ave on of contribute to ave on on of contribute to ave on one contribute to ave one contribute to average to ave one contribute to average to ave one contribute to average	Appropriate Approp	minut minut years muse of death 4 Munknow ppsy findings prior to n of cause No Number, puse(s)

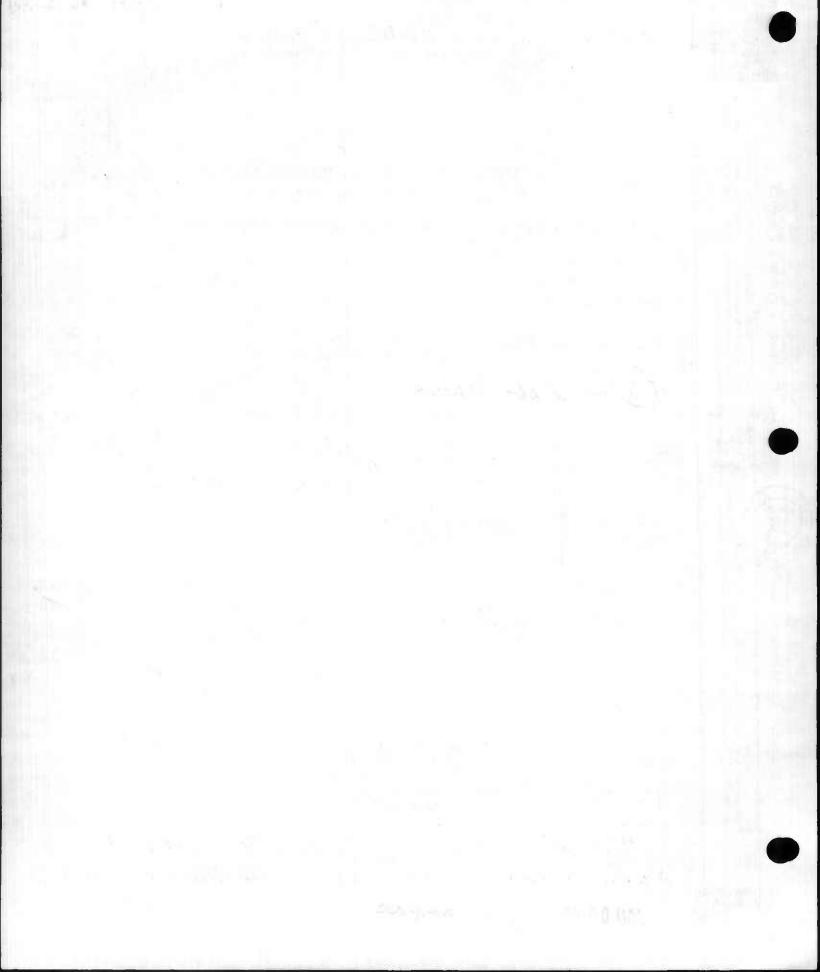
Sir Telephone Telephone Sept. 12. 1942 .--The state of the s THE RESIDENCE OF THE PARTY OF T

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Daniel Colburn 10:20 AA 98 /Medical 4a. Recility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Baltimore ALON Care Knoll N/A If Under 1 Year 5. Social Security No if Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 10 M 2□ F Months Days Hours 216-05-1208 89 Yrs. Director 1908 Usual Residence of Decedent 10a, Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show treumatic event, the Medical Examiner must be notified at MD 1 No Yes 2 No Director N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 1701 Eutaw Place Apt.412 items 23a 21217 United States Funeral filed withIn 72 hours efter death 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 2 No if Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 21215-0020 9 1 ☐ Yes 2 A No Specify: by Specify: Black 3 HWidowed 4 □ Divorced "natural", Completed 15. Decedent's Education 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Department Store nd Mental Hygiene. marked other than Elementary/Secondary (0-12) College (1-4or 5+) Head Porter Maryland permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If item 27 is marked other by Injury or other treumatic event 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Daniel Colburn Rebecca Hall 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) - Daughter Irene Brooks 3403 Mayfair Road Baltimore. Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Jan 6 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Cemetery Baltimore, MD 1998 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Calvin L Williams Funeral Service all 270 Fredhilton Pass Baltimore, MD 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Physician /Medicai immediate Cause (Final diseese or condition resulting in death) suctine Pulmoneydiseare Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical (or es e consequence of) Box The law requires that the death P.O. Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ Completed 24a. Was an autopsy performed? Were autopsy findings available prior to completion of cause of death? After this certificate has 2E No 1 ☐ Yes 2 ☐ No K/2 or Attending Physician: Be 25. Was case referred to medical 26. Piace of Death (Check only one) Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred 1- Naturai 5 Pending investigation Work'r death. NIAM NIA 2 Accident within 24 hours after death To the Funeral Director: completely filled in by the 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide Hospital To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. edicai 29e. Certifier 9 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) STREET Ballimore RA EUTAW AZ E 31. Date filed (Month, Dev. Yeer) 32 Registrar's Signature State Registrar

DHMH 16 Ray 6/95

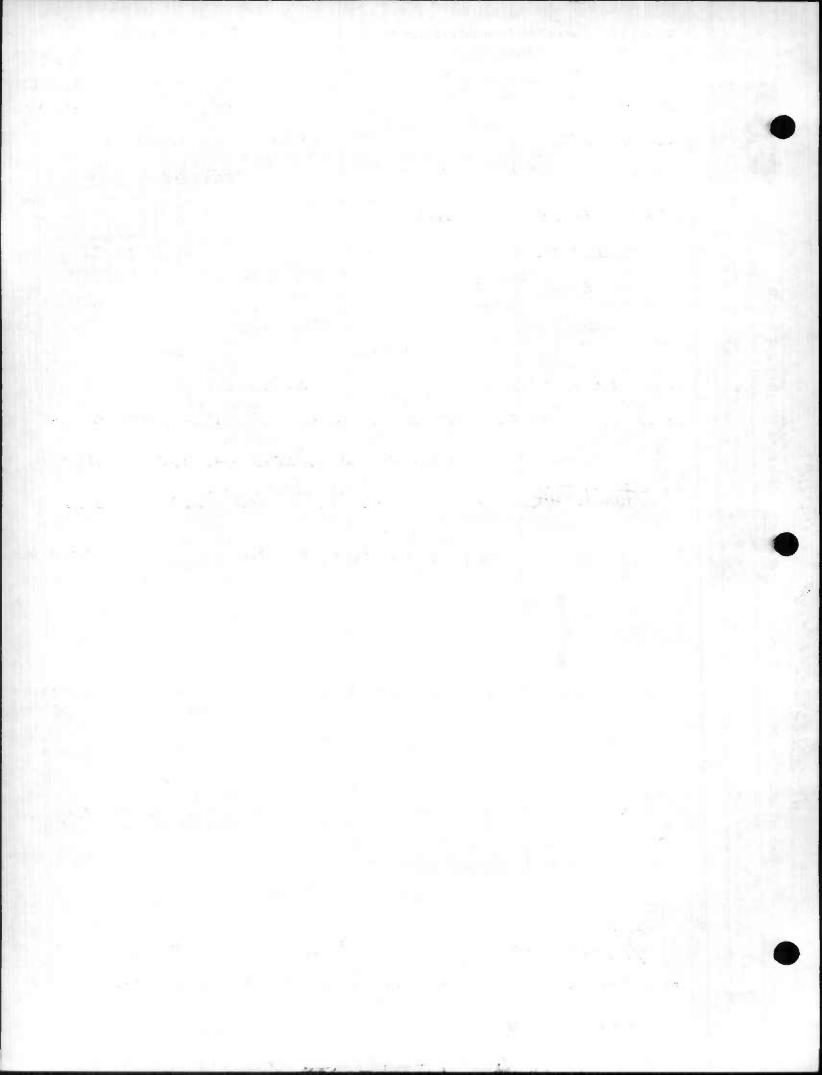
JAN 06 1998



State of Maryland / Department of Health and Mental Hygiene 8 00058

_							(Certifi	cate c	f Deat	h		Reg. No.	00	030
_	Physicia	_	1. Decedent's Name (First, ANNE SMITH									2. Date of De Month JANUAR	Day	Year	3. Time of Death 11:20 AA
	/Medic Examine	-	4a. Facility Name (If not Ins		re street end num	ber)				4b. City, 7		ocation of Deel		Control of the last	11:20 A
	uneral irector		5. Social Security Number 098-26-5054 Usual Residence of Decede		Sex I□M 2 X F	. Age (In yrs.			Inder 1 Ye		or 24 Hrs. Min.	8. Date of Bi (Month, D. NOVEMBER	rth ay, Year) 6, 1933	9. Birthpli Count NEW	ace (State or Foreign try) YORK
the Maryland	r 28a-f show .notfiled.at	tor	10a. State 10b. C		RE		ty, Town	or Location	n					10	0d. Inside City Limits 1 ☐ Yes 2 🕱 No
th with the	2.8	ral Director	10e. Street and Number 6902 CHARLES	RIDO	GE ROAD				of. Zip Cod 21204				10g. Citizen of UNITED		*
020 urs after des		by Funeral	11. Maritel Status 1 □ Never Married 2 3 □ Widowed 4 □ Div		12. Was Deced Armed Ford 1 Tes 2 If Yes, Give Yeer or Det	pes? No	ı,s.		Decedent of specify Co			ecify Yes or Ne Rican, etc.)	5- 14. Rai	an Indian, etc. PHITE	
1215-0	Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filed within 72 hours at begarment of Health and Mental Hyghen. Important: If them 27 is marked other than "natural", or my injury or other traumatic event, the Medical Examplica.		(Specify only		ducation ede completed) College (1-4or 5+) 1 College (1-4or 5+) 1 College (1-4or 5+) 1 16a. Decedent's Usuel Oc (Give kind of work do life. DO NOT use re			ccupation lone during most of working etired)			16b. Kind of B		ustry		
rland 2				(Specify only highest grede completed) Elementary/Secondery (0-12) 7. Father's Name (First, Middle, Last) College (1-4or 5+) 1 ARTHUR WILLIAMS SMITH					CK			e (First, Middle HESS	, Maiden Sumer		
			19a. Informant's Name/Rela			HUSBAND							per, City or Town		
Pages 1			20a. Method of Disposition 1			tate	cemetery	Disposition v, cremetory VALLE	or other	olace)	ROENS	Date 1-7-98	20c. Location		wn, Stete ARYLAND
Baltin	Important: any injury page.		21. Signature of Funerel Se	rvice Licer	ile.			MIT	CHELL	dress of Fed -WIED CK ROA	EFELD	HOME	E, MARYI	.AND 2	1212
/M		Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	{	a	Due to (c	ores e co	onsequence	e of): e of):	g CI	nce	er			9 months
O. Box	by the attendir stached for use	Physician/Medical	Part II. Other signiftcant co	ndittons c	dontributing to dea	th but not res	sulting In	the underly	ring cause	given in Per	t i.				the cause of death?
UNNL CALL, Vital Records, Picient The law requires that	been signe should be d	Completed by P						×				24a. Was	Yes 2 No s an autopsy ormed? Yes 2 No	ava com of d	ere autopsy findings allable prior to inpletion of ceuse leath?
UNIL Vital R	actor.	Be	25. Was case referred to m examiner?	edical	Linesitet.						ce of Deet	h (Check only			Yes 2□ No
P Of	Division of Vita no the Hospital or Attending Physician; within 24 hours after death. To the Funeral Director: Alter this certific complished tilled in by the funeral director.		1								. 1-1 - 7	Hospice			
Divis											(Street end Num wn, Stete)	ber or Rurel	Route Number,		
e Hosp	e Furne plately fi	edica	29a. Certifier (Check only one) (Check one) (Check only o								ceuse(s) end m date end place,	anner es sta and due lo	ated. the cause(s)		
of of suffix	Tothe	_	29b. Signature and fitte of g	ortifier /	0	0.	220			ense number			29d. Dete signe	ed (Month, E	Jay, Year)
	25		30. Name and address of pe	rson who	my Cu	of thath (Iten	n 23e) (T	Гуре, Print)		1570			Jr/r(U/N	7 -1	
	State		W. ANTHONY 1 31. Dete filed (Month, Dey,			sistenda Class			STR	EET 1	OWSO	N, MARY	LAND 21	204	
1000	Stati Registra	_	1011 0 6		gui	gistrates Signa	m-ga	ndado							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Dey 7 1998 Dobson Everett homas 12.05 4b. City, Town, or Location of Death 4c. County of Deeth Baltimore Baltimore 6. Sex 1 M 2 F If Under 1 Yaar Hours Min. 8. Date of Birth (Month, Dey, Year) Oct. 20, 19 7. Age (In yrs. last birthdey) Deys Yrs. 62 1935 Maryland 10b. County 10c. City, Town or Location Anne Arundel Glen Burnie 10f. Zip Code 10g. Citizen of What Country? 21060 USA Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 XNo If Yes, Give Yeer or Detes: 1 ☐ Yas X ☐ No Specify: Specify: White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

/Medical 4a. Facility Neme (If not institution, give street end number, Examiner Deaton Speciality Hospital 5. Social Sacurity Number Birthpleca (State or Foraign Country) **Funeral** 213-32-4505 Director Usual Residence of Decedent 10a State 10d. Inside City Limits 7 is marked other than "natural", or tems 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 Yas 20 No Director MD 10e. Straat end Number 107 Glenwood Drive Funeral death 1 Never Marriad 2 Married by 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Carpenter Construction permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: If Item 27 is marked other any follury or other traumatic event, and 8. 17. Fethar's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Thomas Frederick Dobson Bertie Jeannette Whittington 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 107 Glenwood Drive, Glen Burnie, MD Martha W. Dobson - Spouse Baltimore. 20b. Plece of Disposition (Name of cemetery, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Othar (Specify) Hillcrest Cemetery 1/7/98 Annapolis, MD 22. Name end Address of Fecility Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, MD alus 23a. Part1. Enter the disease of complications that caused the death. Do not anter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) MYOCHRDIAL INFARCTION Examiner ARTERWSCLEROTIE CARDIOUASCULAR DISEASE Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or es a consequenca of): Physician/Medical Dua to (or as e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. IRANSIENT ISCHEMIC ATTACK: CEREBROUKSCULAR 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings avelleble prior to complation of causa of death? 24a. Was en eutopsy performed? PEPTIC ULCER DISENSE 1 ☐ Yes 20 No Division of Vital

Completed

Physician

death. aftar death To the Hospital o within 24 hours at To the Funeral Di

EVERETT DOBSON

23b. Did tobacco use contribute to the cause of death?

25. Wes case referred to medical examiner? 1 Ves 20 No 27. Manner of Death

26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred

5 Pending investigation 1 Natural 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

1 ☐ Yes 2 ☐ No

Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowladge, death occurred at the time, date end pleca, end due to the ceuse(s) end manner es stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and dua to the cause(s) and manner steted. 29a. Certifier

29b. Signature end litle of cartifiar

29c. License number

29d. Date signed (Month, Dey, Year)

tryping my

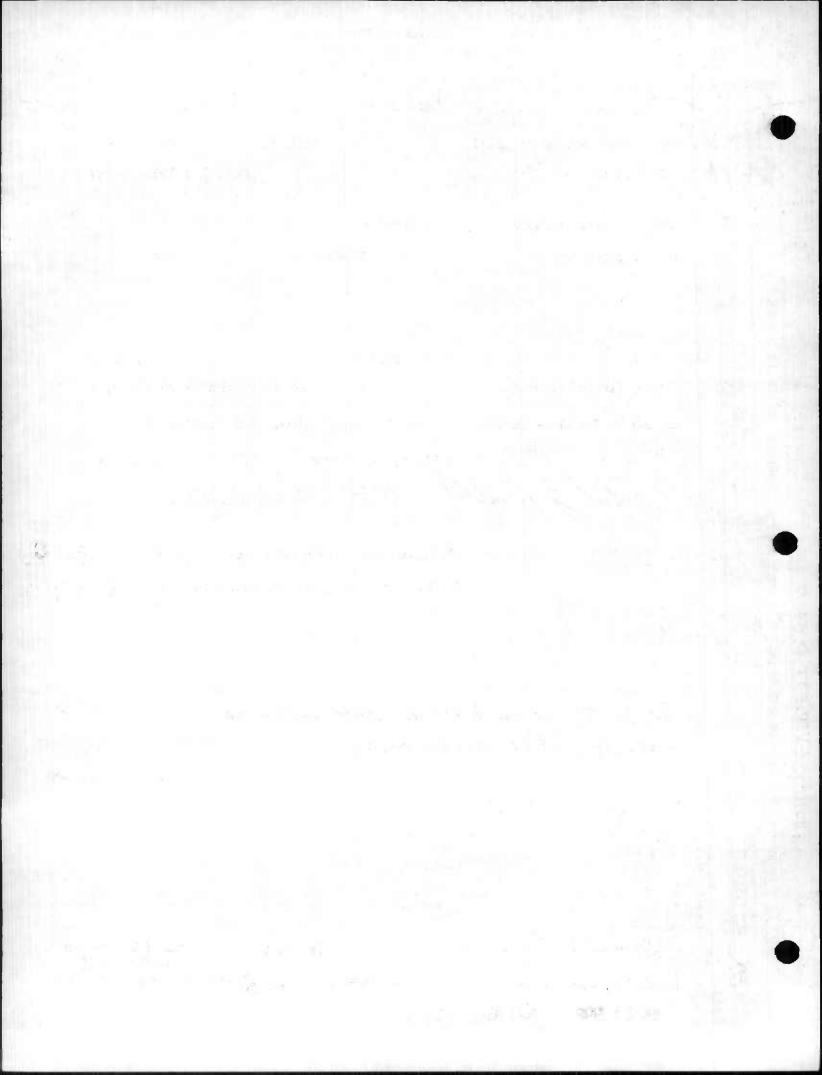
30, Name end eddress of person who comp eted cause of deeth (Item 23e) (Type, Print)

THES FLYNN, UD DEXTION SPECIALTY 611 COUTH CHARLES HASPI MIZ 31. Dete filed (Month, Day, Year) 32. Registrer's Signetura

Registrar

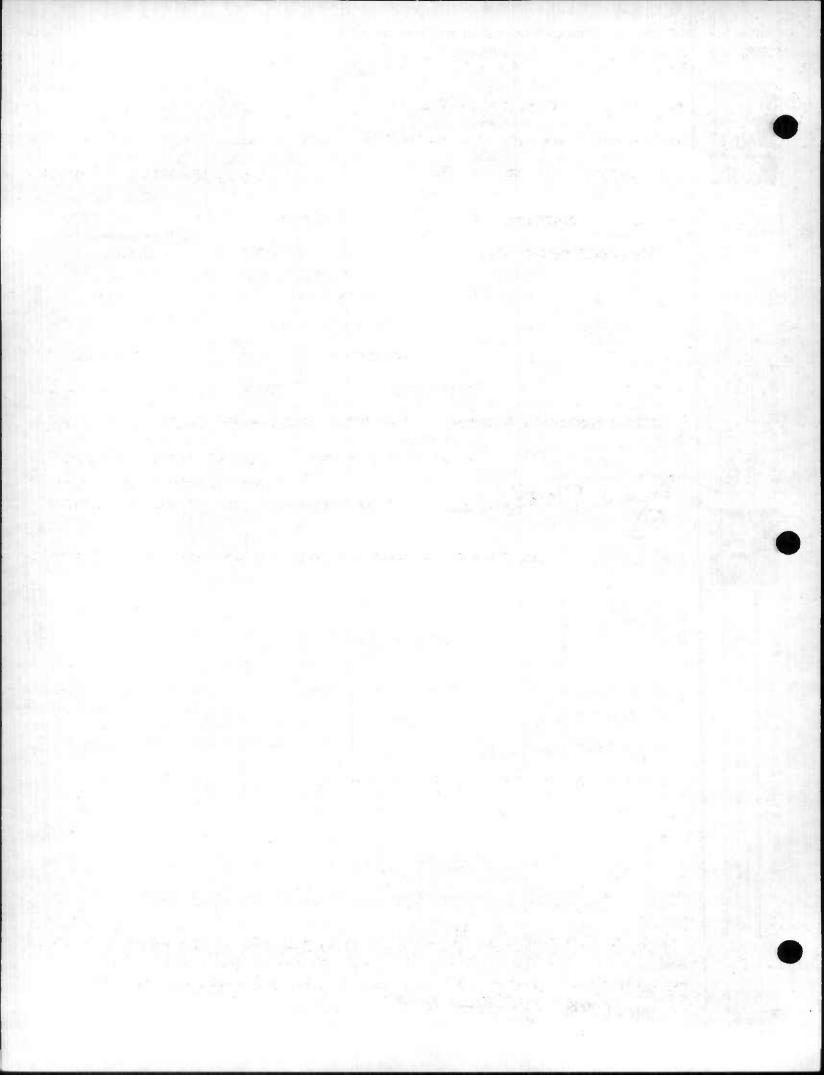
Medical

what Bardson JAN 0 8 1998



State of Maryland / Department of Health and Mental Hygiene 8 00060

						Certifica	ate of L	Death		Reg. No.	000	00
П			1. Decedent's Name (First, Middle, Las	t)					2. Date of D	eath		Time of Death
ı	Physic /Medi		NYUSYA D	INERS	HTE	YN			Month	ARY 3	Year 987	55 AM
Ĭ.	Exami		4a. Facility Name (If not institution, give					b. City, Town, or	Location of Dea	ith 4c. County	of Death	
1			NORTHWEST HO	SPITA	L CE	INTER	R	LANDA	LLSTO	an BA	ムナー	TORE
	Funeral Director		5. Social Security Number 6. Se 214–94–3374 Usual Residence of Decedent	7. Age	e (In yrs. last l	Yrs. If Und Month	der 1 Year ns Days	If Under 24 Hrs Hours Min				State or Foreign
	ahow at et		10a. State 10b. County		10c. City, To	own or Location					10d. in	side City Limits
	Man	ģ	MD BALT	IMORE			BAL	TIMORE			1	Yes 2 No
	h the	Director	10e. Street and Number			10f. 2	Zip Code			10g. Citizen of \	What Country?	
	th wit		7443 PRINCE GEO	RGE ROAD				212	208	U.	S.A.	
21215-0020	72 hours after or hat a real control or hat a real control con	11. Marital Status 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. Was Decedent I Armed Forces? 1 Yes 2 1 I Yes, Give Year or Dates:			cedent of Hi pecify Cuba 2 No	spanic Origin? (n, Mexican, Pue Specify:	Specify Yes or N to Rican, etc.)		14. Race - Americen Indian, Black, White, etc. Specify: WHITE		
5-0	nd 2 should be filled within the and Mentel by given. ZZ is merked other than or traumetic event, the Mentel by the American and the American and the American and the American and Samuel		15. Decedent's Edu (Specify only highest grad	cetion 16a. Decedent's Usual Occupation			ation	ndina	16b. Kind of Bi	usiness/Industry		
21			Elementary/Secondary (0-12)	College (1-4or 5	+)	life. DO NOT	use retired	luring most of wa)	nkuig			
				4		ACCOUN	TANT				COUNTIN	IG
Maryland			17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middl	e, Ma <i>iden Sum</i> an	ne)	
7 8			SIMON		DINERSH			FA			NERSHTEY	
Mai			19a. Informant's Name/Relationship (T)							Poute Number, City or Town,		
			LILIANA MOSTOVO	Y / DAUGH.		of Disposition (A		GEORGE	Date Date	BALTIMORE	City or Town, S	21208
Baltimore,	8 5 2 3	1 ☑ Burial 2 ☐ Cremation 3 ☐ F		cemer	tery, crematory o	r other place						
Itim	it. P.		4 ☐ Donation 5 ☐ Other (Specify)		HAR S	SINAI CE			1/4/98	REISTER	RSTOWN,	MD
Ba	permit. Page Department of Important: If any injury or once.		22. Name and Address of Facility So							nson & E	Bros., I	inc.
	_		231 Fartt forter the disease, or complete the complete complete the complete complet	Deur	حه	8900	Reis	terstown	Road F	ikesvill	e, MD 2	21208 roximate val Between et and Death
	Examiner	Examiner		b	Due to (or as	a consequence o	ol):	A IC I	1001	DENI		073
o,	5		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury				,.					
K 68760,	artificate b ing physici e as the b	Medical	that initiated events resulting in death) Last		Due to (or as a	a consequence o	I):					
Вох	death ce le attendii ed for use	ian		d								
o.	0 0	Physician/	Part II. Other algnificant conditiona con	ntributing to death bu	t not resulting	in the underlying	g ceuse give	en In Part I.	23b. Die	d tobacco use co	ntribute to the	cause of death?
۵,	that the ed by detac		DIABETES	S					10	Yes 2 No	3 Probably	4 Unknown
of Vital Records,	been s	Completed by	HYPERTER						24a. Wa	s an autopsy formed?	avallable	ion of cause
<u>a</u>	The law ate has page 2	E O	CORONARY	ARTE	2 1	DISE	A 9 5	,	10	Yes 2 No	1 🗆 Yes	2 No
ita	dcian: The certificate rector, par	Be (25. Was cese referred to medicel examiner?	111/1/12	1	01312	736		ath (Check only	one)		
¥ <	0 0	To	1 Yes 2 No	Hospital: 1 🛣 Inpatier	nt 2 ER/C	Outpatient 3 🗆	DOA Othe	er: 4 Nursing	Home 5 Res	sidence 6 🗆 Oth	er (Specify)	
	ing After une		27. Manner of Death 1 ᢂNatural 2 ☐ Accident 5 ☐ Pending Investigation	28a. Date of Injur (Month, Day	Year) 28b	Time ol Injury M	28c. Injury Work		1	how Injury occur		
Division	tal or Attend rs after death ai Director: /	27. Manner of Death 1 SNatural 2 Accident 3 Sulcide 4 Homlcide 28a. Date of Injury (Month, Day Year) 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No 28e. Place of Injury - At home, farm, street, factory, office								(Street and Numbown, State)	per or Rural Rou	te Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	29a. Certifier (Check only one) 29a. Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and place, and manner stated.										cause(s)
	To the within 2 To the comple	×	29b. Signature and title of certifier K.S.RAO		10	1		346		29d. Date signe JANリA		1998
	8		30. Name and address of person who co	ompleted ceuse of de	eath (Item 23a	(Type, Print)	14.3	. RAC	· 121. C			•
			NORTHWEST	HOSPIT	ALC	ENT	ER,	RANI	DALL	STOWN	1 ' 12 !	7
	Sta	te	31. Date liled (Month, Day, Year)	gutta this	Signa	dell						



the Maryland

death

Baltimore, Maryland 21215-0020

6876C

Box

P.O.

Records,

Division of Vital

28a-f show

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinat must be notified as

pernit. Peges 1 and 2 should be filed withir Department of Heelth and Mentel Hygiene Important: If Itam 27 is marked other than any Injury or other traumatic avent

Physician /Medical

Examiner

signed by t

certificate

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certified completely filled in by the funeral director,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Roberta Dunaway 5:03 AM 1998 January /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** SINAI HOSPITAL OF BALTIMORE BALTIMORE CITY If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 10M 20F 235-08-1424 86 Yrs. Director March 1, 1911 Va. Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. n/a No 2□ No Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4800 Seton Drive/Villa ST. Michael 21215 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 25 No Specify: þ Specify Black 3 ₩idowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Virginia Public Teacher School System 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Garfield Ferguson Emma Witcher 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sallie E. Yancey 4205 Fairfax Road Baltimore, Md. 21216 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Mt. Zion Cemetery Jan. 6 Baltimore, Md. 21. Signature of/Funeral Service Licens 22. Name and Address of Fecility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Parf1. Enter the disease, or complications that caused the deal shock, or heart feilure. List only one cause on each line. Do not enter the mode of dying, such es cerdiac or respiretory errest, immediete Ceuse (Final Congestive Heart Failure diseese or condition resulting in deeth) Coronary Artery Disease years Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in deeth) Lest Mellitus Diabetes Unknown Due to (or es e consequence of) Physician/M Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probabty 4 ☐ Unknown Stroke by 24b. Were autopsy findings avellable prior to completion of ceuse of deeth? 24e. Wes an eutopsy performed? Completed Sub arachnoid bleed 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28c. Injury et Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending Investigation 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) and menner as stated.

2 Medicat Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Marsh Bains - mD D2402321 HB 9517 January 2, 1998 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) HARSHI BAINS, SINAI HOSPITAL OF BALTIMORE

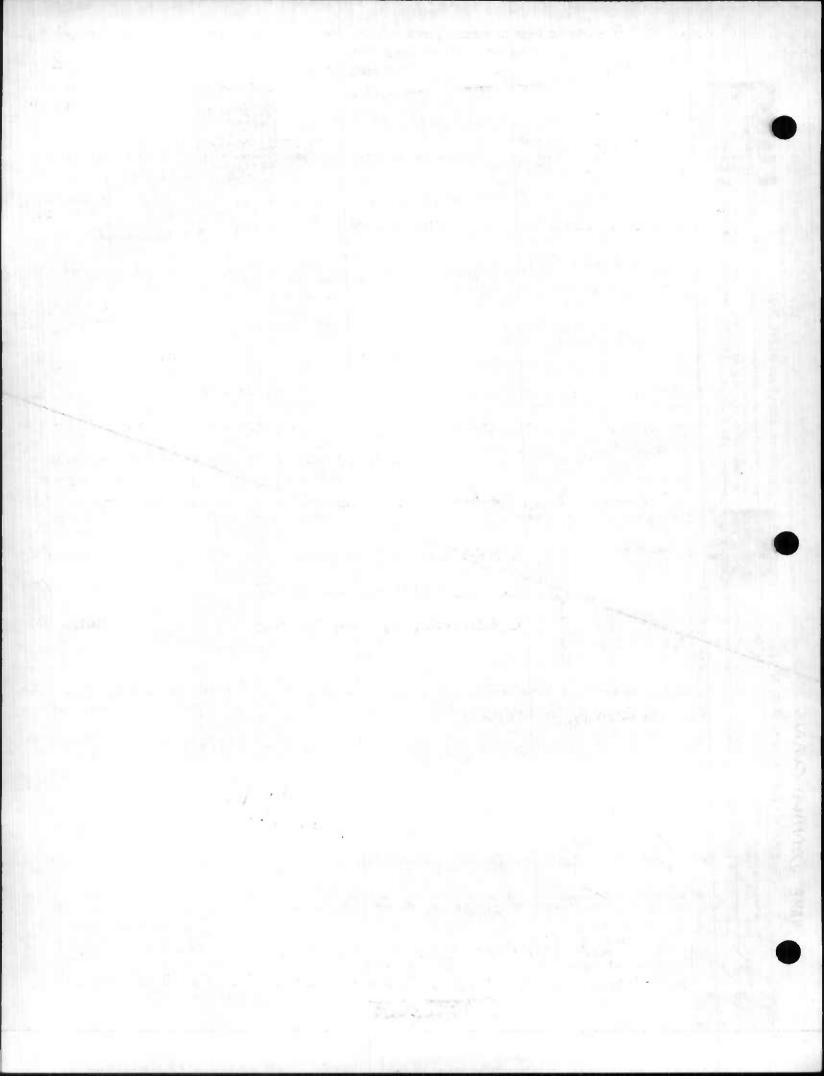
State Registrar

31. Date filed (Month, Day, Year)

JAN 06 1998

State of Maryland / Department of Health and Mental Hygiene

					Cen	tificate of	Death	R	eg. No.	UL	1062	
Physic	ian	Decedent's Name (First, Middle, L.	ast)		701			2. Date of Dee Month	th. Day	Year	3. Time of Death	
/Med		Donald T. Eva						JANUARY	2	1998	6.55 PM	
Exami	iner	4a. Facility Neme (If not institution, g		7)		Ì	4b. City, Town, or Lo		4c. County	of Death		
Funeral		St. Agnes Hos 5. Sociel Security Number 6.		ge (In yrs. les	t birthday)	If Under 1 Year	Baltimor If Under 24 Hrs.	8 Date of Birth		Birtho	place (State or Foreign	
Director		212-32-0863 Usual Residence of Decedent	1 2 M 2□ F	66	Yrs.	Months Days	Hours Min.	May 23	, Year)	Coun	ntry)	
nyland		10a. State 10b. County		10c. City, 7	own or Loc	ation				1	Od. Inside City Limits	
Ne Ma	Director	Maryland Balti	more	Cat	onsvi						1 ☐ Yes 2 ☐ No	
with the		10e. Street end Number				10f. Zip Code		1	0g. Citizen of 1		ntry?	
leath	Funeral	100 Woodlawn A	Venue	t Ever in U.S.	13. W	21228 as Decedent of		U.S.A. ecify Yes or No-			can Indian.	
d 21215-0020 Illed within 72 hours after death with the Maryland Hygiene. they than "natural", or thems 23s or 28s-f show out, the Medical Examiner must be notified at	by Fun	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces	? I No		Yes, specify Cut ☐ Yes 🏄 No	Hispanic Origin? (Specan, Mexican, Puerto Specify:	Rican, etc.)		ck, White,	etc.	
21215-0020 d within 72 hours aft giene. In then "natural", or it the Medical Exam	ted	15. Decedent's I (Specify only highest g	Education	1	6a. Decede	ent's Usual Occu	pation during most of worki	usiness/inc				
within sene.	Completed	Elementery/Secondary (0-12)	College (1-4or	5+)	life. D	O NOT use retire	ed)	g				
filled with Hygiene than the the	S	17 Fether's Name (First Middle Las	2		Accou	intant	18 Mother's Name		Account	-		
N in p o	o Be					10)						
d 2 should th and Mer 7 Is marke traumatic	2		17. Fether's Name (First, Middle, Last) 18. Mother Joseph Evans 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number							State, Zip	Code)	
Health at tem 27 is other trace		Geraldine T. E	vans. Sis									
of Hear		20a. Method of Disposition	Geraldine T. Evans, Sister 100 Woodlawn Avenue Catonsville, Maryl Oa. Method of Disposition 1 Burial 2 Cremetion 3 Removal from Stete									
ditinore, mit. Pages 1 ar partment of Hea portant: If item; y Injury or other		4 □ Donation 5 □ Other (Spec	ity)			dral Ce		/6/98 B				
permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other 1 once.		21. Signature of Funeral Service Lice	ensee	,	22.	Name and Addr	ess of Facility Wit	zke Fun	eral Ho	ome,	Inc.	
. 40240		Robert Su	yes The		163	30 Edmon	son Avenue	e Catons	sville,	Mary	land 21228	
		23a. Pert1. Enter the disease, or cor shock, or heart failure. List ont	hinkalions that ceuse y one cause on each	d the death. line.	Do not ente	r the mode of dy	ing, such as cerdiac o	r respiretory err	est,	į	Approximate Intervei Between Onset end Deeth	
Physician /Medical	ı	immediate Cause (Final	ASDIO	ATION	ι Ω.,	=/1/400	11.0					
Examiner	п	disease or condition resulting in death)	a. ASPIN	Due to (or e		EUMO	VIA			0	NEWBEK	
D 4	Iner	_	LIDENT			10	HINOM BUR					
and Firans	Exam	Sequentially list conditions,	b	Due to (or es								
No.		Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury	. Corc				DISEASE			t	MKNOMN	
1 4	edical	that Initiated events resulting in death) Last		Due to (or as	e consequ	ence of):				i		
attending for use a	M/u	d										
0 0 0	sicis	Pert II. Other significant conditions	contributing to death I	but not resultir	g in the un	derlying ceuse g	iven in Pert I.	23b. Did to	. Did tobacco use contributa to the cause of de			
that the sed by th detachs	Physician/	71+ROMBUC						1 🗆 Y	ss 2□ No	3 Prol	bably 4 dnknown	
signe d be d	b	11120111500		1						T		
law requires as been sign 2 should be	Completed							24a. Was e perfor	n autopsy med?	co	ere autopsy findings allable prior to mpletion of cause death?	
0 - 5	E							1 U Y	es 219No	10	☐Yes 2☐ No	
	Bec	25. Was cese referred to medical examiner?					26. Place of Death	(Check only or	16)			
Physician: The this certificate ral director, pa	10	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpati		/Outpatient	3LI DOA	her: 4 Nursing Hor	ne 5 ☐ Reside	ence 6 🗆 Oth	er (Specif)	y)	
Anserthia Juneral di	io	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	28a. Dete of Inju (Month, De	ury ey Year) 28	b. Time of Injury	28c. inju		28d. Describe h	ow injury occur	red		
or Attending after death. Director: Aha	Certification:	2 Accident investigation 3 Sulcide 6 Could not	20	iuny - At home	form etro		Yes 2□No	28f Location (S	treet and Numb	er or Rura	al Route Number	
中間に	in the	4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 See. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28e. Place of Injury - At home, farm, street, factory, office City or Town, Stete)								or or riura	ir riodle riginizer,	
a Hospital 1.24 hours e Funeral detely filled	edical C	29a. Certifier (Check only one) 11 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end menne (Check only one) 12 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, dete end place, and manner stated.									teted. o the cause(s)	
To the Within 7 To the comple	ž	29b. Signature and title of certifier	1			29c. Licen	se number	2	9d. Date signe	d (Month,	Dey, Year)	
1		> syled +	tanhow	MI) .	POG	153	J	ANUAR	42	1997	
19		30. Name and address of person who		death (Item 23	a) (Type, P	rint)		V.N.EC	itaci	O TW	- W	
	l ata	STED HAS HYN []	EPARTME	NIOT	-DUK	yory,	SAINT F	14100>	1107	11/4		
Regist	ate rar	31. Date filed (Month, Dey, Yeer)										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiene

State of Maryland / Department of Health and Mental Hygierie Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death Month **Physician** Maria Ellison 3 1998 January 4:15 AM /Medical 4a. Facility Name (ff not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Manor Care Nursing Center - Rossville Rossville Baltimore 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Pay, 1902 5. Social Sacurity Number 9. Birthplace (State or Foreign **Funeral** 1 M 25 F 062-52-7512 Director Norway Usual Rasidanca of Dacadant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inaida City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Baltimore White Marsh Director 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g, Citizan of What Country? 5809 Gambriel Road 21162 U.S.A. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 █ No Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 11 Marital Status 14. Race - Amarican indien, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel" or hanny injury or other traument. 1 ☐ Never Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Spacify: þ Specify: White 3 ₩ Widowad 4 Divorcad Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highest grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Housewife Own Home 8 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Surname) Andreas Stole Kristine Johannesen 19a. Informant's Nama/Ralationship (Type, Print)
Gloria R. Kress (Daughter) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) 5809 Gambriel Road White Marsh, Md. 21162 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 Cramation 3 Ramovai from State Holly Hill Mem. Gardens 1/6/1998 Baltimore Co., Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of fluneral Service Lices 22. Nama and Addrass of Facility Bruzdzinski Funeral Home P.A. Durkouspe 1407 OLC Eastern Avenue runter tha disaasa, or complications that causad tha daeth. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, haert fallura. List only ona causa on aach lina. 1407 Old Eastern Avenue Essex, Md. 21221 Approximata interval Batween Onsat and Death **Physician** /Medical Immadiata Causa (Finai diseasa or condition rasulting in death) Examiner Physician/Medical Examiner **Buriel-transit** Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury ihat initiated avants resulting in death) Lest and ONARY Box 68760. Dua to (or as a consequence of) attending p TEMOSIS FLOR Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. P.O. 23h. Did tohacco use contribute to the cause of deeth? signed by 1 ☐ Yas 2 No 3 ☐ Probably 4 ☐ Unknown Records, 8 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? peen page 2 s 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Was casa rafarred to medical 26. Placa of Death (Chack only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury ai Work? Certification: 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarminad 3 Suicida Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Phyalcian: To the best of my knowledga, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. Medical 29a. Certifian 29b. Signatura and titia of cartifian 29c. Licansa number 29d. Dete signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print)

State Registrar

JAN 06 1998

Wille

anuder

31. Data filed (Month, Day, Year)

32. Registrar's Signatura

Ma

John W. Burlowsk

				State	or iviaryian		tificate o	f Health and of Death	мептат ну	Reg. No.	0(1064
	Physic /Med		1. Decedent's Neme (First, Middle,	Last)			ERS	KINE	2. Data of De Month	Day	1998	3. Time of Death
	Exami		4a. Facility Name (If not institution,		10	TAL		4b. City, Town, or BALTIN			ty of Death	
	Funeral Director		215-07-2134	3. Sax 1 💆 M 2 🗆 F	7. Aga (In yrs.	lest birthday) 37 Yrs.	If Undar 1 Ye Months Da			th ly, Year) 2, 1910	9. Birth Cou Mary	placa (State or Foreig ntry) and
	the Maryland 28a-f show notified at	Director	Usual Residence of Decedant 10a. Stata 10b. County Maryland Balti	more		y, Town or Lo arkvill			/			10d. Inside City Limits 1 ☐ Yes 2 No
	23a or 2	al Dire	10e. Street and Number 3129 Willoughby	Road			10f. Zip God			10g. Citizen o		
020	d within 72 hours after of within 72 hours after of seen. The Walter Exercises of Sompleted by Fur	11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	Armed F	2 No ive	J.S. 13. Was Dacadent of Hispanic Origin? (Spacify Yas or No- If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 □ Yes 2 ☒ No Specify:					ace - Ameri ack, White, ify: Wh		
215-0		15. Decedent's (Specify only highest Elementery/Secondery (0-12)	grade completed,) (1-4or 5+)	16a. Deced (Give life. L	lent's Usual Oc kind of work do DO NOT use re	cupetion ne during most of wo tired)	orking	16b. Kind of			
d 21		12 17. Father's Name (First, Middle, La		(1-401 34)	Sales	sman	18. Mothar's Na	ıma (First, Middla		McCarthy Hicks		
Maryland			skine					Brogan	Progan If Route Number, City or Town, State, Zip Code)			
Baltimore, Ma	00-		Mildred S. Ersk 20a. Method of Disposition 10 Burial 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spe	ine / Wi	/ Wife 3129 Willoughby Road					le, MD 20c. Location	21234 - Olty or T	own, State
Baltir	permit. Pag Department Important: I eny Injury o		21. Signature of Funeral Sarvice Lie		N-	22 Le	Name and Ad	Baltimore, Marylan eral Home ore, MD 21214				
	Physician		23a. Part 1. Enter the disease, or co shock, or heart failure. List or	omplications that ally one ceuse on	causad the deat							Approximete Interval Between Onset and Death
1	/Medical Examiner	16	Immediate Cause (Finel disease or condition resulting in deeth)	a	Sep Due to (o	Due to (or as a consequence of):						
6	A	al Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (o	Due to (or as a consequenca of):						
Box 687	nding bay	n/Medical	that initiated events resulting in death) Last	d	Due to (o	r as a consequ	uenca of):					
P.O.	aw requires that the de as been signed by the a 2 should be detached		Part II. Other significant conditions Chronic obs	matrice	leath but not rest	ulting In the un	derlying cause	given In Part I.		tobacco use o		to the cause of death
Records,			Congertive	heart	5,1	hre	/		24a. Was	an autopsy ormed?	a) CC	Vere autopsy findings vallable prior to ompletion of causa i death?
of Vital R	Pa e	Ве Соп	25. Was case referred to medical					26. Plece of De	1 ☐	17	1	□ Yes 202 No
>	Physician: this certific ral director,	0	exeminer?	Hospital:	Inpatient 2	ER/Outpatien	3□ DOA	Other: 4 - Nursing I	Home 5 ☐ Resi	5 ☐ Residenca 8 ☐ Other (Specify)		
vision o	ding Ph h. After th funaral	tification: T	27. Manner of Death 1 Netural 5 Pending 2 Accident	28a. Date (Mor		28b. Time of Injury	28c. li	njury at Work?	28d. Describe			
ivis	r Attentar deat	rtifica	3 Suicide 6 Could no determine	200, Placi	a of Injury - At ho ling, etc. (Specify	M 1 Yes 2 No iury - At home, farm, street, factory, office 28f. Location (Street end Number or Rural.				ral Routa Number,		

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steled. 29d. Date signed (Month, Day, Year)

29c. License number 29b. Signature and title of certifier P11402 JANUARY 5, 1998

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

WILLIAM IMBEAH, GOOD SAM ARITAN HUSPITAL, 5601 LOCH RAVEN BLVD, BALTIMUSE

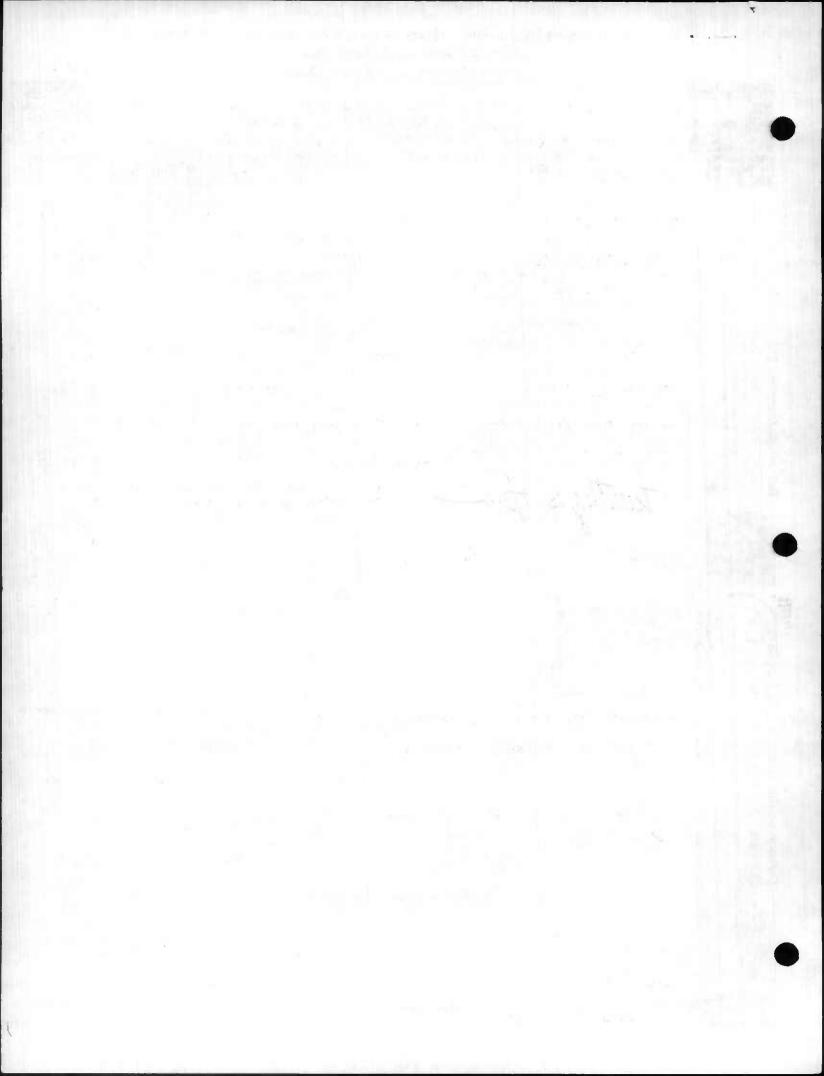
State Registrar

31. Date filed (Month, Day, Year)

JAN 06 1998

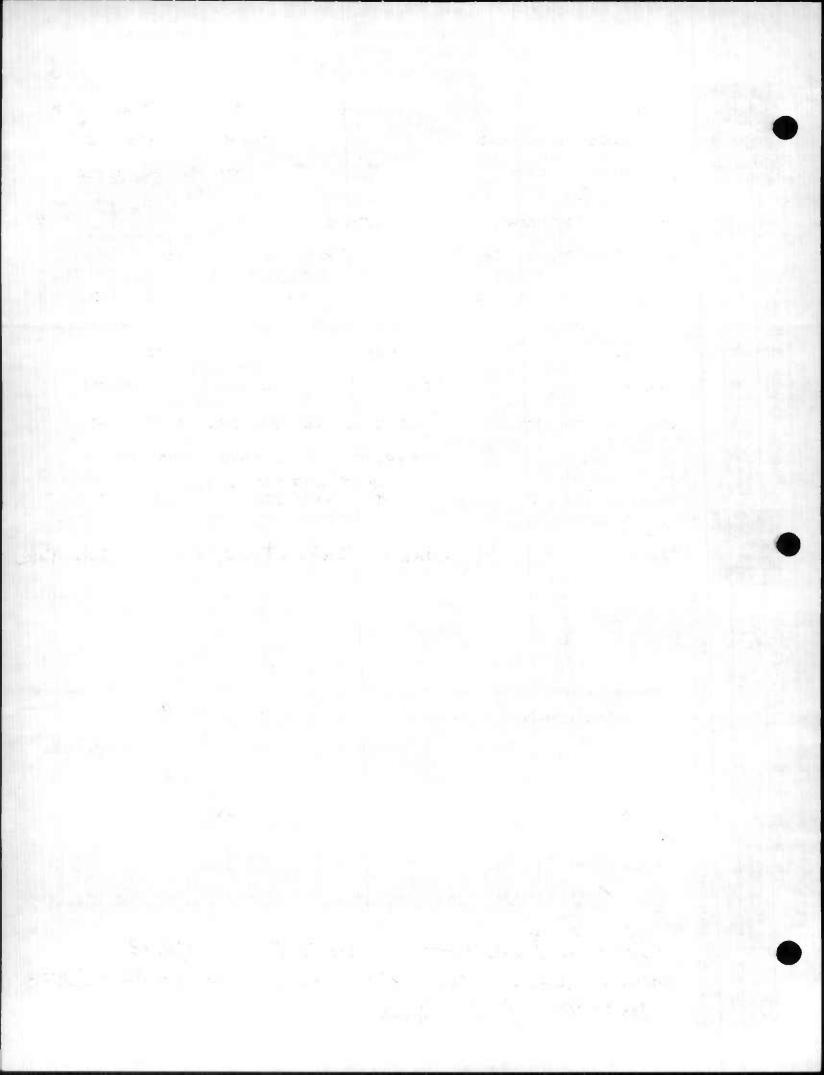
Medical Ce

MD 21239



Int.	_	. Decedant's Nam	a (First, Mid	ddla, Last)							2. Data of Month		ey	Yaer	3. Tim	a of Death
ician dicai	ŀ	ISIDORE a. Facility Nama (tion give of	tract and n	umbar)		FORM		4h Cihr Tourn	JAN. or Location of D	2	1	998	10) PM
niner		6960 MA									TIMORE	batti 4	c. County	LTIMC	DF.	
al or	5	. Social Sacurity N 579–10–.	Numbar	6. Sax	M 2□F		yrs. last birth	Months	Days	If Undar 24 H		Birth Dey, Yaa, 28,1				ta or Forai
	-	isual Rasidanca of 0a. Stata	f Dacedant 10b. Coun	ntv		100	. City, Town	or t ocation						10	Od Insid	a City Limit
to		MD	F	BALTI	MORE			BALTI	MORE							ras 201
rec	1	0e. Street and Nu							p Coda			10g. C	itizan of V	What Coun	try?	Λ
a O		6960 MA	RSUE I	DR., 1	APT.	2-B			21215			USA				
by Funeral Director		1. Marital Status 1 X Navar Marri 3 Widowad		arrlad	Armed F	2 No	In U,S.	13. Was Dacadant of Hispanic Origin? (Spe if Yas, specify Cuban, Maxican, Puarto 1 ☐ Yas 2 X No Specify:			(Specify Yas or arto Rican, atc.)			Race - American Indian, Black, Whita, atc.		١,
Be Co.	(Special Elementary/Second 1	ondary (0-12)	hast greda	Education reda complated) Cotlege (1-4or 5+) 16a. Decedent's Usual Occ (Giva kind of work don life. DO NOT usa ratii MANAGER			ork dona d usa ratired	dona during most of working attred)				usiness/Ind				
S S	1	7. Fathar's Nama		la, Last)				lama (First, Mic	ldia, Maida							
10		SEAMAN			FORMAN MOLI				HA			UNKNO	NWN			
		9e. Informant's Na	ame/Ratation	nship (Typ	e, Print)		19b. M	Malling Addras	s (Street	and Numbar or	Rural Routa Nu	m <i>ber, City</i>	or Town,	Stata, Zip	Code)	
	2	STANLEY Oa. Mathod of Disp		IAN (N	VEPHEV			330 BET		HOURS C	Data	JMBIA		210		
	-	1 Burial 2	Cramation		moval from		cematary,	cramatory or EMUNAH	othar pled		1/4/98			ORE,		а.
	2	4 Donation			a .		ANSIIE						7 T T T L I	ORE,	PID	
		Die	0	6	1	1	4				BROS., WN RD.,		CVITT	TE M	ID 2	1208
	2	23a. Part1, Enter the	ha disaasa,	or complica	ations that	caused that	feath. Do no						SATE	LE, P	Approxi	mate
transit Examiner	0	mmediata Causa ((Final	а						,		,		J		
Examiner	Sili	lisaasa or condition in deeth) Sequantiatly list company, laading to in ause. Enter Unde Jeuse (Disaasa or net initiated avants	onditions, nmadiate orlying linjury	a. b. c.		M Z C	CARTO (or es e co		In	farc					Onsat a	nd Death
edicai Examiner	Si iii	lisaasa or conditio esulting in deeth) Sequantiatly list co eny, laading to in ause. Enter Under Jeuse (Disaasa or net initiated avants asulting in daath) i	inditions, inditions, inmadiate orthying Injury s s Last	a. b. c. d.		Due to	io (or es e co	DIA 1 presequence of) insequence of)	In	farc	Tion				Onsat a	nd Death
edicai Examiner	Si iii	ilisaasa or conditio esulting in deeth) Gequantiatly list co eny, laading to in ause. Enter Unde jeuse (Disaasa or net initiated avants asulting in death) il	onditions, nmadiate orlying Injury S Last	itlons contr		Due to	io (or es e co	DIA 1 presequence of) insequence of)	In	farc	236.1	old tobacc	o use coi	ntributa to	Onsat a	nd Death
by Physician/Medical Examiner	Silocotin	ilisaasa or conditio esulting in deeth) Gequantiatly list co eny, laading to in ause. Enter Unde jeuse (Disaasa or net initiated avants asulting in death) il	inditions, inditions, inmadiate orthying Injury s s Last	itlons contr		Due to	io (or es e co	DIA 1 presequence of) insequence of)	In	farc	236. [Old tobacc	adino	ntributa to	Onsat a	ea of dee
by Physician/Medical Examiner	Silocotin	ilisaasa or conditio esulting in deeth) Gequantiatly list co eny, laading to in ause. Enter Unde jeuse (Disaasa or net initiated avants asulting in death) il	onditions, nmadiate orlying Injury S Last	itlons contr		Due to	io (or es e co	DIA 1 presequence of) insequence of)	In	farc	23b. [old tobacc	adino	ntributa to 3 □ Prob 24b. Wa	Onsat a	ea of dee
Completed by Physician/Medical Examiner	SiloCutin	ilisaasa or conditio esulting in deeth) Gequantiatly list co eny, laading to in ause. Enter Unde jeuse (Disaasa or net initiated avants asulting in death) il	onditions, nmadiate orlying Injury S Last	itlons contr		Due to	io (or es e co	DIA 1 presequence of) insequence of)	In	farc	23b. I	Old tobacc Yes Yas an auterformed?	adino	ntributa to 3 Prob	onsat a the cau oably are autopailable propletion	ea of dee
Be Completed by Physician/Medical Examiner	Sit of the P	ilisaasa or conditio esulting in deeth) Sequantiatly list co- eny, laading to in ause. Enter Unde cuse (Disasa or net initiated avants asulting in death) il	inditions, inmadiate orlying linjury s. Last	titions contr)N	Due to Du	to (or es e co	DIA 1 prisequence of) insequence of) the underlying	In	farc an in Part I. 26. Placa of I	23b. [1 24a. V p	Old tobacc Yes Yas an aut erformed?	adano opsy 2X No	ntributa to 3 Prob 24b. Wa ava cor of c	onsat a the cau bably in a autopation death?	ea of dee
To Be Completed by Physician/Medical Examiner	Si il Co	ilisaasa or conditio esulting in deeth) Sequantiatly list co- eny, laading to in ause. Enter Unde reuse (Disaasa or net initiated avants asulting in daath) i	inditions, inmediate origing linjury is Last	titions contr	ospital: 1 = 28a. Date	Due to Du	to (or es e co	piA1 presequence of) presequence of) the underlying	I w	an in Part I. 26. Placa of I	23b. I 24a. V p 1 1 Daath (Check or	Old tobacc Yes Yas an auterformed? Yas hly ona) asidence	opsy No 6 □Oth	ar (Specify	onsat a the cau bably in a autopation death?	ea of dee
To Be Completed by Physician/Medical Examiner	Si il Co	ilisaasa or conditio esulting in deeth) Sequantiatly list coren, laading to in ause. Enter Underse (Disaasa or net Initiated avants asulting In daath) I	inditions, nadiate origing language in the medic No	cel Hcding stigation d not be	ospital: 1 = 28a. Date (Mor	Dua to Du	to (or es e co	piA1 Insequence of)	I w	an in Part I. 26. Placa of I	23b. I 24a. V p 1 1 Daath (Check or p Homa 5 F	Old tobacc Yes Vas an auterformed? Yas Aly ona) asidence be how inj	opsy No 6 □Oth	24b. Wa ave cor of c	onsat a the cau beby wire autopailable propertion death?	ea of dee Unkn Sy finding of causa
Certification: To Be Completed by Physician/Medical Examiner	Sit of Citin	isaasa or conditioesulting in deeth) Sequantiatly list coren, laading to in ause. Enter Under clause (Disassa or net initiated avants asulting in death) if art II. Other significant axaminar? 1 Yes 2 7. Menner of Deet 1 Natural 2 Accident 3 Suicide 4 Homicide	inditions, inmadiate origing linjury stast conditions of the condi	cel Hoding stigation do not be mined	ospital: 1 = 28a. Date (Mor	Dua to Du	to (or es e co	piA1 Insequence of)	Causa giv	26. Place of I ar: 4 Nursing yet k? Yes 2 No	23b. I 24a. V p 1 1 28d. Descri 28d. Descri 28f. Location	Old tobacc Yes Yas an auterformed? Yas asidence be how inj on (Street at Town, Sta	opsy	ar (Specify red	othe cau pably are autopaliable propletion death? Yas	ea of dea
Certification: To Be Completed by Physician/Medical Examiner	Sit of Citin	issass or condition condition in deeth) Sequantially list content in the content	inditions, nadiate orlying land in lan	cel Hoding stigation Id not be rmined	ospital: 1 28a. Date (Mor	Dua to Du	to (or es e co	insequence of) Insequence of) Insequence of) Insequence of) In audarlying In a of ury M In, streat, factor	Causa giv	an in Part I. 26. Place of I ar: 4 Nursing Yes 2 No	23b. I 24a. V p 11 Death (Check or p Homa SAF 28d. Descri	Old tobacc Yes Yas an auterformed? Yas Any ona) asidence be how inj on (Street a Town, Sta	opsy No 6 Othury occurrence occ	annar as st	onsat a the cau pably wire autopaliable properties of the cau topaliable properties of the cau topa	ea of dee Unknowsy finding of causa UNo
To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	issass or condition conditions and the conditions in deeth) Sequentially list conditions and the conditions are conditions. In the conditions are conditions and the conditions are conditions and the conditions are conditions are conditions. 5. Was case rafar axeminar? art II. Other significant in the conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions. The conditions are	inditions, nadiate orlying land in lan	cel Hoding stigation Id not be mined la Examíne	ospital: 1 28a. Date (Mor	Dua to Du	to (or es e co	pi A 2 Insequence of)	OA Oth 28c. Injun Wor 1 pry, office	an in Part I. 26. Place of I ar: 4 Nursing Yes 2 No	23b. I 24a. V P 1 Daath (Check or 28d. Descri 28f. Localit City or	Vas an auterformed? Yas Vas an auterformed? Yas Valy ona) Vasidence De how Inj Vasidence Va	opsy No 6 Oth ury occurr and Numb ta) s) and mand place,	annar as st	onsat a the cau the ca	ea of dea Unknows finding of causa Unknows finding of to
Certification: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	issass or condition is a condition of the condition of th	rad to medic No h Certify 2 Medica	cel Hoding stigation did not be mined	28a. Place (Mor	Dua to Du	to (or es e co to (or	pi A 2 Insequence of)	OA Oth Causa giv OA Oth 28c. injur Wor Ty, office	26. Ptaca of I ar: 4 Nursing yat k? Yes 2 No	23b. I 24a. V P 1 Daath (Check or 28d. Descri 28f. Localit City or	Old tobacc ☐ Yes Vas an auterformed? ☐ Yas ☐ Yas ☐ Yas ☐ Yas ☐ Youn ☐ asidence ☐ be how inj ☐ (Street a Town, Sta tha causa(☐ na, data ar 29d. D	opsy Opsy No GOth ury occurr tand Numb ta) s) and mand place, atta signer	annar as stand dua to	onsat a the cau oably in a autopailable properties of the cau observed in the cau obse	ea of deed Unkn Say finding for to of causa Unwber. Se(s)

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene R

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Month Yaar **Physician** Kisher. 1998 11:15 ATT Colwin Jau /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Ridgeway Manor Nursing Home Baltimore Baltimore County | House | Hours | Min. | Months | Days | Hours | Min. | Min. | March | 22,1908 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign **Funeral** Months Maryland 15 M 2□ F Yrs. Director 213-09-6234 Usual Rasidance of Decedant with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Baltimore County Ellicott City Maryland 1 ☐ Yas 2 ₺No Directo 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda 21043 2406 Westchester Avenue USA permit. Pages 1 and 2 should be filed within 72 hours after death 1. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and injury or other traumatic event, the Medical Examiner mast once. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specity Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 XNo Specify: Specify: white þ 3 ☑ Widowed 4 ☐ Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coilega (1-4or 5+) unknown textile worker textile mill 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Turner Fisher Amelia Woodward P 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mr. Edwin L. Fisher, Jr./son 629 Deale Road, Deale, Maryland 20751 20a, Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata Metro Crematory **5JAN98** Catonsville, Maryland 4 Donation 5 Othar (Specify) 22. Nama and Addrass of Facility
Slack Funeral Home, P.A. 21. Signature of Funarai Sarvice Licensee M00535 Ellicott City, Maryland 23a. Part1/Entar tha disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate intarval Between Onset and Death **Physiclan** Coronary Orsceston Dsea /Medical Immediata Causa (Finai disaasa or condition rasulting in daath) Examiner Dua to (or as a consequance of): edical Examiner Sequentially list conditions, if any, laading to Immadiata cause. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Dua to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. been signed by the s should be detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown Sleed - weer, gastrointential þ 24b. Wara autopsy findings avaliabia prior to Completed 24a. Was an autopsy performed? Caranona completion of causa of daath? page 2 2 0 Po certificate To the Hospital or Attending Physician: within 24 hours after death.

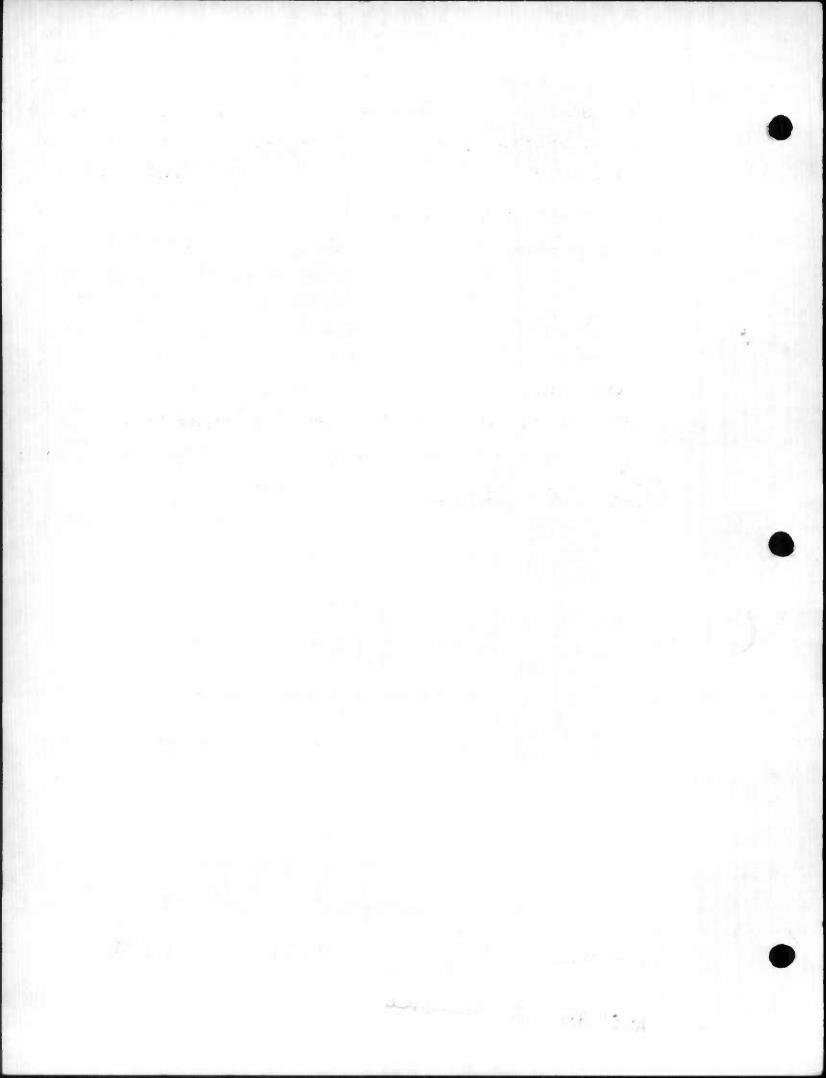
To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Was casa rafarred to medical Be 28. Placa of Death (Check only ona) axaminar? Hospitai: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 10 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of injury (Month, Day Year) Certification: 27. Mannar of Death 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 - Sulcida 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifiar edical 29c. Licansa number 29b. Signatura and titla of conting 29d. Data signed (Month, Day, Year) 98 D19667 3 revained) 30. Nama and addrass of purpon who complated causa of death (itam 23a) (Type, Print) 31. Data filed (Month, Day, Yaar) State

Registrar

JAN 06 1998

132. Ragistrar's Signal Pandalla



98-0001-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. jhm State of Maryland / Department of Health and Mental Hygiene R **AARON** Certificate of Death Item: 12 per F.H. G-755 1/9/98 reb FAIR 1. Decedent's Neme (First, Middla, Last) 2. Date of Death 3. Time of Death Month **Physician** AARON TRACEY FAIR JANUARY 1, 1998 00:45 AM /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** N/A 909 NORTH CALHOUN STREET BALTIMORE 9. Birthplace (State or Foreign Country)
Maryland 8. Date of Birth (Month, Day Year) 74 If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthday) 5. Social Security Number **Funeral** 220-90-5620 10 M 2□ F Months Days Hours Min 23 Yrs. Director Usual Rasidence of Decedent the Maryland 10d. Inside City Limits r 28a-f show a notified at 10a State 10b. County 10c. City. Town or Location MD N/A BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or frame 23s or traumatic event, the Medical Examiner must be a 706 LINNARD STREET U.S.A. 21229 Funeral 12. Was Decedent Ever in U.S. Armed Forces? Y.M. Yes. STAND 9/13/94 It Yes, Give Yeer or Dates: 4/10/95 Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 72 hours after 1 Never Married 2 M Married 1 Yas ¾ No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Broadway Service Elamentary/Secondary (0-12) Collage (1-4or 5+) Protective Service Officer 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Pagas 1 and 2 should be filt mant of Health and Mental Hyant: If item 27 is marked other traumatic eventury or other traumatic eventuals. Be Ronald Fair Regina White 2 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Cassandra R. Fair 706 Linnard Street, Balto., MD Baltimore, 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, State 1 Deuriai 2 Cremation 3 Removal from State permit. Page Department of Important: If any Injury or once. King Memorial Park1/5/98 Randallstown, 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility 21. Signature of Funeral Service License LEROY O. DYETT & SON FUNERAL HOME, 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 nter the disease, pr complications that cause the heart failure. List only one cause on each time. death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, Approximate Intarval Between Onset and Death Physician /Medical Immediate Causa (Final gunshot wounds of head and neck disease or condition rasulting in daath) a. Two Examiner Dua to (or as a consaquence of): Examir Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or Injury that initiated events resulting in death) Last Due to (or as a consequence of): pug Box 68760 physician edical Due to (or es e consequence of): ž # Physician/M 950 23b. Did tobacco use contributa to the causa of death? Part II. Other significant conditions contributing to death but not resulting in the undariving causa given in Part I. Records, P.O. 1 Yea 2⊠No 3 Probably 4 Unknown 5 24b. Wera autopsy findings avellable prior to 24a. Was an autopsy performed? Completed completion of cause of death? 1DYYas 2 No 1DYYes 2□ No la 25. Was casa ratarred to medical Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6X Other (Specify) SCENE 0 1 Yes 2 No 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death Date of Injury (Month, Day Year) 28b. Time of Certification: 5 Pending Injury 1 Natural 00:40 M 1 ☐ Yes 2 No investigation 2 Accident -1-98 Subject was shot 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 909 North Calheur 4 Homicide Baltimore City, Maryland Street 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to tha causa(s) and mannar as stated.

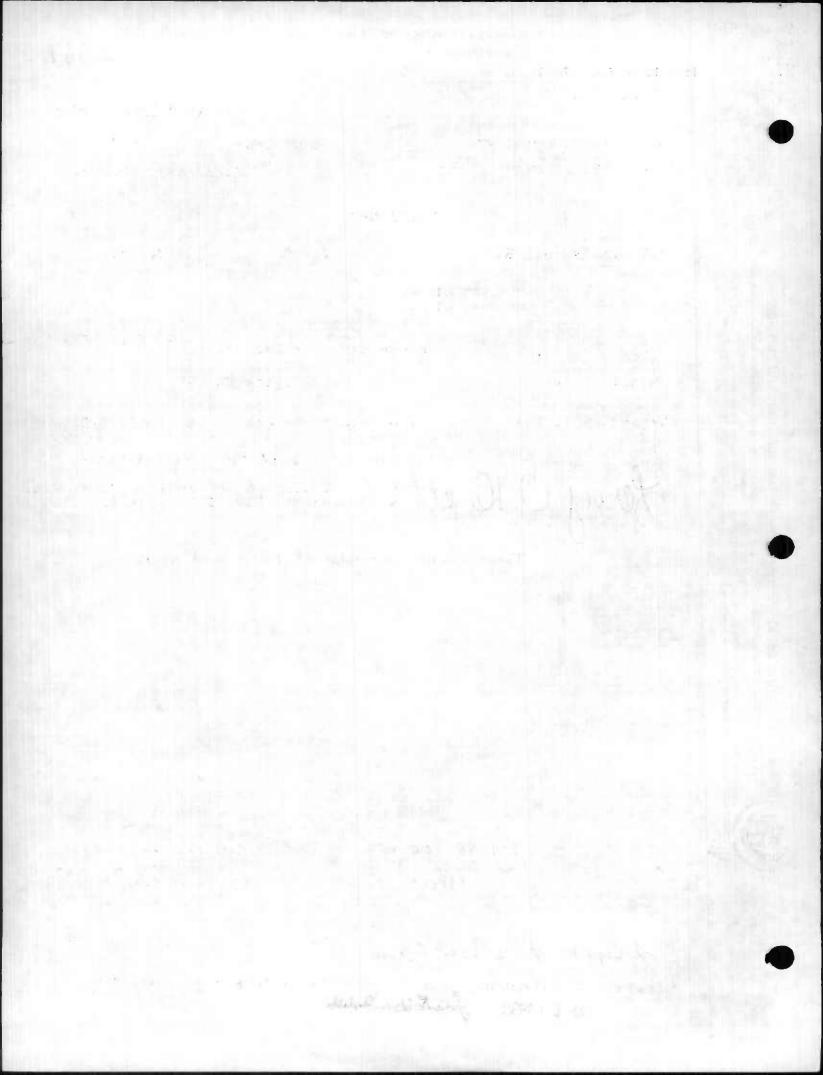
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et tha time, date and place, and due to tha causa(s) 29a, Certifier Medical (Check only one) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number OCME JANUARY 01, 1998 30. Nama and addrass of person who completed cause of death (Item 26a) (Type, Print) Mp111 Penn Street, Baltimore, Maryland 21201

Stephen S, 31. Date filed (Month, Day, Year)

JAN 06

Radentz

1998 Special Special Parish



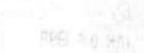
PATRICIA ANNE COLDEN

State of Maryland / Depart

irtment of Health and Mental	Hygiene	0	0	00	0
tificate of Death	Reg. No.	0	U	00	0

AIRICIA F	ANNE GOLDEN			Certifica	te of	Death			Reg. No.	000	100
- 5.4	1. Decedent's Neme (First, Middle	, Last)						2. Dete of Dea	ath		3. Time of Death
Physician (Madical	Patricia Anne	Golden						JAN.	Dey 3. 199	Yeer	0345 AM
/Medical Examiner	4a Facility Name (If not institution, ROUTE# 424	give street and numbe	or)			4b. City, To	wn, or Lo	cation of Death	4c. County		Y
Funeral Director	5. Sociel Security Number 216-82-8672	6. Sex 1 M X F	Age (In yrs. last bir 23	thday) If Und Month	er 1 Year Days	If Under Hours	Min.	8. Date of Birt (Month, Da	h y. Year) 1974	9. Birthplac Country Maryl	-
>	Usuel Residence of Decedent 10a. State 10b. County		10c. City, Tow	n or Location						404	Inoldo Olty I imite
art show		George's		Marlbon	0					100.	. Inside City Limits 1 ☐ Yes 2 No
r 28	10e. Street and Number			10f. Z	ip Code				10g. Citizen of	Whet Country	n
Sa C la	8706 Crain High	way, S.E.		20	772				USA		
is merked other than "natural", or items 23a or 28a-f show summitte event, the Modical Examples must be notified at To Be Completed by Funeral Director	11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Was Deceder Armed Forces at 1 Yes 2 2 If Yes, Give Year or Dates	s? ¶No			Hispenic Ori an, Mexicar Specify:	gin? (Spe n, Puerto F	cify Yes or No Rican, etc.)	14. Rad Bla Specif	Race - American Indian, Black, White, etc.	
d other than "naturi event, the Medical I event, the Medical I Be Completed	15. Decedent (Specify only highes: Elementery/Secondery (0-12)	s Education t grade completed) College (1-4o	r 5+)	Decedent's Us (Give kind of v life, DO NOT	rork done use retire	during mos d)	t of workir	ng	16b. Kind of B		Btry
CO	12		G	eneral	Manag		e e ures i		Lawn (
B e	17. Father's Name (First, Middle, L								Maiden Suman	ne)	
10	Michael Joseph							Cone By	-		
Eng.	19a. Informant's Name/Relationsh								er, City or Town		
or other traumatic	Anne T. Riley -		20b. Place o	706 Craj f Disposition (N ry, crematory of	ame of		, S.I	E., Upp	er Marl		MD 20772 n, State
ry or	1X Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		0				ens 1	1/6/98	Davidso	nville	. MD
eny Injury o	21. Signeture of Funear Service	Consee /	1111	22. Name	and Addre	ess of Fecilit	al Ho	ome, P.	Α.		
	23e. Pert1. Enter the diseese, or shock, or heert failure. List of	omplications that caus	ed the deeth. Do						lis, MD		pproximete
iner Jaulus	resulting in deeth) Sequentially list conditions, if any, leeding to Immediate	b	Due to (or as a		n):						
n/Medicar E	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Lest	c	Due to (or es e	consequence of):						
8 8	Deat II Other standings and distance		6	- No - 1 - 4 - 4 - 1		and the Parallel		non Did	1 1 1 1 1 1 1 1 1 1		ha anuan of deathf
be detached for us by Physician	Pert II. Other significant condition	ns contributing to death	but not resulting it	n the underlying	cause gr	ven in Pan i			Yes 2⊠No		he cause of death? bly 4 - Unknow
pieted								24a. Wes perfo	en eutopsy med?	availa	autopsy findings able prior to oletion of cause ath?
Com								154	res 2 No	150	res 2□ No
Be C	25. Was case referred to medical					26. Place	of Deeth	(Check only o	nne)		
To Be C	exeminer? XXYes 2 No	Hospital:	tient 2 ER/Ou	utpatient 3□ (DOA OH					ner (Specify)	ROADWAY
	27. Manner of Death 1 Naturel 28-Accident 5 Pending investig	28e. Dete of In (Month, D	jury 28b.	Time of njury 33 /LM	28c. Inju Wo		2	28d. Describe I	now Injury occur	red	
ed in by the funeral	3 Suicide 4 Homicide 38. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)								on bot	Route Number,	
completely filled in E	29e. Certifier (Check only one) 1 Certifying Madical E	Physician: To the bes xaminar: On the basis and menner:	of examinetion en	dor investigation	d et the ti	me, dete en opinion, des	d plece, e	and due to the ed at the time,	cause(s) and m	enner as state end due to th	ed. ne cause(s)
Me Me	29b. Signature and title of cartifier			2	9c. Licens	se number			29d. Date signe	ed (Month, Da	ly, Year)
0	1 Denni	I Churk			0.0	C.M. E	Ε		JAN. 4	1, 1998	3
6	30. Name and address of person y Dennis JC	no completed cause of			treet	t, Bal	Ltimo	re, Mai	ryland 2	21201	
State	31. Date filed (Month, Day, Year)	#32. Partis	strar's Signature	-					2		

Registrar

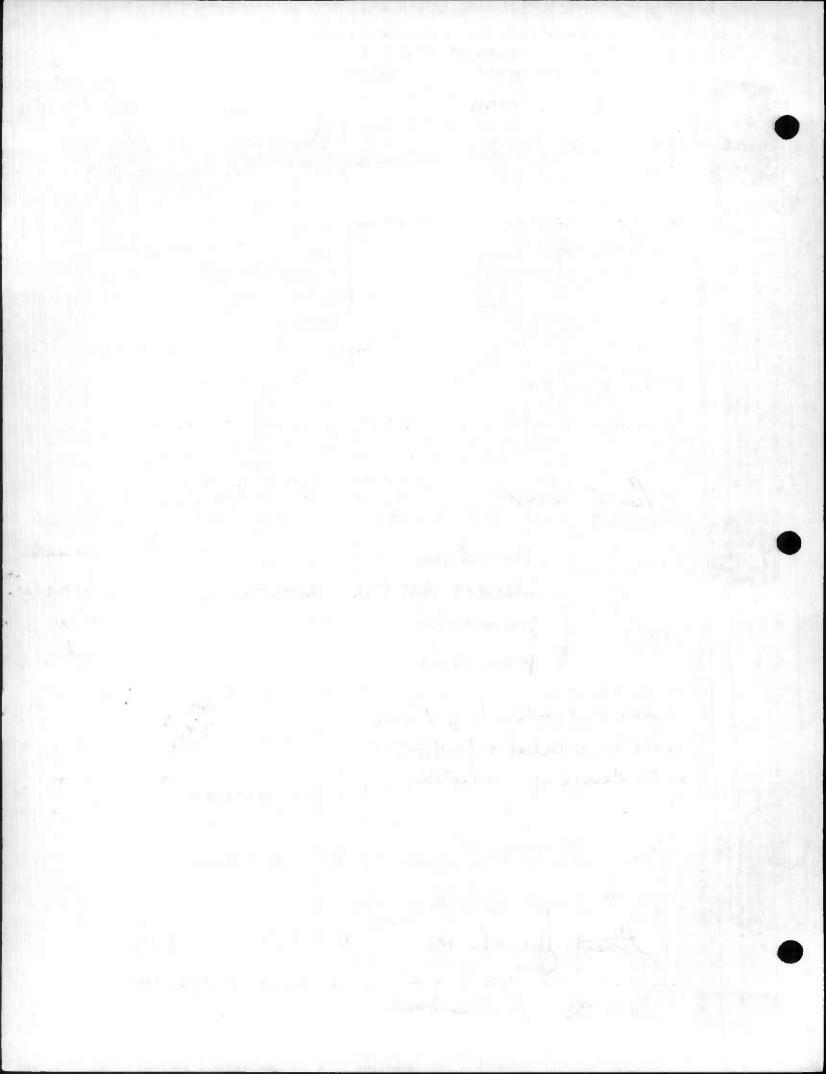


CE NO TE 2

State of Maryland / Department of Health and Mental Hygiene()

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death C. Month **Physician** Ginn JOHNAY ohn 2:09 PN /Medical 4b. City, Town, or Location of Death Examiner Cley BUTTIE Vorin Hrund If Under 1 Year 8. Date of Birth (Month, Dey, Dec. 31, 5. Social Security Number Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months Days Hours 238-26-9577 1922 N. Carolina 75 Yrs. **Director** Usual Residence of Decedant the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or items 23s or 28a-f show treumstic event, the Modical Examiner must be notified at 10d. Insida City Limits 1 ☐ Yes 2 ☐ No Director Maryland Anne Arundel Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 901 Amelia Ave. 21060 United States 2 should be filed within 72 hours after death and Mental Hygiene. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Black, Whita, atc. 11 Marital Status 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes ŽŒNo Specify: White by 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Iron Worker Construction 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) General Jackson Ginn Sally Ann Howell 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If Item 27 is n any injury or other treun Cheryl Keeter/Daughter 1210 Pine Cone Court Severn, MD 21144 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from Stata January 6, Cedar Hill Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Brooklyn Park, MD 1998 21. Signature Funeral Service Licansae Kirkiey-Ruddick Funeral Home 421 Crain Hwy. S.E. Glen Burnie, MD 21061 23a. Part1. Enter the diseasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Betw Onsat and Death **Physician** /Medicai Immediate Cause (Final 30 minutes diseese or condition resulting in death) Examiner ture Sequantially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue physician is the burial Box 68760. neumuthorax Physician/Medical Dua to (or as a consequence of): attending P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ 8 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? 200 1 ante Servo 륍 1 ☐ Yes 2 No 1 Yas -PNO Ital 25. Was case referred to medical Be 26. Piace of Death (Check only ona) examiner? Hospital: 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 4 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 1- Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlelde To the Hospital within 24 hours a To the Funeral D Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and menner es ateted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature and title of cartifier 29c. License number 29d. Data signed (Month, Day, Year) 2 my 12 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 20 Dr. Stuart Jacobs 1600 Crain Hwy. S.W. Glen Burnie, MD 21061 31. Date filed (Month, Dey, Year)
JAN 0 6 1998 State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien® Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** 4c. County of Death 2:35 M /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number Examiner GENERAL 9. Birth 5. Sociel Security Number plece (State or Foreign Under 24 Hrs. 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, **Funeral** Deys Hours 1 □ M 2 0 F 3-20-4/57 Residence of Decedent Director South 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 Yes 2□ No Director 10e. Street end Nu 10g. Citizen of Whet Country? ŏ 229 "naturel", or items 23s Funeral Wes Decedent Eve Armed Forces? 1 Yes 2 No 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No by Specify 3 Widowed 4 □ Divorced Specify: Black Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than ' Elementery/Secondery (0-12) College (1-4or 5+) an 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be erriman oseph 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurei Route Number, City or Town, Denison St. Baltinore, vene of rother place) p. January 20c. Location Sister 20b. Piece of Disposition cemetery, cremetory Method of Disposition
1 □ Burial 2 □ Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Douglass Funera Service 1701 Mc Culloh Street, Battimore, md. 21217 disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) **Examiner** Cardiovascular Disease Physician/Medical Examiner Tosclerotic Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or as a consequence of) attending for use P.O. Box Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. detached 23b. Did tobacco use contribute to the cause of death? s been signed by I 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Be Completed 24e. Wes en autopsy performed? certificate has t lirector, page 2 s 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

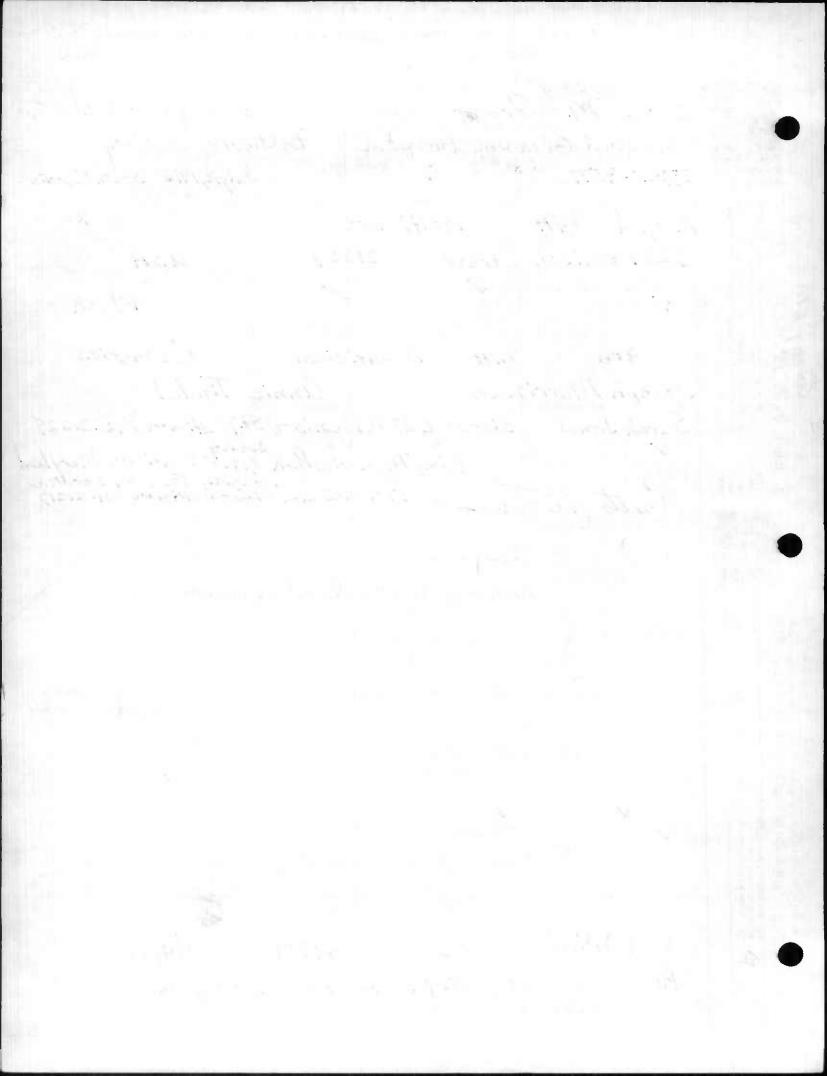
To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 D Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 1 Maturel 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Tyes 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner as steted.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted. 29e. Certifier (Check only one) 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Day, Year)

who completed cause of deeth (Item 23e) (Type, Print)

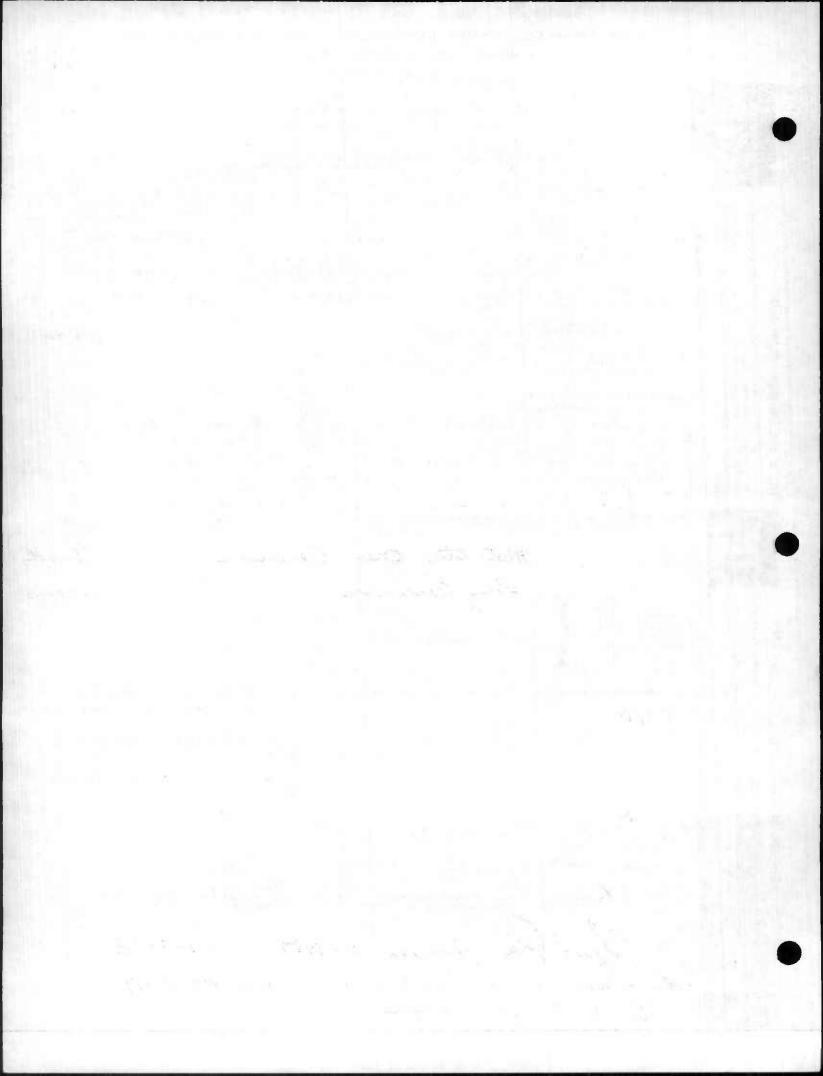
MARYLAND GENERAL HIS p. tal

State Registrar

31, Date filed (Month.



Funeral Director	214-18-3068 Usual Residence of Decedent 10a. Stete 10b. County	nley Road Sex 10 M 2 AF 7. Age (In yi	Montl	Wood der 1 Yaar If Undar 24 F	Irs. 8. Dete of Bi	4c. County Ba	Year 998 9,304.M of Death 2/40	
Funeral Director	7 40 4 Sh 1 5. Sociel Security Number 6. 214-18-3068 Usual Residence of Decedent 10a. Stete 10b. County 4 d 10a. Street and Number 22 4 Deni	Sex 10 M 200 F 7. Age (in y)	Yrs. Month	Wood der 1 Yaar If Undar 24 F	Irs. 8. Dete of Bi	Ba		
or	214-18-3068 Usual Residence of Decedent 10a. Stete 10b. County Hd 10a. Street and Number 224 Deni	Sex 11 M 2 A F 7. Age (In y)	Yrs. Month	der 1 Yaar If Undar 24 h	Irs. 8. Dete of Bi		- /	
Funeral Director	10a. Stete 10b. County Hd 10a. Street and Number 224 Deni		City, Town or Location			ey. Year)	Birthplaca (Stata or Foreign Country) Md	
Funeral Director	10a. Street and Number 224 Deni	VA E	7				10d. Inside City Limits	
Funeral Direc	224 N. Deni	. ,	Baltimor	e			1 Yes 2□No	
Funer	11. Meritel Stetus	nisun Str	rest 10f.	Zip Code 7,1229		10g. Citizen of Whet Country?		
natur edical	1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in Armed Forces? 1 Yes 2 No If Yas, Give Yaar or Dates:	If Yes, s	cedent of Hispanic Origin? specify Cuben, Mexican, Pu s 2200 Specify:	(Specify Yas or Nerto Rican, etc.)		e - Amarican Indian, ck, White, etc.	
mpleted	15. Decadent's Elementery/Secondery (0-12)	College (1-4or 5+)	16a. Decedent's U (Give kind of life. DO NO	work done during most of T use retired)	-	16b. Kind of Bu Weste	islness/Industry in Electric	
ပ္	17. Fether's Nema (First, Middle, Las	Lyrs	Capie	18. Mother's 1	Name (First, Middle	, Maiden Surnam	a)	
ToB	William Par	in i		E/s,	e Gou	iens		
	19e. Informent's Neme/Relationship	(Type, Print)	19b. Malling Addr	ess (Street end Number or	Rurel Route Numb	per, City or Town,	Stata, Zip Code)	
	Saundra f	owers - Daught	Pleca of Disposition (Shirley	Road	Da Ho	Md Z1Z07 City or Town, Stete	
	1 Buriel 2 Crametion 3 4 Donetion 5 Other (Special	Removel from Stete	cemetery, cremetory	Gen Day	1-7-98	60.00	of and	
-	21. Signature of Funaral Service Lice	70	22. Nama	and Addrass of Fecility	17-7-70	range	21215	
	1 200	- W 0.4.	May	sh West	h Ap.	2110 13	a Ho red	
	23a. Part1. Enter tha diseese, or cor shock, or heert feilure. List only	applications that caused the de	eth. Do not enter the n	node of dying, such es care	diec or respiretory		Approximete Intervel Between	
	Immediate Cause (Final disease or condition resulting In death)	. motestal	ic Bri	in Carci	noma		Onset and Deeth Omorth	
Examiner		b. Lung (Parcinon	na			18months	
xau	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Joue to	(or es e consequenca	of):				
edical	thet mitleted events	c. Due to	(or es e consequenca d	of:				
	resulting In deeth) Lest		(
lan		d				,		
Physician/M	Pert II. Other eignificant conditione	contributing to death but not re	esulting in the underlyin	ng cause given In Pert I.		/	ntribute to the cause of death?	
by Pt	COPD				11/2	M(ee 2□ No	3 Probably 4 Unknow	
Completed b		E				s an eutopsy omed?	24b. Were eutopsy findings available prior to completion of causa of death?	
Com					10	Yes 2 No	1 ☐ Yas 2 ☐ No	
a a	25. Wes case referred to medical exeminer?				Deeth (Check only	one)		
5	1 Yes No	Hospitel: 1 Inpatient 2		DOA Other: 4 Nursin		how Injury occurr		
tion	1 Neturel 5 Pending Investigation	28e. Dete of Injury (Month, Day Year)	Injury	28c. Injury et Work?	200. 2000.120	now injury coour		
Certification:	3 Sulcide 4 Homlcide 6 Could not I determined		(Street and Numb wn, State)	er or Rural Route Number,				
edical	29e. Certifier (Check only Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner (Check only Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner (Check only Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner							
	29b. Signature and title Certifier		29d. Date signer	d (Month, Dey, Year)				
	· Plant	Che al.	101011	29c. License number D 2 8987		1-5-9		
1	30. Name end eddress of person who	dompleted cause of tleeth (em 23e) (Type Print)	2-0/4/		, – ,	<u> </u>	
			OCY RAVEN	BLUD B	4L70, M	0 2/23	19	



98-0011-510 AM ELLEN

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Depa

artment of Health and	Mental Hygiene	R	0	n	n	7	6
rtificate of Death	Reg. No.	0	U	U	U	-	C

3. Time of Death

9:23 P

10d. Inside City Limits

MD

Approximate Intarval Between Onset and Death

2/1 No

1 TYes

29d. Date signed (Month, Day, Year)

JANUARY 02,1998

1 Yes 2 No

Physician /Medical Examiner

GARRETT

Funeral Director

with the Marylend 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examines must be notified at Directo Funeral death filed within 72 hours effer Completed Hygiena. parmit. Pages 1 and 2 should be file Decarment of Health and Mental Hy important: if fam 27 is marked other any injury or other traumatic event Be 2

altimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be axecuted physicien end the burial-tran 60 use for signed by the pege 2 should peen certificate has ilng Physician: this uneral After

of Vital Records. P.O. Box 68760

1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day Year GARRETT ELLEN **JANUARY** 01,1998 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death N/A JOHNS HOPKINS HOSPITAL ER BALTIMORE
If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 2-25-1946 7. Age (In yrs. lest birthday) 51 Yrs. Birthplace (State or Foreign Country)
 MD 5. Social Security Number 6. Sex 1□M 2♥F Months Deys Hours Min. 214-44-2527 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location MD N/A BALTIMORE 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1500 N.COLLINGTON AVE. 21213 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: AFR.AMERICAN by 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry PEOPLE ENCOURAGING Elementary/Secondary (0-12) College (1-4or 5+) PSYCHO SOCIAL COUNSELOR PEOPLE 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) WILLIAM JAMES CARL GARRETT MOENIA GARRETT 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) WILLIAM GARRETT (SON) 8907 LESAN ROAD RANDALLSTOWN MD 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Locetion - City or Town, State 1 Burial 2 Cremation 3 Removal from State WOODLAWN CEMETERY 1-8-1998 WOODLAWN 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Euneral Service Licensee EUGENE N 22. Nama and Addrass of Facility WALKER ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE MD 21217 what the mode of dying, such as cardiac or respiratory arrest, Ma daath. Do not antar Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of) Examiner Sequentielly list conditions, if any, leading to immediate ceuse. Entar Underlying Causa (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medicai Due to (or as e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Ninknown þ 24b. Were autopsy findings available prior to completion of ceuse of deeth? Completed 24a. Was an autopsy 1 Yas Be 25. Wes cese referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ▼ Yes 2 No 1 Inpetient 3 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: Naturel Injury 5 Pending 1 Yes 2 No Investigation 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicida

State Registrar

edical

29a. Cartifiar (Check only one)

29b. Signature and title of certifier

THEODORE M.K.

30. Name and addrass of person who completed ceusa of thath (Item 23a) (Type, Print)

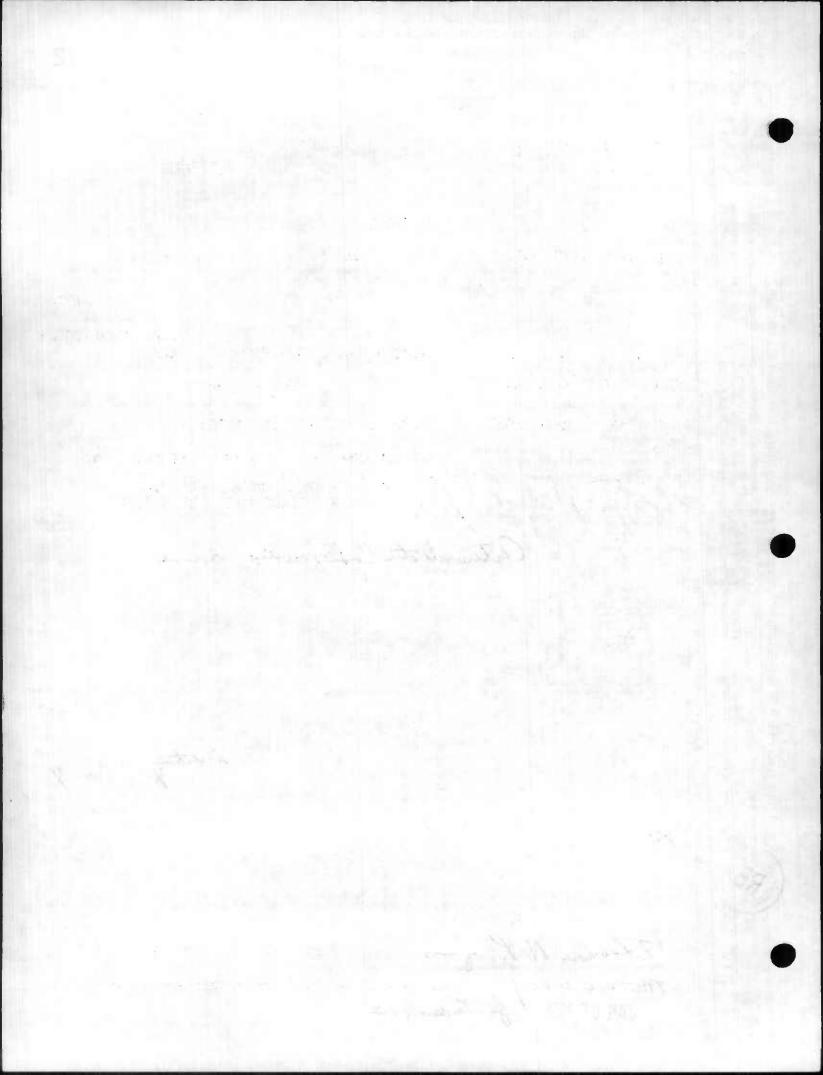
111 Penn Street, Baltimore, Maryland 21201 Megistrar's Signature

1 Certifying Physicien: To the best of my knowledga, daath occurred at tha time, date and place, and due to the cause(s) and manner as stated.

2 Medicel Examiner: On tha basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29c. License number

OCME



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

							Cei	tificate	of	Death		Reg. No.	0 0	010
	Physici	an	Decedant's Nem-	e (First, Middla, Li	nst)						2. Dete of Dee Month	Dey	Year	3. Time of Deeth
	/Medi		MAY				HEL	1			JAN.	04,1		7:55A.M
∑	Examir	ner	4a. Facility Name (I	not institution, gi	a street and numbe	or)				4b. City, Town, or Lo	callon of Deeth	4c. County	of Death	
	Funeral Director		RIDGEWAY 5. Sociel Sacurity N 214-03-68	50	RSING HOM Sex 7./	E Aga (In yrs. I 85	ast birthdey) Yrs.	If Under 1 Months	Yeer	CATONSVII If Under 24 Hrs. Hours Min.	8. Data of Birth	BAL/	9. Birthp Coun	lece (Stete or Foraign try)
pug	3		Usuel Residence of 10a. Slata	Decedeni 10b. County		10c City	, Town or Lo	cation					1	0d. Inside City Limits
Menyle	t show	-io	MARYLAND	BALTIMO	DE		ONSVI							1 ☐ Yas 2 ☑ No
9	289	rect	10e. Street and Nur			CA.	LONDVII	10f. Zip C	ode			10g. Citizan of	What Coun	
N With	3a o	OF	5743 EDMO	NDSON AV	ENUE				212	228		U	.S.A.	
d 21215-0020 filed within 72 hours after death with the Meryland	ral', or items 23a or 28e-f show Examiner must be notified at	by Funeral Director	11. Marital Status Navar Marri Widowed	ed 2 Married	12. Was Deceder Armed Forcas 1 Yas 25 If Yes, Give Year or Detas	No No		Vas Deceda i Yes, specif		dispanic Origin? (Span, Mexican, Puerto Specify:	ecify Yas or No- Rican, atc.)	14. Rei Bie Specif	ce - Amaric ck, White, y: WH	
21215-0020 d within 72 hours af	dica	Completed	(Spec	15. Decedent's E ify only highest grandery (0-12)	ducation ada completed) College (1-40	r 5+)	16a. Deced (Give life. L	lent's Usuel kind of work DO NOT use	Occup done retire	pation during most of work d)	ing	16b. Kind of B		
d 2	Hygiene. ther ther ent, the		17. Fathar's Nama	First Middle Last	2		OFFIC	E MANA	GEI	18. Mother's Nema	(First Middle	LIFE Meiden Sumar		ANCE
S 8	f Health and Mental Hygiene. Item 27 Ie merked other than other traumatic event, the Me	To Be	EMORY HEL		,						THA MCG		,,,,	
aryla	end Me	F	19e. Informent's Na		Type, Print)		19b. Meilin	g Address (Street	end Number or Run			, Stete, Zip	Code)
C	27 ie		M. CATHLE	EN POWAR	D, NIECE					HIRE ROAD				
E S	0 - 2				Removel from Stet	9 06	lece of Dispo ematary, cran JDON P	netory or oth	ar ple		Date /7/98	20c. Location BALTIM		wn, Siete MARYLAND
Balt Permit.	Department Important: 1 any Injury o		21. Signature of Fu	nerel Service Lice	nsee Buh					ss of Facility WIT	TZKE FUI			
68760, if call the amounted in	Medical caminer and see the three per per per per per per per per per	Aedical Examiner	Immediate Cause (disaase or condition resulting in death) Sequentially list conif any, leading to impressed in the cause. Enter Unda Cause (Disease or that initiated events resulting in death) L	nditions, mediala riving injury	b	Dua to (or	r es a consequence as a	uence of);	Ju	miald of in	adono knoun	Carcino	ma	
I Records, P.O. Box The law requires that the death cert	signed by the attending d be detached for use	Physician/M	Part II. Other significant	cant conditions	-	A		nderlying cau	se giv	ven in Pert I.	23b. Did t	obacco usa co	entributs to	the cause of death?
IS, P.O	igned by be detact	by	Bugik	true He	cont fa	Dese	2	-				/88 2□ No	3 □ Prol	bebly 4 SUnknown
of Vital Records, Physician: The law requires the	peen	Completed	Coxin	my A	stery	Dise	are				24a, Wes a	in autopay med?	evi co	ere sutopsy findings ailable prior to mpletion of cause death?
	certificate has irector, page 2										1 🗆 Y	es 25KNo	10	Yes 2□ No
of Vita	is certific director,	Be C	25. Was case referrence examiner?		Hospitel:				Oth	26. Placa of Deet		-		
	r this aral di	To To	1 ☐ Yes 2 ☐		1 Linpa		ER/Outpatien 28b. Tima of			4 La Nursing Ho				1)
Division To the Hospital or Attending	after death. Director: After I in by the funer	Certification:						Par) Injury Work? 1 □ Yes 2 □ No - Al home, ferm, street, fectory, office 28f. Location (Street and Number or Rural Route Number,					l Route Number,	
Hospital o	within 24 hours at To the Funeral D completely filled i	27. Manner of Deeth 1 Neturai 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 28a. Piece of injury building, etc. 28a. Piece of injury (Month, Dey) 28a. Piece of injury building, etc. 29a. Certifler (Check only one) 2 Medical Examiner: On the basis of a and manner state				of axaminati	viedge, deeth ion end/or inv	occurred at estigetion, Ir	the tir	me, date end plece, pinion, deeth occurr	end due to the c	cause(s) and m date and piece,	annar as st	ated. the cause(s)
Toth	To the comp	Me	29b. Signature and	1 ()	ya MD					75 4 /	1	29d. Dete signe Jan 5		
	10		30. Neme end eddre	ess of person who Hollins	completed cause of	deeth (Item	23a) (Type, 1	Perion	re	, MD	2122	7		
	Sta Registr		31. Dete filed (Mont	h, Dey, Year) 6 1998	Julianta	trans Signal	Sinde BL							

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8

				Certificate of	Death	Re	g. No.	00	0 1 1
Physici /Medic		1. Decedent's Nama (First, Middle, Lest) FRANKLIN L. H UBR	ann			2. Data of Death Month January	Day	Yaar 998	3. Tima of Deeth 0415
Examin		4a. Facility Nema (If not institution, give street end nu	mber)		4b. City, Town, or Lo		4c. County of		0415
		DEATON SPECIALTY	405817	AL Hilladar 1 Year	BOIMM	OVE	10	10	
Funeral Director	2	5. Social Sacurity Number 2/2 -48 - 96 45 Usual Residence of Decadant	7. Age (In yrs. last birti	Months Days		8. Date of Birth (Month, Dey, Aug. /	Yeer) 949		ca (State or Foreign
yland		10a. Steta 10b. County	10c. City, Town	or Location				100	d. Insida City Limits
the Marylar r 28a-1 show	ctor	Mary/mo ~/A	Boltin	NOE					1 Tes 2 □ No
ith with th	Funeral Director	10e. Street and Number 3301 Hills DALE ROM	9	10f. Zip Code	21207	10	g. Citizan of Wh	at Countr	y?
5-0020 72 hours after death with the Maryland netural; or items 23a or 28a-1 show sical Examiner must be noutled at	by	11. Marital Status 12. Wes Dece Armed Fe 12. Wes Dece Armed Fe 1	2 No	13. Was Decedant of If Yes, specify Cul	Hispenic Origin? (Spa ban, Maxican, Puarto I Specity:	cify Yas or No- Rican, etc.)	14. Race Black, Specifyi-	Amarican Whita, at	с.
15-0 72 ho natur	eted	15. Dacedant's Education (Specify only highest grade completed)	16a. I	Decedent's Usuel Occu (Give kind of work done life. DO NOT use retin	petion during most of working	na 1	6b. Kind of Busi	inass/Indu	stry
212 d within glene.	Be Completed	Elementary/Secondery (0-12) College (1	-40(5+)	ille. DONOT use retin	acrication		MCI		
Maryland 2 d 2 should be filed th and Mental Hygi 7 is marked other traumatic event,	To Be (17. Father's Nama (First, Middle, Last) CLAUDIC HUBBAYD, V			18. Mother's Nama Suanta				
IOre, Maryla ges 1 and 2 should tr of Health and Men If item 27 is marke or other traumatic		19e. Informant's Name/Relationship (Type, Print) Claudie Huspard, Jr	196.	Mailing Address (Street 6 Grantle	et end Number or Rura	BALLIM 6	City or Town, Si	tate, Zip C	Code)
		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from 4 ☐ Donation 5 ☐ Othar (Specify)	20b. Placa of cemetery	Disposition (Neme of comments of comments of the comments of t	eca) /-	Deta 2 18-97 K	Oc. Location - C	ity or Tow	n, Stata
Baltin permit. Pa Department Important: any injury once.		21. Signature of Funaral Service, Licensee		22. Nama and Addr	assor Facility CN.	o ROAD		F. N	
		23a. Part1, Entar tha disaasa, or complications that c shock, or haart ailura. List only ona ceuse on e	aused tha daath. Do no	BS HIMUIE ot antar tha moda of dy	ing, such es cardiac o	r raspiratory erres	st,	1	Approximete ntarval Between
Physician	1							C	Onsat and Death
/Medical Examiner		Immediata Causa (Final diseasa or condition resulting in daath)	DHEAD	MJURY					2 MONTHS
V 11	Jer.	. 20	Due to (or as e co		+ 0 =		D. #14 .		
and Fransk	Examiner	Sequentially list conditions,	Due to (or as a co	IN JURY onsequence of):	ag CER	VICAL ZE	VELS 48	>	
		Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseesa or Injury	WE TO MI	STOR VEIT	ICLE ACC	IDENT		į	
ificate be a g physician as the buria	edical	that initiated avants rasulting In deeth) Last	Dua to (or as e co						
. 2 5 .	N/W	d						1	
ne death ce the attend	Physician/	Part II. Other significant conditions contributing to da	ath but not rasulting in	tha undarlying causa g	ivan in Pert I.	23b. Did tob	acco use contr	ibuta to t	he cause of death?
The law requires that the sie has been signed by the page 2 should be detached	Phy		ath but not resulting in	L am		1 🗆 Yes	2 No 3	☐ Proba	bly 4 Unknown
equires to	d by		Mulhar	WAMINER		24a. Wes en		24h Wass	eutopay findings
t requ	lete	Mouge	OF ON MEDICA	T Eu.		parform	ed?	avail	a autopsy findings abla prior to pletion of cause ath?
he las le has age 2	Completed	DERTIFICATION	M VALUE			1 ☐ Yas	2 No	1 🗆 `	
ant: T	Bec	25. Was case rafarred to medical			26. Placa of Death		10	10	ras ZLINO
	TO B	examinar? 1 ☐ Yas 2500 Hospital:	npatiant 2 ER/Outp	patient 3 DOA Ot	har: 4 Nursing Hon			(Specify)	
	8	T Contains				8d. Dascribe how	v injury occurred	f	
RB	loat	Accident invastigation	1111	700	Yas 20 No	DESTMAN	STRUCK	BY	CARS
1	1		of mone, family, atc. (Specify) NEET	n, streat, factory, offica		8f. Location (Stre City or Town,			
Spills Noun	0 E	29a. Certifiar 1 Certifying Physician: To tha	best of my knowledge.	deeth occurred at the ti	ima data and place a	nd due to the car	ise(s) and mann	or ac etat	SWEN DAKS
the Ho in 24 he Fu	edical	(Check only one) 2 Medical Examinar: On the be end mann	sis of exemination and	or Invastigation, in my	opinion, daath occurre	d at tha tima, det	a end placa, sn	d dua to th	na causa(s)
To the Within To the comple	2	29b. Signature and tille of confiler		29c. Lican	sa number	290	d. Deta signed (Month, De	y, Year)
		1 / well	A	1 2	4015	1 0	1/5	19	8
		Nama and address of person who complated cause VIVIEN NE LOSE N		ype, Print)	KALTIMOR	E MD	2120		
Stat Registra		31. Data filed (Month, Dey, Year)	ogistrar's Signature	delle					

7500 CHOOSE MURELLY W. me and prompty does prompty have Company Human Jo 2

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Mary Heilia anuary 4a. Facility Nama (If not institution, giva street end number 4b. City, Town, or Location of Death 4c. County of Death Regional Hospital Prince beorge Laurel aurel 6. Sax If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthdey) If Undar 1 Year 8. Date of Birth (Month, Day, Year) 9. Birthpiaca (Stala or Foraign Hours 1□ M 2□ F 218 24 2862 88 Feb. 7, 1909 Maryland Usual Residence of Decedant 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits Prince George's Maryland Glenn Dale XX Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 6115 Bell Station Rd. 20769-9140 United States 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Stetus 14. Race - Amarican Indian. Bieck, Whita, atc. 1 ☐ Yas 2 ☐ No If Yes, Give 1 ☐ Nevar Married 2 ☐ Married 1 Yas 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Yeer or Datas: White 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry 18a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) Elementery/Secondery (0-12) College (1-4or 5+) 8 Own Home Homemaker 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Mary Norris Daniel Owens 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 6115 Bell Station Rd. Glenn Dale Maryland 20769-914D Bernard F. Heilig, Jr. son 20b. Place of Disposition (Nama of cametary, cramatory or other place) Jan. 6, 20c. Location - City or Town, State 20e. Method of Disposition ¥Buriai 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Ascension Church Cemetery Bowie Maryland 22. Name end Addrass of Facility Robert E. Evans Funeral Home Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one days on each line. Approximate intervel Batween Onset end Death Immediata Causa (Final diseasa or condition resulting in daath) Urosepsis Dua to (or as a consequence of): Sequantially list conditions, if any, laading to immadiata cause. Enter Undarfying Ceusa (Disaasa or Injury that initieted avants rasulting in daath) Last Dua to (or es a consequança of) Dua to (or as e consequança of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings evallabla prior to complation of cause of death? 24a. Was an eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No 25. Was casa raferred to madical examinar? 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 1 Nopatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 Natural 5 Pending 1 Yas 2 No Invastigation 2 Accident 3 Suicide 6 Could not be 28a. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homicida

Examiner the phys been signed by the should be deteched page 2 certificate Division of Vital Attending Physician: director this funerai After after death.

Physician

/Medical

Examiner

Funeral

Director

show

r 28a-f show

r than "natural", or items 23a or the Medical Examiner must be

27 is marked other traumatic event,

in and 2 should be fit. Health end Mentel Hem 27 is marked off

permit. Pages 1 end 2 Department of Health el important: If item 27 is sny injury or other trau

Physiclan

/Medical

Examiner

Directo

þ

Be

2

death with the Maryland

filed within 72 hours efter

altimore, Maryland 21215-0020

Physician/Medicai by Completed Be 2 Certification:

To the Hospital o within 24 hours aff To the Funeral Di completely filled in Medical

filled in by the

enny

1 Mon MID

29c. Licansa number 43260

The Certifying Physician: To the best of my knowledge, death occurred at tha tima, deta end piece, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. 29d. Deta signed (Month, Dey, Year)

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

Y May MD 14333 Laurel Bowe Rd #307 Laurel, MD

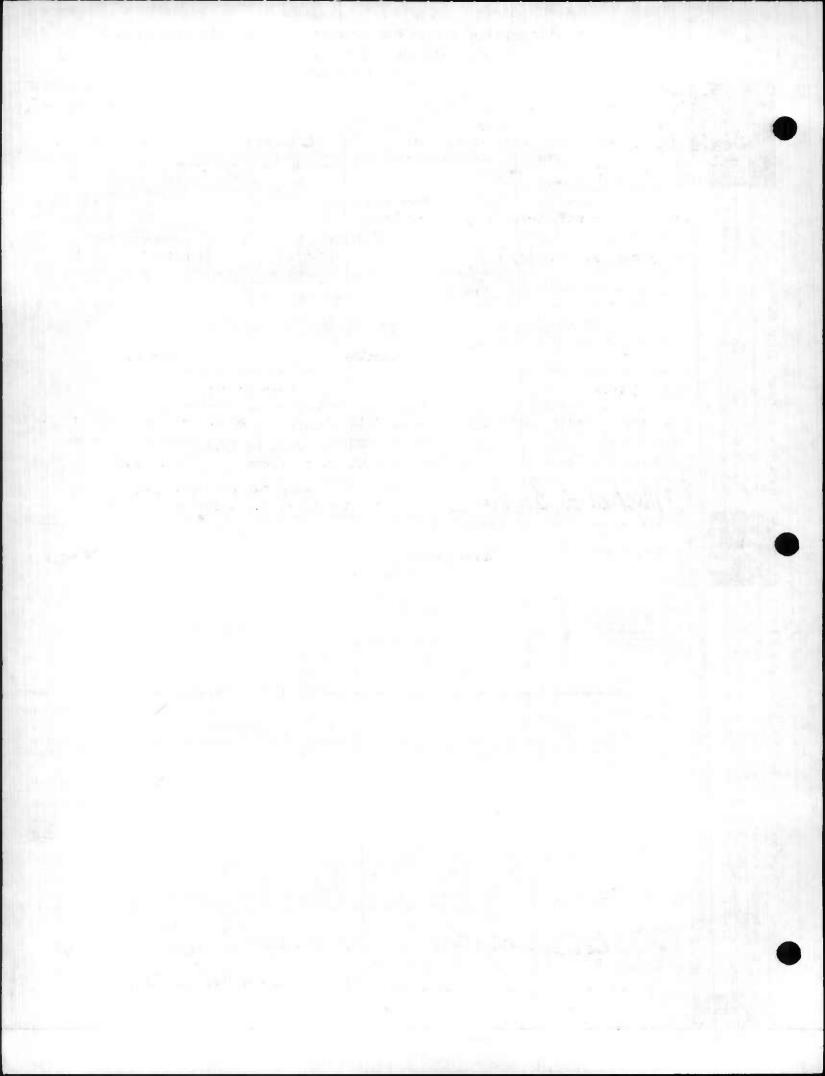
31. Data filad (Month, Day, Year) State Registrar

29a. Certifier

29b. Signature end titla of certifier

6

22. Ragistrar's Signatura



	_			State of Marylar		tificate of		mental Hy	rgiene	00076
	Physici /Medi		1. Decedent's Name (First, Middle, Last) Stephen A. Husba	nds				2. Date of Do Month Jan.	Day	Year 998 3. Time of Death 11:00 A.M.
	Examir Funeral Director		4a. Facility Name (# not institution, give s Anne Arundel Medi 5. Social Security Number 578 09 8224		last birthday) Yrs.	If Under 1 Year Months Days		S 8. Date of Bi	Anne	of Death Arundel 9. Birthpiace (State or Foreign Country) Delaware
	Meryland 4 show	lor	Usual Residence of Decedent 10a. State 10b. County Maryland Anne Aru		ty, Town or Loc					10d. Inside City Limits 1 □ Yes 220Hio
	3a or 28a	al Director	10e. Street and Number 1100 Pilgrim Court			10f. Zip Code	114		10g. Citizen of V	What Country?
020	n 72 hours after death with the Meryland "natural", or flems 23a or 28a-f ahow Botcal Examiner mut be northed at	by Funeral		2. Was Decedent Ever in L Armed Forces? 1 ⊠ Yes 2 □ No if Yes, Give Year or Dates: 43.	if		Hispanic Origin? (S ben, Mexican, Puer	pecify Yes or No to Rican, etc.)		e - American indian, ck, White, etc.
121	within than the Max	Completed	15. Decedant's Educ (Specify only highast grade Elamantary/Secondary (0-12)	ation	16a. Decad (Give I lifa. D	ent's Usuai Occu kind of work done OO NOT usa retire azier	pation a during most of wo ed)	rking		usiness/Industry
pu	be filed ntel Hygi d other event,	To Be Co	17. Fether's Name (First, Middle, Last) Ephriam A. Husband				Ethel	Elizabe	, Maiden Sumam th Cheff	ins
	s 1 and 2 should f Heelth end Mer tem 27 is marke other traumatic		19a. Informant's Name/Relationship (Typ. Helene V. Husbands 20e. Method of Disposition	Wife	1100		Court Cr	ofton M	aryland	21114
imor	Pages nent of ant: If it		1 ☐ Burial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Spacify)	emoval from State Fo	rt Linc	oln Ceme	etery	, 1998		od Maryland
Ba	Departicular Depar		21. Signature of Funeral Service Licensa	run	Ro 16	000 Anna	Evans Fu	Bowie	Md. 207	15
	Physician /Medical Examiner		23a. Land. Enter the disease, or complication, or heart failure. List only on immediate Cause (Final diseasa or condition resulting in death)	•••		y fall	1	or respiratory a	irrast,	Approximate Interval Between Onset and Death
90,		i Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury	Pulmer Due to (or as a consequence of the conse	Following and in the control of the	~a Cardiov	nyopat	hy	72 hours 72 hours 6 months
	atter din prize	an/Medical	that initiated events resulting in death) Last	Due to (c	r as e consequ	mye(,)	1-2 years
P.0.	Ine law requires that the death ite has been signed by the atter paga 2 should be detached for u	by Physician/M	Part II. Other significant conditions cont						tobacco uss con	ntributa to the cause of death? 3 Probably 4 Unknown
Division of Vital Records,	The law require ate has been sig paga 2 should t	Completed	- Preumania Leuko penia	after	Che	no there	aypy	perf	s an autopsy ormed?	24b. Wera autopsy findings available prior to completion of cause of death?
Vital		Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	ospital:		Ot Ot	26. Plece of Decher:	ath (Check only		1 ☐ Yes 2 ☐ No
sion of	After fune	cation: To	27. Manner of Death 1 Naturai 5 Pending 2 Accident investigation	28a. Date of injury (Month, Day Year)	28b. Time of Injury	28c. Inju	4 LI Nursing F		Idenca 6 Oth	
Divis	To the nospital or attent within 24 hours after deat To the Funeral Director: completaly filled in by the	l Certification:	3 Suicide 4 Homicide 6 Could not be determined	28e. Placa of injury - At h building, etc. (Specification)	(v)	•		City or To	wn, Stata)	er or Rural Routa Number,
	thin 24 host the Fun	Medical		cian: To the best of my kno er: On the basis of examina and manner stated.	ation and/or inve	estigation, in my	opinion, death occu	rred at the time,	date end pleca,	and due to the cause(s)
	X		fol falt in	D		D33	9654		-	Month, Day, Year)
	Sta	•		mpleted causa of daath (Iter 1110 1 15 32. Registrar's-Signs	09 R1	tchie	Itishway	Arn	old, m	10 21012
	Sta Registr		IAN 06 1998	32. Registrar's Signa	son-Gande	22				

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Dimetrius January 2, 1998
cation of Death 4c. County of Death Hajimihalis 11:10 pm 4b. City, Town, or Location of Death 4a Facility Name (If not institution, giva street and number) Doragen Court Lutherville Baltimore Co. If Under 1 Year If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) 6 Sax 8. Date of Birth (Month, Day, Yaar) Days 180 M 2□ F Months Yrs. 212-34-3379 80 June 17, 1917 Pennsylvania Usual Residence of Decedent 10c City Town or Location 10a State 10h County 10d. Inside City Limits 1 ☐ Yas 2 X No Baltimore Co. Maryland Lutherville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Doragen United States 1202 Court 21093 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 1 ☐ Yes 2 🔀 No If Yes, Give Yaar or Datas: 1 Navar Married 2X Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Store Owner Delicatessen 18. Mother's Nama (First, Middla, Maiden Sumame) 17. Father's Name (First, Middle, Last) Alexander Karavasilis Hajimihalis Styliane Karavasilis Hondroulis 19a, Informant's Name/Relationship (Type, Print) 19h. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Alec Hajimihalis/Son 10 Berrycrest Court Hunt Valley, Maryland 21030 20a, Mathod of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Greek Orthodox Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 1/6/98 Baltimore, Maryland 21. Signature of Funeral Service Licensae Brian A. Willem 22. Name and Address of Facility Leonard J. Ruck Funeral Home, Inc. Duin G. Wellen 5305 Harrford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Escyphajes 4 1 mack Lymphona Dua to (or as a consequence of): Trackea Due to (or es a consequença of) 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown NIA 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only ona)

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Funeral

Director

7 is marked other than "natural", or frems 23s or 28s-f show traumatic event, the Modical Examiner must be notified at

death

Saltimore, Maryland 21215-0020

permit. Pagas I and 2 should be filed withit Departmant of Health and Mental Hygiana. Important: if item 27 is marked other than any injury or other traumetr.

Physician/Medica signed by the P Completed

cartificata funaral director.

Be

L_o

Certification:

Medical

29a. Certifian

Division of Vital Records. al or Attending Physician: T s aftar death. ii Director: Aftar this cartifica' To the Hospital or within 24 hours aft To the Funeral Di completaly filled in

State Registrar

Immediate Cause (Final disaase or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thal initieted events resulting in daath) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 25. Was case raferred to medical examiner? Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b, Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Natural 2 Accidant Injury 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be detarmined 281. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Placa of Injury - At home, farm, street, factory, office building, atc. (Spacify) 4 Homicide

12 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner statad. 29d. Data signad (Menth, Day, Year) 29b. Signature and title of contiller 29c. License number

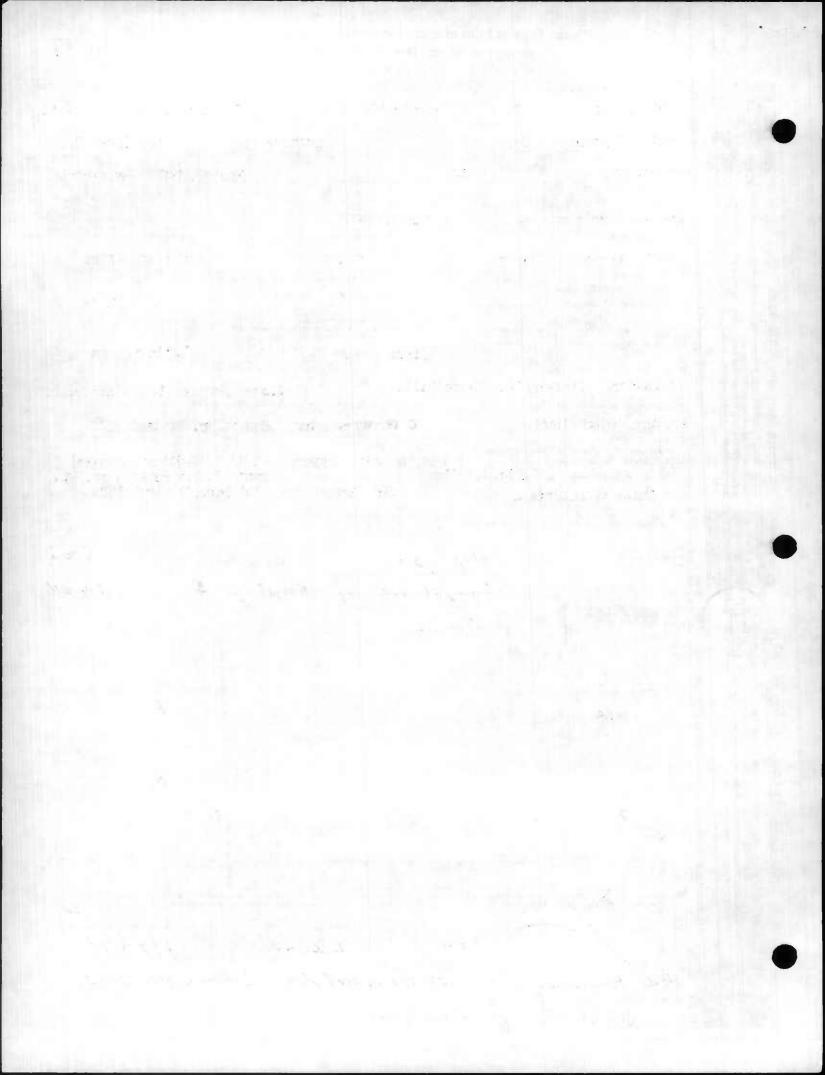
030648

30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print)

1 Hisderberger H.D. 4801 Yellowwood Ave north, Day, Year) 32. Aggistra's Signature

Baltimon MD 21209

31. Data filed (Month, Day, Year) JAN 06 1998 32. Registrar's Signature Shia Davidson Bandsell



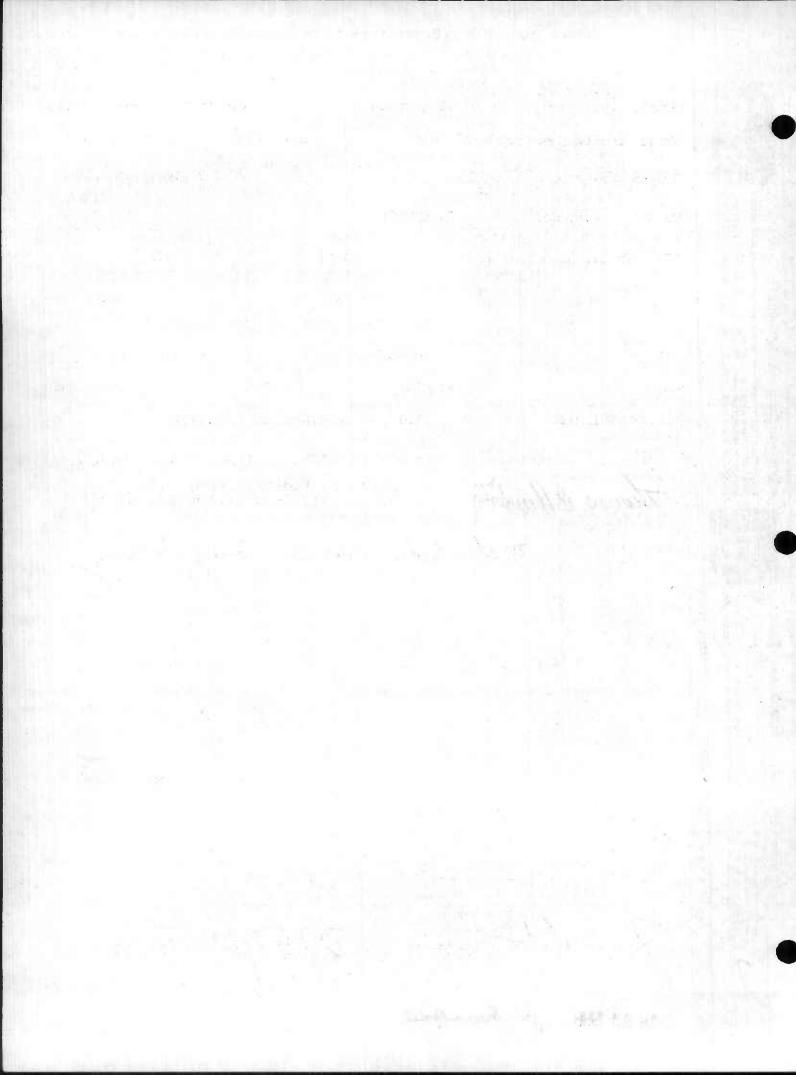
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Deta of Deeth January **Physiclan** 1998 9:00am Imperato Edelweiss /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Anne Arundel Anne Arundel Medical Center Annapolis If Undar 1 Year if Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Days Hours 1 M 2 F Yrs Director 151 24 2094 Usual Rasidance of Decedant JULY 29, 1921 Rome, Italy 76 Pages 1 and 2 should be filed within 72 hours efter death with the Manyland neal of Health and Mental Hygiene.

Int: If item 27 is marked other than "naturel", or items 23a or 28a-f show ant; If item 27 is marked other than "naturel", or items 23a or 28a-f show any or other traumatic event, it a Medical Examiner may be notified at 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ANNAPOLIS 1 ☐ Yas 2 ☐ No MD A.A. Co. Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Francis Nicholson Way 21401 USA 562 Funeral 12. Was Dacedant Evar in U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Yas 3€ No If Yas, Give Year or Dates: 1 ☐ Navar Married 2 ☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2€ No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 HOMEMAKER HOME 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meiden Sumema) PASQUINI ROMOLO ROSINNA OTTAVANNI 2 19a. informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) WILLIAM IMPERATO 110 JOHN LANE, LINTHICUM, MD. 21090 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Injury or permit. Page Depertment of Important: If any Injury or 4 □ Donation 5 1 Othar (Specify ENTMOBMENT HOLY ROOD MAUSOLEUM 1'5-98 MORRISTOWN, N.J. 21. Signatura of Funarai Sarvice Licensee 22. Name and Address of Fecility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 21401 nomas 23a. Part1. Entar the diseasa, or complications that causaid the death. Do not anter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete intarvai Batween Onset end Deeth **Physiclan** /Medicai immediata Causa (Finei disease or condition rasulting in death) Examiner Sequantially list conditions, if eny, laading to immadiata ceuse. Enter Undarlying Cause (Disease or Injury that Initiated evants rasulting in daath) Last Dua to (or as a consequence of) Records, P.O. Box 68750 Tages! Due to (or as e consequance of) aften ō ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributs to the cause of death? signed by 1 Yes 2□ No 3 Probably 4 Unknown þ been sig 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? page 2 has 1 Yas 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours efter death. 25. Was cesa refarred to medical Be 26. Placa of Daath (Check only ona) axaminer? Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 No 2 ☐ ER/Outpetient 3 ☐ DOA No inpatient this funeral 28a. Dete of injury (Month, Day Year) 27. Magnar of Death 28b. Tima of 28d. Describe how injury occurred Certification: 28c. injury at Work? After 1 Natural 5 Pending s efter death. 1 ☐ Yas 2 ☐ No Invastigation 2 Accident the 6 Could not be datarmined 3 T Suicide Place of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) in by 4 THomicide within 24 hours e To the Funeral D 29e. Certifier 1 Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical completely 2 Medical Examiner: On the basis of examinetion and/or invastigetion, in my opinion, deeth occurred at the time, date and piece, and due to the ceusa(s) and manner stated. 29b. Signature 29d. Dete Ingned (Month, Day, Year) usa of daath (Itam 23a) (Type, Print) 31. Date filed (Month, Day, Year) 32. Ragistrar's Signatura

State Registrar

IAN 06 1998

Fulia Muridon-Randall



State of Maryland / Department of Health and Mental Hygiene 8 00079

				C	Certifica	ate of	Death		Reg. No.	000	010	
Physician	Decedent's Name (First, Middle Robert Lee)						151	2. Date of D Month	eath Day	Year 3	. Time of Death	
/Medical								Janua			10:00PM	
Examiner	4a. Fecility Name (If not institution VA Maryland Hea						4b. City, Town, or Perry F		_	ty of Death		
uneral	5. Social Security Number	6. Sex 7	Age (In yrs		lay) If Und	der 1 Yeers	If Under 24 Hr			9. Birthplace	(State or Forei	
ector	217-01-6404 Usual Residence of Decedent	1 № M 2□ F	83	Yrs	3.	Deys	Hours Will	8. Date of B (Month, D	0,1914	Mary L	and	
14	10a. State 10b. County		10c. C	ity, Town o						10d.	Inside City Limit	
ctor	Maryland Harfo	ord		Bel 2	Air						1□Yes 2MIN	
riner must be notified Funeral Director	10e. Street and Number 242 B Crocker	Drive			10f. 2	Zip Code 2101	4		10g. Citizen of U.S.	What Country?		
Esaniner must be notified at by Funeral Director	11. Maritai Status 1 X Never Married 2 Marrie	If Yes, Give	es? □ No		If Yes, sp	cedent of becify Cub	Hispanic Origin? (pan, Mexican, Pue Specify:	Specify Yes or N rto Rican, etc.)	Bia	ack, White, etc.		
ed b	3 Widowed 4 Divorced	Year or Date	es:	16a. De	ecedent's Us	sual Occu	pation			Business/Indust		
Completed	(Specify only highest Elementery/Secondery (0-12)	t grede completed) College (1-4	or 5+)	(G lift	ive kind of v e. DO NOT	vork done use retire	during most of wo	orking				
CO	11				Bart	er		Hair Styling Name (First, Middle, Maiden Surneme)				
To Be	17. Fether's Name (First, Middle, L Fredrick Albert							Schmuf:		m <i>e)</i>		
ar traum	19a. Informant's Name/Relationsh Beverly Gillespi)				tand Number or F			21220	de)	
any injury or other traumatic event, the Medical once. To Be Completed	20a. Method of Disposition 1 Burial 2 □ Cremetion 4 □ Donation 5 □ Other (Sp		ate	cemetery,	sposition (Normatory of	r other pla		Date 1998		ore, Md.		
once.	21. Signature of Auneral Service L	Icanson /	0		22. Name	and Addr	ess of Facility Ki Funer	al Home	Dλ			
8 8	John W. T	Kurknin	to				astern A			d. 2122	21	
	23a Fluri Enter the disease, or o	complications thet cau	sed the dea h line.	th. Do not	enter the me	ode of dy	Ing, such es cardie	c or respiretory	errest,	Api	proximete erval Between	
ical	Immediate Cause (Final										set and Deeth	
iner	diseese or condition resulting in death)	a. Pneun				0.				7 (days	
i e			Due to (or as e con	sequenca o	1).						
al Examiner	Sequentially list conditions, if any leading to immediate b.————————————————————————————————————											
Na E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	C										
Aedic	resulting in death) Last		Due to (d	or es e con:	sequenca of):						
		d										
/ Physician	Part II. Other significant condition	e contributing to deat	h but not res	sulting In the	e underlying	cause gi	ven in Part I.	23b. Dld	l tobacco usa co	ontribute to the	causa of death	
by Ph	Congestive H	eart Failu	re					1 🗆	Yes 2□ No	3 Probabl	y 4 Unknow	
should								24a. Was	s an autopsy ormed?	avaitab	outopsy findings le prior to otion of cause	
Sompl									Yes 21 No	of deat		
Be C	25. Wes case referred to medical						26. Place of De	ath (Check only		1 🗆 10	s 2□ No	
8 C	examiner? 1 ☐ Yes 2 🛣 No	Hospital: 1 1 Inp	atlent 2	ER/Outpe	tient 3 🗆 🗅	Ot Ot	hor:	Home 5 Res		her (Specify)		
n:	27. Menner of Death 2 Natural 5 □ Pending	28a. Dete of Injury 28b. Time of 28 (Month, Day Year) Injury					ry at rk?	28d. Describe	how injury occu	rred		
9 9			2 Accident 3 Suicide 4 Homicide Investigation Suicide Suici						No 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)			
ertificatio	2 ☐ Accident Investiga 3 ☐ Suicide 6 ☐ Could no	ed 286. Placa of	etc. (Special	(y)				City of 10	aca, and due to the cause(s) and manner as stated. ccurred at the time, date end placa, and due to the cause(s)			
completely filled in by the funera	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only 2 Medicat E	Physician: To the be	etc. (Special st of my known of examina	(y) owledge, de	ath occurre	d et the ti	me, date end place	and due to the	cause(s) and m	anner as stated	l. cause(s)	
completely filled in by the fur Medical Certificatio	2 Accident 3 Suicide 4 Homicide 29a. Certifier 29a. Certifier 1 X Cartifying	Physician: To the be	etc. (Special st of my known of examina	(y) owledge, de	eath occurred investigation	n, in my o	me, date end place opinion, death occurse number	and due to the	cause(s) and m	, and due to the	cause(s)	
redical	2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) Investiga 6 Could no determin	Physician: To the be	etc. (Special st of my known of examina	(y) owledge, de	eath occurred investigation	n, in my o	opinion, death occu	and due to the	cause(s) and m	, and due to the ed (Month, Day,	cause(s)	

DHMH 16 Rev 6/95

MATOR KIND WAS TO SELL STORY

John H. Engloweth

transmit in the same are had

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Kane Sr. January 6:00 AM. JANUARY 1998 avid /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner 7. Age (In yrs. last birthday)
72 Yrs.

| FUnder 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | W. anvale NA 5. Social Security Number 6. Sex 8. Date of Birth (Month, Day, Year) **Funerai** 1**⊠** M 2□ F 217-14-6122 Director Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10a. Stete 10b. County r 28a-f ahow 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Baltimore Director Md 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r then "natural", or items 23a or tre Medical Examiner must be U.S.A 524 Lanuale 21211 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: þ Black 3 Widowed 4 Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Custodian Apartments permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If Item 27 is marked other any Injury or other treumatic avent, I altimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be William O. Kavie Kane -aura 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) /daughter Rogers 4217 W. Violet Kesler Balto, Md. 21215 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1. Burial 2 Cremetion 3 Removal from Stete 16/98 Balto, Md 4 ☐ Donation 5 ☐ Other (Specify) ZION 21. Signature of Funeral Service Licansee 22. Name and Address of Facility ton + Sons A. Mor James 5+. Ba Ho, Md. 21217 1701 Laurens Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** Adeno CArcinom A /Medical Immediete Cause (Final disease or condition resulting in death) **Examiner** primary site underemined Physician/Medical Examiner The law requires that the death certificate be executed for use es the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last Due to (or as e consequenca of) P.O. Box 68760, Due to (or as a consequence of): Part fl. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were autopsy findings available prior to 24a. Was en eutopsy performed? completion of cause of deeth? this certificate 1 Yes 2 No Vital Be 25. Was case referred to medical 26. Place of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA to 27. Manner of Deeth

1 Destaurel

2 Accident 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide Medicai 29a. Certifier Certifying Physicten: To the best of my knowledge, death occurred et the time, date and placa, end due to the cause(s) end menner es steted.

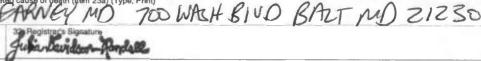
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. To the Howithin 24 To the Funcomplete

State Registrar

31. Date filed (Month, Day, Year) JAN 06 1998

(Check only one)

29b. Signature and title of certifier



(Item 23a) (Type, Print)

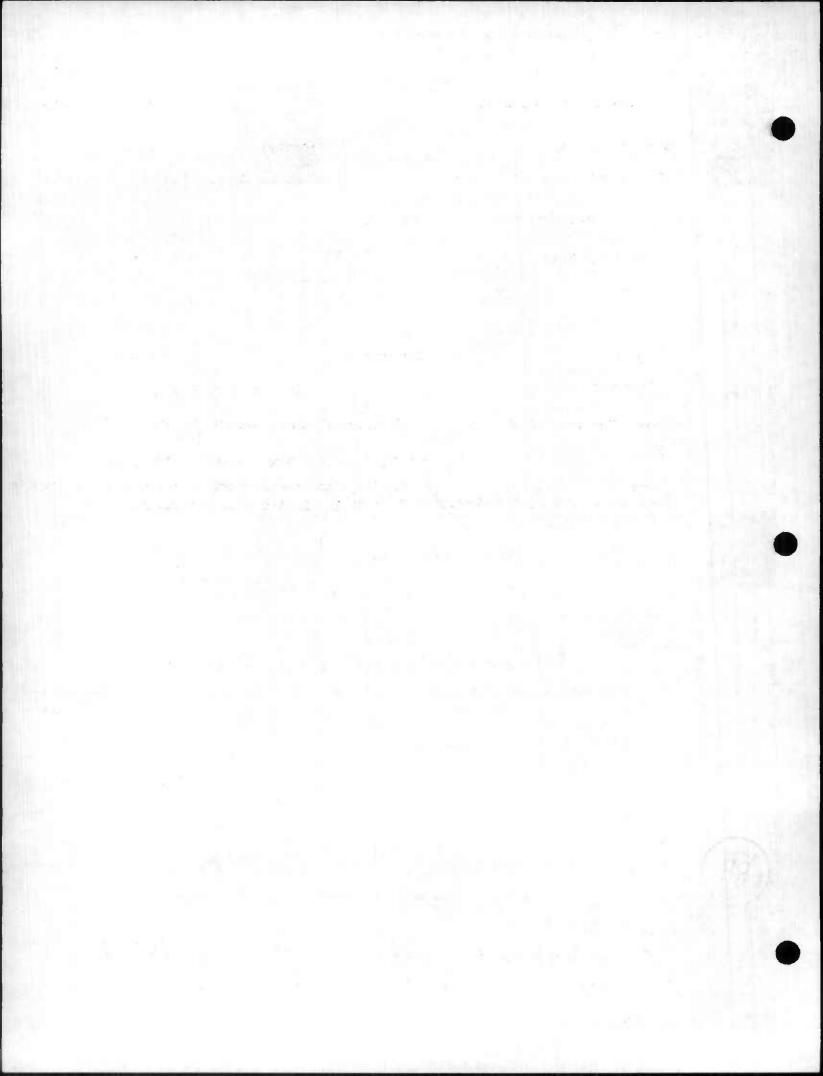
29c. License number

29d. Date signed (Month, Day, Year)

		1. Decedent's Name	(First, Middle, La	ast)			rtificate of		2. Date of [Reg. Death	. 140.		3. Time of Death
hysici		Loui	se Wil:	lie Ki	ifer				Jam.	4,	1998	Year	3:10
/Medic xamin		4e. Fecility Name (If I	not institution, giv	ve street and n	um <i>ber)</i>			4b. City, Town, or L	ocation of Dec	eth	4c. County	of Death	
		Manor Care	- Rosedale					Rosedale			Baltir	mre	
neral		5. Social Security Nu	mber 6. S	Sex 1□M 2√2F		yrs. last birthday)	If Under 1 Year Months Deys		8. Date of E (Month, I	Birth Day, Y			place (State or Fore
ector		212-22-0 Usual Residence of D	890		83	Yrs.							rginia
M III			10b. County		10c.	. City, Town or Lo	ocation						10d. fnside City Lim
fled	to	Md.	Balti	more		Dunc	dalk						1 ☐ Yes 2 🟋
e rich	Director	10e. Street end Numi	ber		1		10f. Zip Code			10g	. Citizen of	Whet Cou	intry?
MILD MILD		38 Kinsh	nip Roa	d			21222			U	.S.A	•	
Examiner mant be notified at	Funeral	11. Maritel Stetus 1 ☐ Never Married	d 2 Married	Armed F	2 TNo		If Yes, specify Cuba	Hispanic Origin? (Sp an, Mexican, Puerto	pecify Yes or he Rican, etc.)	No-		ce - Ameri ck, White,	can Indian, , etc.
odical Exam	d by	3 XWidowed 4		If Yes, G Year or	aive -		1 ☐ Yes 2 XNo	Specify:			Specify	****	ite
and ca	Completed	(Specify	15. Decedent's Ed y only highest gra	ade completed		16a. Deced	dent's Usual Occup kind of work done DO NOT use retired	pation during most of worl d)	king	16	b. Kind of B	usiness/in	ndustry
De la	mo	Elementery/Second	dery (0-12)	College	(1-4or 5+)		emaker	-,			Own 1	Home	
event, the Medical	BeC	17. Fether's Name (F	First, Middle, Last,)				18. Mother's Nem	e (First, Midd	_			
matic ev	ToB	Unknow	wn					Carrie	Lee	Ki	rby		
traumatic		19e. Informant's Nan	ne/Relationship (Type, Print)			-	and Number or Ru			-		
other tr		Robert T		y/ Fr				p Rd., I					
0.0		20a. Method of Dispo	Cremetion 3		n Stete		natory or other place		Dete		c. Location -		own, State
any injury or		4 Donetion 5			Нс	7		al Park			alto.		
any t		21. Signeture of Fund	1	~/1	//	// Br	adley-Ash	ess of Fecility nton—Dabr	owski-	Mat	thews	Fune	eral Home
		ODen.	rangh	bro	arce	26- 21	34 Willow	w Spring	Rd. B	a1+	5M0	213	222
ician dical niner	ner	Immediate Cause (Fi disease or condition resulting in deeth)						W Spring ng, such es cardiec OMA RAC TE				1	
dical must ransit and street and	8	Immediate Cause (Fi	inal ditions, nediate yling		OLL TO Due to Due to PER		MYEL quence of): AL F quence of): 5 (0 M	OMA CARACTO				1	
dical must ransit and street and	edicai	Immediate Cause (Fi disease or condition resulting in deeth) Sequentially list conditions, leading to immediate, leading to immediate of the cause. Enter Underly Cause (Disease or in that initiated events	inal ditions, nediate yling		OLL TO Due to Due to PER	O (or es a consecto o (or as a consecto TEM!	MYEL quence of): AL F quence of): 5 (0 M					1	
dical must ransit and street and	edicai	Immediate Cause (Fi disease or condition resulting in deeth) Sequentially list conditions, leading to immediate, leading to immediate of the cause. Enter Underly Cause (Disease or in that initiated events	inal ditions, nediate ying jury sst	a. M b. PA- c. H	Due to Due to Due to Due to	o (or es a consec o (or as a consec o (or as a consec TEM!	MYEL quence of): AL F quence of): SLD M quence of): ARTE	RACTO	D17H D15H 23b. D1	M d d toba	SE accouse co	SFAR	o the cause of dea
dicate energy physician and tached for use as the burial-transit	Physician/Medical	Immediate Cause (Fi disease or condition resulting in deeth) Sequentially list condition in any, leading to immediate. Enter Underly Cause (Disease or In that initiated events resulting in death) La	inal ditions, nediate ying jury sst	a. M b. PA- c. H	Due to Due to Due to Due to	o (or es a consec o (or as a consec o (or as a consec TEM!	MYEL quence of): AL F quence of): SLD M quence of): ARTE	RACTO	D17H D15H 23b. D1	M d d toba	ETA.	SFAR	o the cause of dea
dicate of the product and the product and the detached for use as the burial-transit	by Physician/Medical	Immediate Cause (Fi disease or condition resulting in deeth) Sequentially list condition in any, leading to immediate. Enter Underly Cause (Disease or In that initiated events resulting in death) La	inal ditions, nediate ying jury sst	a. M b. PA- c. H	Due to Due to Due to Due to	o (or es a consec o (or as a consec o (or as a consec TEM!	MYEL quence of): AL F quence of): SLD M quence of): ARTE	RACTO	23b. DI	d toba	ETA.	STAR Intribute t 3 Pro 24b. W	to the cause of deal punking the cause of de
C should be detached for use as the burial-transit	by Physician/Medical	Immediate Cause (Fi disease or condition resulting in deeth) Sequentially list condition in any, leading to immediate. Enter Underly Cause (Disease or In that initiated events resulting in death) La	inal ditions, nediate ying jury sst	a. M b. PA- c. H	Due to Due to Due to Due to	o (or es a consec o (or as a consec o (or as a consec TEM!	MYEL quence of): AL F quence of): SLD M quence of): ARTE	RACTO	23b. DI	d toba	ETA.	STAR Intribute t 3 Pro	to the cause of deaphabety 4 Unikn
gle 2 should be detached for use as the burial-transit	Completed by Physician/Medical	Immediate Cause (Fi disease or condition resulting in deeth) Sequentially list condition in any, leading to immediate. Enter Underly Cause (Disease or In that initiated events resulting in death) La	inal ditions, nediate ying jury sst	a. M b. PA- c. H	Due to Due to Due to Due to	o (or es a consec o (or as a consec o (or as a consec TEM!	MYEL quence of): AL F quence of): SLD M quence of): ARTE	RACTO	23b. DI 10 24a. Wa pei	d toba	ETA.	STAR Intribute t 3 Pro 24b. W av cc of	to the cause of dealers to be by 4 Unixn
incore has been signed by the ellerthing physician and incore, page 2 should be detached for use as the burial-transit and incore an	Be Completed by Physician/Medical	Immediate Cause (Fi disease or condition resulting in deeth) Sequentially list cond if any, leading to imm cause. Enter Underly Ceuse (Disease or in that initiated events resulting in death) La Pert If. Other significa	ditions, nediate ying jury ast	a. M b. PA c. H d. Co- contributing to c	Due to THO L Due to Due to Port	o (or es a consec o (or as a consec o (or as a consec o (or as a consec the consecution of the unit of the uni	MYEL quence of): AL quence of): S () A quence of): ARTE InderlyIng cause give	RACTO	23b. DI 10 24a. We per	d toba	SE No 2 No autopsy d?	STAR Intribute t 3 Pro 24b. W av cc of	to the cause of deal phase of
gle 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	Immediate Cause (Fi disease or condition resulting in deeth) Sequentially list condition; leading to immediate. Enter Underly Cause (Disease or in that initiated events resulting in death) La	ditions, nediate ying jury ast	a. M b. PA c. H contributing to a	Due to Police to Academy Due to Acad	o (or es a consection of or as a consection	MYEL quence of): AL quence of): S () A quence of): AR TE nderlyIng cause give	RACTOR ACTOR	DITH BOIL BOIL 23b. DI 10 24a. Wa pei	d toba	CCO USO CO 2 No sutopsy d? 2 No	STAR Intribute t 3 Pro 24b. W av co of	to the cause of deal obably 4 Unknown with the cause of deal obably 4 Unknown with the cause of
director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	Immediate Cause (Fidisease or condition resulting in deeth) Sequentially list condition and list any, leading to immediate. Enter Underly Couse (Disease or in that initiated events resulting in death) La Pert If. Other signification.	ditions, nediate ying jury ast	a. M b. PA c. H d. Co d.	Due to Du	o (or es a consection of or as a consection	MYEL quence of): AL quence of): SLD M quence of): AR TE nderiying cause give	RACTOR ACTOR	23b. Di 24a. Wa pei	d toba	CCO USO CO 2 No sutopsy d? 2 No	STAR Intribute t 3 Pro 24b. W av co of	to the cause of deal obably 4 Unknown of the cause of deal obably 4 Unknown of cause of death?
director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	Immediate Cause (Fidisease or condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting linease or in that initiated events resulting lineash list resulting li	ditions, nediate ying lighty set	a. Manual de la contributing to de la contribution de la co	Due to Du	o (or es a consection of the c	MYEL quence of): AL quence of): SLD M quence of): AR TE nderiying cause give	PACTOR ACTOR	23b. Di 23b. Di 24a. Wa pel 10 11c. Check only ome 5 Re 28d. Describe	d toba	CCO USE CO 2 No autopsy d? 2 No autopsy d? autopsy de 8 Oth Injury occur	STAR Intribute t 3 Pro 24b. Way cc of	to the cause of deal obably 4 Unknown with the cause of deal obably 4 Unknown with the cause of
director, page 2 should be detached for use as the burial-transit	Certification: To Be Completed by Physician/Medical	Immediate Cause (Fidisease or condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting to immediate the cause (Disease or In that initiated events resulting in death) La Pert If. Other signification resulting in death) La 25. Wes case referred examiner? 1	ditions, nediate ying jury ast ant conditions condition	a. M b. PA c. H contributing to a	Due to Du	o (or es a consecto o (or as a consecto o (or	My & L quence of): AL property of the state	PACTOR ACTOR	23b. Di 23b. Di 24a. Wa per 10 24a. Wa per 24a. Wa 25b. Describe	d toba Yes Yes Yes (Street own, S	PETA. Coco use co 2 No autopsy a	STAR Intribute t 3 Pro 24b. Way cc of	to the cause of deal beably 4 Unknight of the cause of deal beably 4 Unknight of the cause death? Yes 22 No
in control of the state of the	Redical Certification: To Be Completed by Physician/Medical	Immediate Cause (Fidisease or condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting to immediate the cause (Disease or In that initiated events resulting in death) La Pert If. Other signification resulting in death) La 25. Wes case referred examiner? 1 Yes 1 27. Menner of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	ditions, nediate ying side ying side ying side ying side ying ant conditions	a. M b. PA c. H contributing to a	Due to Du	o (or es a consecto o (or as a consecto o (or	puence of): AL puence of): Lipence of): AR TE uence of): AR TE nderlying cause give at 3 DOA other at 3 DOA other at 3 DOA other cet, factory, office a occurred at the time vestigetion, in my or	PACTOR ACTOR	23b. Di 23b. Di 24a. Wa per 10 24a. Wa per 24a. Wa 25b. Describe	d toba Yes Yes Yone) (Streec, date	autopsy 2 No autopsy aut	STAR Intribute t 3 Pro 24b. Wall of fed ber or Run anner as s and due t	o the cause of deal beby 4 Unknown with the cause of deal beby 4 Unknown with the cause of death? If yes 2 No
production of the control of the con	Redical Certification: To Be Completed by Physician/Medical	Immediate Cause (Fidisease or condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting to immediate the cause (Disease or In that initiated events resulting in death) La Pert If. Other signification resulting in death) La 25. Wes case referred examiner? 1	ditions, nediate ying side ying side ying side ying side ying ant conditions	a. M b. PA c. H contributing to a	Due to Du	o (or es a consecto o (or as a consecto o (or	My & L quence of): AL property of the state	PACTOR ACTOR	23b. Di 23b. Di 24a. Wa per 10 24a. Wa per 24a. Wa 25b. Describe	d toba Yes Yes Yone) (Streec, date	PETA. Coco use co 2 No autopsy a	STAR Intribute t 3 Pro 24b. Wall of fed ber or Run anner as s and due t	to the cause of deal bably 4 which was allowed by 4 which was allowed by the cause of deal bable prior to ompletion of cause death? Wes No which was allowed by the cause of
in control of the state of the	Medical Certification: To Be Completed by Physician/Medical	Immediate Cause (Fidisease or condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting to immediate the cause (Disease or In that initiated events resulting in death) La Pert If. Other signification resulting in death) La 25. Wes case referred examiner? 1 Yes 1 27. Menner of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one)	ditions, nediate ying state wing in all and conditions of the cond	a. M b. PA c. H c. Hospital: 1 28a. Date (Mon e) 28e. Plec build rysician: To the l and mai	Due to Du	o (or es a consecto o (or as a consecto o (or	puence of): AL puence of): Lipence of): AR TE InderlyIng cause give and all DOA Oth all DOA oth and all DOA oth and all DOA oth all DOA	PACTOR ACTOR	23b. Di 24a. Wa pei 24a. Wa pei 15th (Check only) 28d. Describe 28f. Location City or 7	d toba Yes Yes Yone) Sidence e how (Streee, date	CCO USE CO 2 No autopsy d? 2 No autopsy d? 2 No autopsy d? autopsy d.	STAR STAR	to the cause of deal babby 4 Unknown of the cause of deal babby 1 Unknown of the cause of deal babby 1 Unknown of the cause of deal babby 1 Unknown of the cause of the

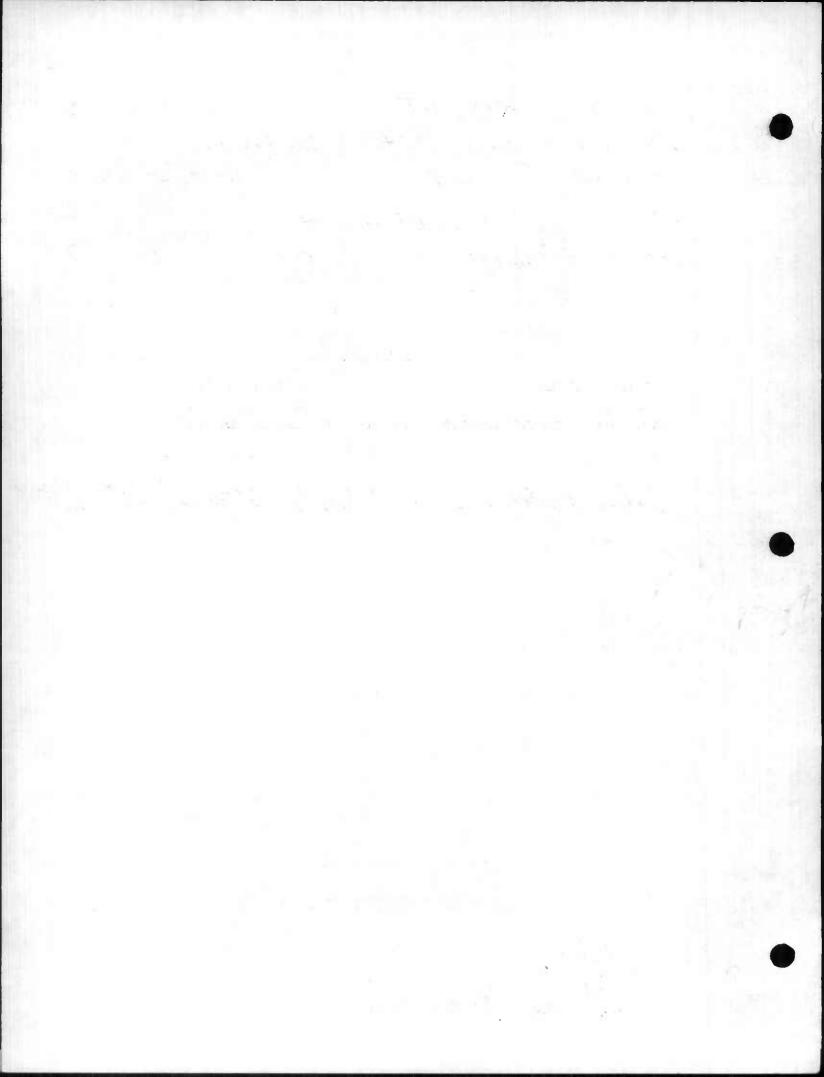
JAN 06 1998

DHMH 16 Rav 6/95



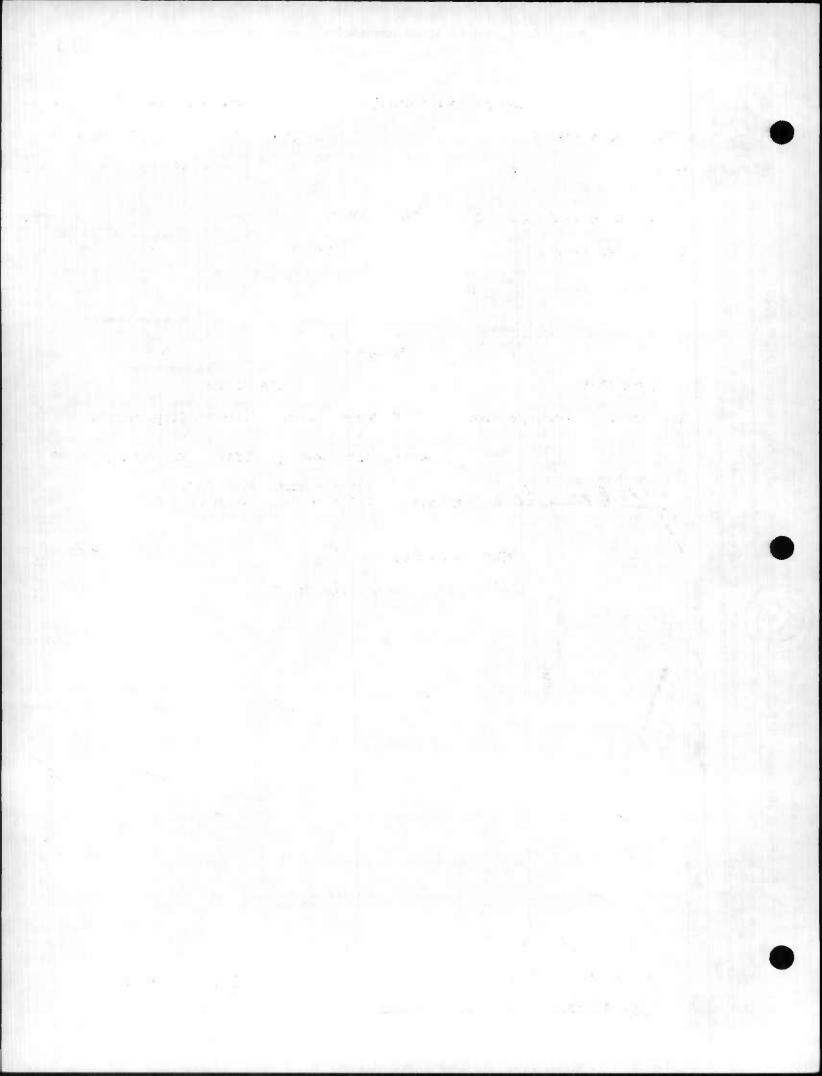
Piease Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

Physician /Medical Examiner 4e. Fecility Name (If not institution, give street end number) 1306 Ne A 15 QUITH St. Baltimore 4b. City, Town, or Location of Deeth N/A S. Social Security Number 5. Social Security Number 6. Sex T. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country) NORTH CAROLING (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 12			Decedent's Neme (First, Middle, Las	State Of Ivialyla		tificate of			Reg. No.	3. Time of Death
See Section of North Country 1		1	WALTER	KNIGI	47			Jan.	Dey 198	18 8 AM
10s State 00. County 10s Chr. Twen or Location 10s Zer Code 10g Citizen of What County? 2 In NA Server and Number 10s Zer Code 10g Citizen of What County? 2 In NA Server and Number 10s Zer Code 10g Citizen of What County? 2 In NA Server and Number 10s Zer Code 10g Citizen of What County? 2 In NA Server and Number 10s Zer Code 10g Citizen of What County? 2 In Na Server and Number 10s Zer Code 10g Citizen of What County? 2 In Na Server and Number 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10s Zer Code 10g Citizen of What County? 2 In Na Server 10g Citizen of What County? 2 In Na Server 10g Citizen of What County? 2 In Na Server 10g Citizen of What County? 2 In Na Server 10g Citizen of What County? 2 In Na Server 10g Citizen of What County? 2 In Na Server 10g Citizen of What Co	neral		1306 No A 5. Social Security Number 6. So 240 442 925	ISQUITA		If Under 1 Year	Balt, If Under 24 Hrs	8. Dete of Bir (Month, De	th y, Year)	I/A Birthplecs (State or Foreig Country)
1. Marias Setests	ed at			10c. C	111-		0			10d. Inside City Limits
Tyes 2 No Specify Specify Specify Specify Specify Specify NEGRO	must be notificated by the control of the control o	oral Dilace	1306N. Ars	quith s	5.4,	10f. Zip Code 2/2	202		U	et Country?
Elementary/Secondary (0-12) College (1-tor 5+) GROUNDSKEEPER BAITIMORE CITY	ā à	2	1 ☐ Never Merried 2 ☐ Merried	Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give	lf.	Yes, specify Cub ☐ Yes 2☐ No	an, Mexican, Puer	to Rican, etc.)	Bieck,	White, etc.
17, Fether's Name (Prest, Mordin, Last)	the Medical	Day of the second	(Specify only highest grad	de completed) College (1-4or 5+)	(Give k. life. Di	ind of work done O NOT use retire	during most of wo d)	rking		
198. Informent's NemePleationship (Type, Print) 190. Making Address (Breat and Number or Paul Route Number, City or Town, State, Zip Code) 190. Informent's NemePleationship (Type, Print) 190. Making Address (Breat and Number or Paul Route Number, City or Town, State, Zip Code) 120 20c. Location - City or Town, State 20c. Making Address (Breat) 20c. Location - City or Town, State 20c. Locatio	Be e	3					18. Mother's Na			
1 Statuta 2 Committion 3 Statute Mr. 2 I Content 5 Statute 5 Statu	Ta da									ete, Zip Code)
238. Pent I. Enter the disease, or complications that subservishe death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate the disease or condition of the disease or condition resulting in death) Due to (or es a consequence of):	2	-	1 Burial 2 ☐ Cremation 3 ☐	nemoval mom State						
23a. Part I, Enter the disease, or complications that adjusts the death. Do not enter the mode of dying, such as cardiec or respiratory errest, intervel Between Consett and Death Immediate Cause (Finel diseases or condition resulting in death) Due to (or as a consequence of): Current (Index) in death (Index) in the cause of death of the cause of the cause of death of the cause of the cause of the ca	any Inju		21. Signeture of Funeral Service Licent	Screen -	Sn C	Neme end Addre	B.Sc.	455	Fun	eral Hom
Cause (Disease or Influy that initiated events the sulting in deeth) Lest Due to (or es a consequence of): Deet II. Other significant conditions contributing to diseth but not resulting in the underlying cause given in Pert I. Cause (Disease or Influy that initiated events that initiated events the sulting in deeth) Lest Deet III. Other significant conditions contributing to diseth but not resulting in the underlying cause given in Pert I. Cause (Disease or Influy that initiated events that initiated events that initiated events the sulting in deeth) Lest Deet III. Other significant conditions contributes to the cause of deeth of the cause of	ical iner		diseese or condition resulting in deeth)	b						Jeans
25. Wes case referred to medical examiner? 25. Wes case referred to medical examiner 26. Piece of Deeth (Check only one)	edical		resulting in deeth) Lest		ores a conseque	ence of):				
25. Wes case referred to medical exeminer? 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one)	by Physic			1/			ven in Pert i.		/	
25. Wes case referred to medical exeminer? 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred 28d. Descr	mpleted							24e. Wes perio		available prior to completion of cause
27. Menner of Deeth 1 Neturel 2 Accident 3 Sulcide 4 Homicide 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No 28c. Location (Street and Number or Rural Route Number, City or Town, Stete) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Signeture and title of certifier 29b. Signeture and title of certifier 29c. License number 29c. License number 29d. Dete signed (Month, Day, Year) 29d. Dete signed (Month, Day, Year) 29d. Dete signed (Month, Day, Year)	Be	1	exeminer?	Hospitel:		Ott	AC	eth (Check only o	ne)	
1 HVrg 209350 1/5/97			7. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of injury	28c. inju	ry at rk?	28d. Describe I	now Injury occurred	
1 HUM 209350 1/5 (97	al Certifi		4 Homicide determined	building, etc. (Speci	bwledne, deeth o	occurred at the ti	me dete and olec	City or Tox	m, Stete)	er es steted
1 HVAF 209350 1/5/97	Medic	-	one) 2 Medicat Exami	ner: On the basis of examine	etion end/or Inve	stigetion, In my o	opinion, deeth occu	urred at the time,	date end plece, and	d due to the cause(s)
			Name and address of parent while	ompleted cause of death (the	n 22a) (Tuna B		9350		1/5/9	7



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8 0 0 8 3

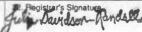
				Centificat	te of Death		Reg. No.	
Physician	Decedent's Neme (First, Middle,	Last) Deborah	Davis	Kendig		2. Dete of Dec Month January		3. Time of Dec 11:10
/Medical Examiner	4e Facility Name (If not Institution, 2622 Rogers Ave.				4b. City, Town, o	r Location of Deeth		County
Funeral Pirector	5. Sociel Security Number 149–30–7200	6. Sex 7. Age 1	(In yrs. last bir 58	Yrs. If Under Months	r 1 Yeer if Under 24 H Days Hours Mi		^h . 15,1939	9. Birthplace (State or For Pennsylvan:
1	Usual Residence of Decedent 10a. State 10b. County		10c. City, Tow	n or Location				10d. Inside City L
Se-f shortified a	Maryland Howard	d County		Ellicott	*			1 ☐ Yes 2 5
r trems 23e or 28e-f s thet must be notified Funeral Director	10e. Street and Number 2622 Rogers Avenu	ue		10f. Zij	21043		10g. Citizen of WI USA	het Country?
by by	3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 XN If Yes, Give Year or Detes:		13. Was Dece If Yes, spe	dent of Hispanic Origin? ecity Cuban, Mexican, Put 2000 Specify:	(Specify Yes or No erto Rican, etc.)	14. Race Black Specify:	- American Indian, i, White, etc. White
t, the Medical	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Education grade completed) College (1-4or 5-	16a. +)		al Occupation ork done during most of w se retired)	vorking	16b. Kind of Bus	iness/industry
Co	17. Father's Name (First, Middle, Li	L act)		homemak		eme (First, Middle,	home Meiden Sumeme	2)
To Be	01 1 7	adiy				Mercer	Wolden Jumonie	,
27 la markad ot r traumatic eve To Be	19e. Informent's Neme/Reletionshi Mr. Warren C. Ke				s (Street end Number or ers Avenue,			State, Zip Code) aryland 2104
Important: if item any injury or othe ance.	20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe			f Disposition (Na ry, crematory or Shephero	me of other place) I Cemetery	Date 7JAN98		t City, MD
physician and as the burial-transit edical Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	c	Due to (or es e	consequence of) consequence of)				4/2 yeur
6. 5								
6.5		d						
6.5			t not resulting in	n the underlying	cause given in Pert I.	23b. Did		tribute to the cause of d
igned by the ettending be deteched for use by Physician/M	Part II. Other significant condition		it not resulting in	n the underlying	cause given in Pert I.	1 🗆		3 Probably 4 Uni 24b. Were autopsy findi aveilable prior to completion of caus
ate has been signed by the ettending page 2 should be deteched for use Completed by Physician/M	Part II. Other significant condition		it not resulting in	n the underlying	cause given in Pert I.	1 🗆	Yes 22 No en eutopsy rmed?	3 Probably 4 Uni 24b. Were autopsy findi aveilable prior to
ate has been signed by the ettending page 2 should be deteched for use Completed by Physician/M	Part II. Other eignificant condition 25. Wes case referred to medical examiner?	s contributing to death bu			26. Piece of D	24e. Wes perfo	en eutopsy med? Yes 22No	3 Probably 4 Unit 24b. Were autopsy findi aveilable prior to completion of caus of death? 1 Yes 2 No
this certificate has been signed by the ettending at director, page 2 should be deteched for use at 7 De Be Completed by Physician/M	Part II. Other significant condition 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 1. Neturel 5 Pending	a contributing to death bu Hospitel: 1 ☐ Inpatier 28a. Dete of injur (Month, Day	nt 2□ ER/Ot	utpatient 3□ D	26. Piece of D	24e. Wes perfo	en eutopsy med? Yes 22No	3 Probably 4 Unit 24b. Were autopsy find aveilable prior to completion of caus of death? 1 Yes 2 No
this certificate has been signed by the ettending at director, page 2 should be deteched for use at 7 De Be Completed by Physician/M	Part II. Other eignificant condition 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 1. Meturel 5 Pending	Hospitel: 1 Inpatier 28a. Dete of injur (Month, Day	nt 2 EP/O	utpatient 3 D Time of Injury M	26. Plece of DOA Other: 4 \(\to \) Nursing 28c. Injury et Work? 1 \(\to \) Yes 2 \(\to \) No	24e. Wes perfo	en eutopsy rmed? Yes 22No one) dence 6 Other how injury occurre	3 Probably 4 Unit 24b. Were autopsy find aveilable prior to completion of caus of death? 1 Yes 2 No
this certificate has been signed by the ettending at director, page 2 should be deteched for use at 7 De Be Completed by Physician/M	25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 1. Meturel 5 Pending investige 1 investige 1 investige 1 Pending 1 P	Hospitel: 1 Inpatiel 28a. Dete of injur (Month, Day	y At home, fa	utpatient 3 D Time of Injury M arm, street, fector	26. Plece of DOA Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No 1y, office	24e. Wesperform 1 1 24e. Wesperform 1 26e. Check only of 26e. Describe 26e. Describe 26e. City or Toxocce, and due to the	en eutopsy med? Yes 22No one) dence 6 Other how injury occurre Street and Number wn, State)	3 Probably 4 Unit 24b. Were autopsy findi aveilable prior to completion of caus of death? 1 Yes 2 No (Specify) ad or or Rural Route Number,
his certificate has been signed by the ettending all director, page 2 should be deteched for use. To Be Completed by Physician/M	Part II. Other eignificant condition 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending investige 2 Accident 3 Suicide 6 Could not determin 29e. Certifier Certifying 2 Medical E	Hospitel: 1 Inpatie 28a. Dete of injur (Month, Day stion 28e. Pieca of Injubuliding, etc Physician: To the best of xaminer; On the xaminer;	y Year) 28b. 1 ry - At home, fa (Specify) f my knowledge examination and led.	utpatient 3 D Tirne of Injury M arm, street, fector a, deeth occurred od/or investigation	26. Plece of E OA Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No ry, office Let the time, date end ple n, in my opinion, deeth oc	24e. Wes performed to the sourced at the time,	en eutopsy yrmed? Yes 22No one) dence 6 Other how injury occurre Street end Number wn, State) ceuse(s) and mandate and placa, are 29d. Date signed	3 Probably 4 Unit 24b. Were autopsy findiaveilable prior to completion of caus of death? 1 Yes 2 No 1 (Specify) and or or Rural Route Number, and due to the cause(s) (Month, Dey, Year)
this certificate has been signed by the ettending at director, page 2 should be deteched for use at 7 De Be Completed by Physician/M	25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 1. Meturel 5 Pending investige 1 investige 4 Homicide determine 29e. Certifier (Check only one)	Hospitel: 1 Inpatiel 28a. Dete of injunt stion by the led 28e. Pleca of Injunt building, etc Physician: To the best of end manner sta	y Year) 28b. 1 ry - At home, fa (Specify) f my knowledge examination and and and and and and and and and an	utpatient 3 D Tirne of Injury M arm, street, fector a, deeth occurred od/or investigation	26. Plece of DOA Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No North	24e. Wes performed to the sourced at the time,	en eutopsy yrmed? Yes 22No one) dence 6 Other how injury occurre Street end Number wn, State) ceuse(s) and mandate and placa, are 29d. Date signed	3 Probably 4 Unit 24b. Were autopsy findiaveilable prior to completion of caus of death? 1 Yes 2 No 1 (Specify) and or or Rural Route Number, and due to the cause(s) (Month, Dey, Year)

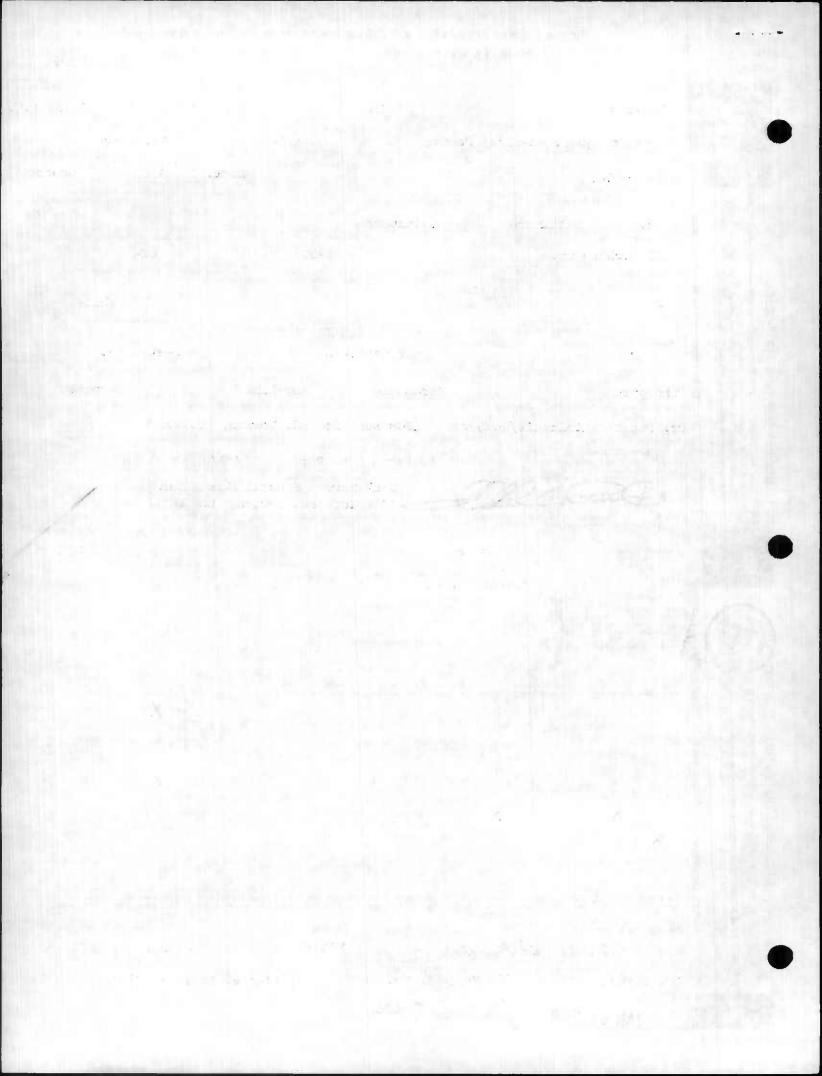


State of Maryland / Department of Health and Mental Hygiene 8 00084

			C	ertificate of	Death	R	leg. No.			
	1. Decedent's Name (First, Middle, L	ast)				2. Date of Dea Month	th Day Yeer	3. Time of Death		
Physician /Madical	Dimitra		I	KAKAS		January	3, 1998	12:05 A.M		
/Medical Examiner	4a Facility Name (If not institution, ga	ve street end number)			4b. City, Town, or	Location of Deeth	4c. County of Deat			
Examine	Franklin Square	Hospital C	enter		Rosedale		Baltimor	e		
uneral	5. Sociel Security Number 6.		(In yrs. lest birthd	ay) If Under 1 Yea			9. Birt	hplace (Stete or Foreign		
rector	093-24-6045 Usual Residence of Decedent	1□ M 2⊠ F	89 Yrs	Months Days	s Hours Min.	Sept. 2	9, 1908	Greece		
M W	10a. Sfete 10b. County		10c. City, Town or	r Location				10d. inside City Limits		
curred ector		imore	Balti				On Other of Miles Co	1 ☐ Yes 2 🖺 No		
23s or 28s-f show ust be rectified at rai Director	10e. Streef and Number 6915 Lachlan Cr.			10f. Zip Code 21	239		USA	untry		
or Home methor m	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 X N If Yes, Give Year or Dates:		 Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☒ No 	ban, Mexicen, Puer	Specify Yes or No- to Ricen, etc.)	14. Race - Ame Bleck, White Specify: Wi			
vent, the Medical Ex-	15. Decedent's E	Education	16a. De	ecedent's Usual Occ	upation	dilan	16b. Kind of Business/			
ple ple	(Specify only highest gi	rade completed) College (1-4or 5	(G	ive kind of work don e. DO NOT use retir	e during most of wo red)	rking				
other traumatic event, the Manager of the Topic of the To	8	College (1-4015		employed			Restaurant			
Be C	17. Father's Name (First, Middle, Las	t)			18. Mother's Na	me (First, Middle,	Maiden Sumeme)			
To B	Theodore		Sereme	tis	Angelin	a	Kan	roubas		
The P	19a. informant's Name/Reletionship	(Type, Print)					r, City or Town, State, 2			
tract.				8 Roxleig						
	Dr. Peter Pantele 20a. Method of Disposition	akis/nepnew	20b. Plece of Di	sposition (Name of		Date	20c. Location - City or	Town, State		
5	X⊠ Burlal 2 □ Cremation 3		cemetery,	cremetory or other p						
1	4 Donation 5 Other (Spec	ify)	White Ha	ven Mem.	Park (01/07/98	Perinton,	New York		
any injury or other trau	21. Signature of Funeral Service Lice	DRO	1	22. Name and Add Ruck Tows	on Funera					
	23a Part Enter the disease or con	notications that caused	the death Do not	1050 York	Rd. TOWS	on, Ma.	21204	Approximate Intervel Between		
1	shock, or heart feilure. List ont	23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line.								
ician dical	Immediate Course (Fine)	D						Onset and Death		
niner	Immediate Cause (Final disease or condition resulting in death)	Pneumoni	a					18 Days		
	resouring in dealth)	Breast C	Due to (or as a con ancer	nsequence of):						
msit xamlner	Sequentially list conditions, if any, leading to immediate	l b	Oue fo (or as e con	sequence of):						
1)]3	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Last	c	Due to (or as a con	sequence of):						
		d						4.3.13		
eteched for u										
ysi ysi	Part II. Other significant conditions	contributing to death bu	t not resulting in th	e underlying ceuse (given in Part I.	23b. Did to		to the cause of death?		
is signed by the all to be detected if the detected if the detected if the basic bull by bull bull						101	(ee 2 No 3 □ P	robably 4 Unknow		
shou						24a. Was a perfor	med?	Were autopsy findings available prior to completion of ceuse of death?		
раде 2	Section of the second					1 U Y		1 ☐ Yes 2 ☐ No		
rector, pag	25. Was cese referred to medicel				26 Place of De	ath (Check only o				
director,	examiner?	Hospital:		C 200 C	ther:			-24.1		
0 2	1 Yes 2 No	28e. Dete of Injur		Men 3L DOA	→ □ Nursing		ence 6 Other (Spe	cify)		
completely lilled in by the luneral	1 Natural 5 Pending 2 Accident investigeti	(Month, Dey	ow injury occurred							
d in by t	3 Suicide 6 Could not determine	28e. Place of Inju- building, etc	ry - At home, farm . (Specify)	, street, factory, offic	0	28f. Location (S City or Tow	itreet end Number or Ri m, State)	ural Route Number,		
pletely lille ledical C	29e. Certifier 1 Certifying P (Check only one)	hysician: To the best of miner: On the basis of and manner sta	examinetion end/o	eath occurred at the r Investigetion, in my	time, date and place opinion, deeth occ	e, and due to the durred et the time, d	euse(s) end menner as date and place, and due	s stated. e to the cause(s)		
M Me	29b. Signature end title of certifier	1		29c. Lice	nse number		29d. Date signed (Mont	th, Dey, Year)		
ŏ	· backet	astono			3185		January 3,			
	30. Name and address of person who	completed cause of de	eath (Item 23a) (Ty	pe, Print)	D.1.4		-11 01007			
	Dr. Gardar Gislas				ve Baltim	ore, Mary	yland 2123/			
State	31. Date filed (Month, Day, Year)	Pegistre	r's Signatura	1400 :						

JAN 06 1998





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 3. Time of Death 2. Date of Death Day **Physician** 4c. County of Death Joseph John Knott JANUARY 1998 Ø6:31 AM /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death Examiner Saint Joseph Medical Center Towson Baltimore 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 10X M 2□ F Months Days Hours Min Yrs. 89 **Director** 212-07-3550 January 19, 1908 Maryland Usual Residenca of Deceden the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hyglena. Important: If item 27 is merked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, fre Medical Examiner must be notified as pro-1 ☐ Yes 2 No Directo Maryland Baltimore Baynesville 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code United States Funeral 21234 8720 Emge Road 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 No if Yes, Give Year or Dates: 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 Widowed 4 N Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) Dairy 8 Milkman 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Jakob Knott Madeline Baetz 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2300 Dulaney Valley Road C-211 Timonium, MD 21093 Thomas Nibali / Attorney Baltimore, 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Most Holy Redeemer Cemetery 1/7 / 1998 Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Leonard J. Ruck, Inc. Funeral Home win 5305 Harford Road Baltimore, MD 21214 23a. Part1. Enter the discrete, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** FEW tmmediate Cause (Finei disease or condition resulting in death) /Medical UROSEPSIS DAYS Examiner Due to (or es e consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): edical Due to (or as a consequence of): Physician/M 957 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 8 à 1 ☐ Yes 2 1 10 3 ☐ Probably 4 ☐ Unknown PARKINSON'S DISEASE Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an eutopsy performed? **page 2** certificate has 1 Yes 2 No 1 Yes 2 LNo director. 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) 1 Alpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4☐ Nursing Home 5☐ Residence 6 ☐ Other (Specify) To 1 Yes 20 No 100 28a. Date of Injury (Month, Dey Year) funeral 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. tnjury at Work? Certification: Athending 1 Netural 5 ☐ Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident after death Director: 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide To the Hospital within 24 hours a To the Funeral C Hospital 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only one) 29b. Signature and title of pertiner 29c. License number 29d. Date signed (Month, Day, Year) 98 D39297 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 7620 YORK ROAD. RO. **1ICHAEL** K. M. D. TOWSON, MARYLAND 21204

agistrar's Signeture

DHMH 16 Rsv 6/95

State

Registrar

31. Date filed (Month, Dey, Year)

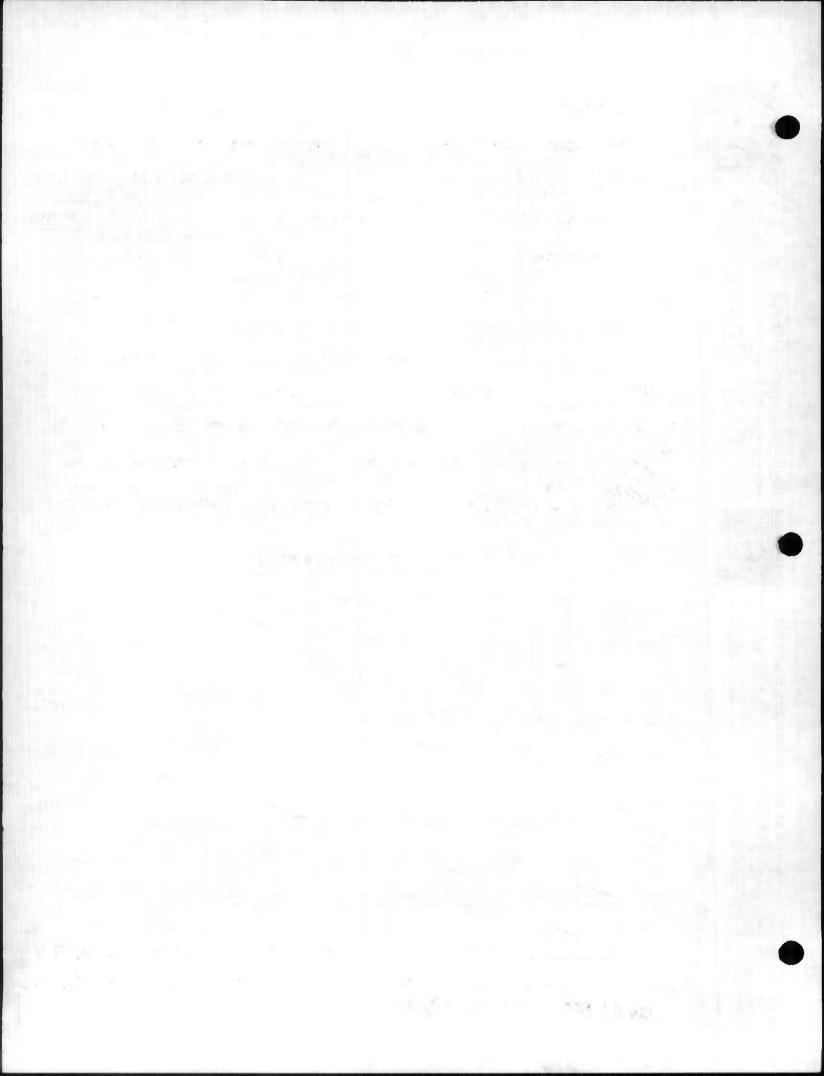
JAN 06 1998

series.

THE PARTY OF THE P

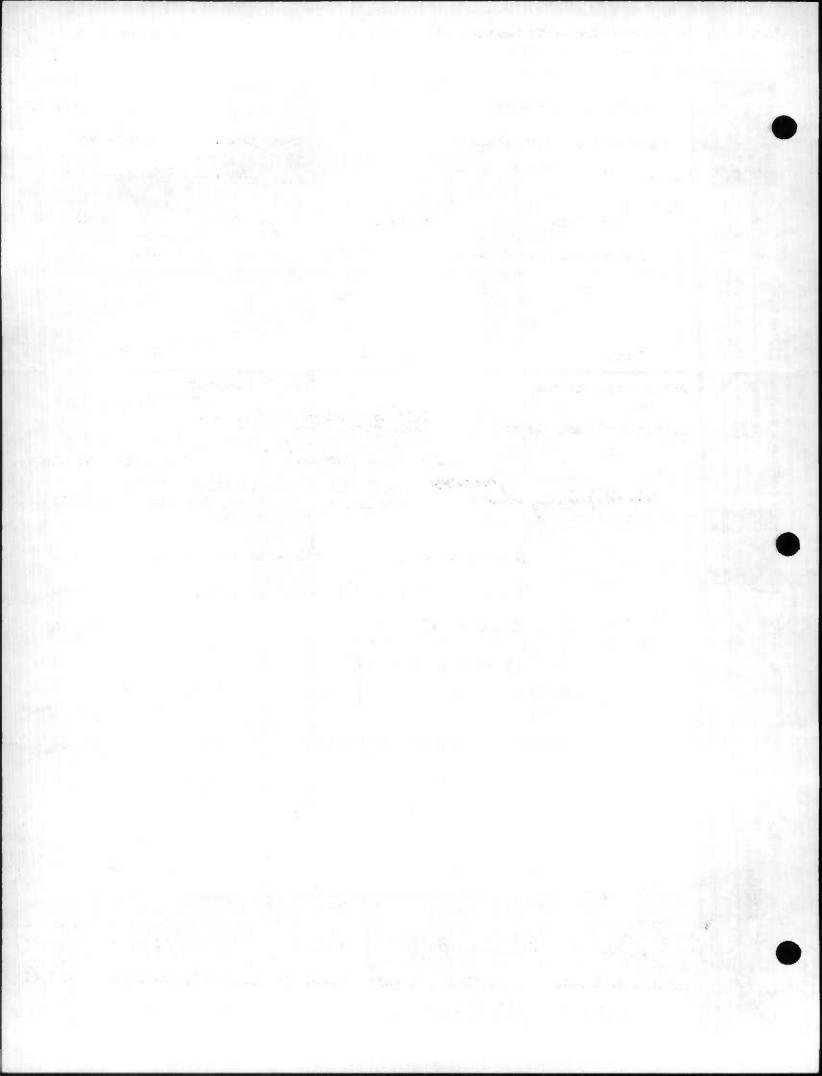
State of Maryland / Department of Health and Mental Hygiene 9

hysici	ian	1. Decedent's Nem	e (First, Middle, I	Last)					2. Dete of D Month		ay	Yeer	3. Time of Dea
/Medic			JEANNET!	re			LEV	Y	JAN.		1998	327	9:50 AM
Examir	ner	4e. Fecility Neme (/	f not institution, g	nive street end n	um <i>ber)</i>			4b. City, Town, or	Location of Dee	th 4	c. County of	of Deeth	
			WOOD MAI					REISTERS			BA	LTIM	
uneral		5. Sociel Security N		Sex 1□M 2√2 F	7. Age (In yrs	. V	Months De		8. Dete of B (Month, D	irth ay, Yea	ar)	9. Birthple Count	ece (State or For
rector		050-10- Usual Residence of		*	84	1 '''			JUNE	28	, 191	3	NEW YOR
A to		10e. State	10b. County		10c. C	ity, Town or	r Location					10	d. Inside City Li
4 2	to	MD	CARROLI				WES	TMINSTER					1 ☐ Yes 2 ᡚ
288	Director	10e. Street end Nur					10f. Zip Coo			10a. C	Citizen of W	/het Count	rv?
30 0		13 EOX	MEADOW	СУБДЯ				21157	,			.S.A.	
ms 2	Funeral	11. Meritel Status	TILLADOW	-1	cedenf Ever in to	U,S. 1	13. Was Decedent	of Hispanic Orlgin? (Suben, Mexican, Puer		0-		- Americe	
*naturel", or items 23e or 28a-f show odical Examiner must be notified at	Fur		ied 2 Married	1 ☐ Yes	2X No				o Rican, etc.)		Bleck	k, White, e	tc.
9.0	by	3 Widowed	4 ☐ Divorced	If Yes, G Year or I	live Dates:		1□Yes ¾X	No Specify:			Specify:	N	HITE
ratur lea	Completed	/Snaa	15. Decedent's cify only highest of	Education	13	16e. De	ecedent's Usuei Oc	cupetion ne during most of wo	dit	16b.	Kind of But	siness/Indi	ustry
Med	ple	Elementary/Seco	1		(1-4or 5+)	life	e. DO NOT use re	rie during most or wo tired)	King				
든걸	Sol			4		SCH	HOOL TEAC	HER				DUCAT	TON
vent,	Be	17. Father's Neme	(First, Middle, Las	st)		DOL	TOOL THE	18. Mother's Ne	ne (First, Middle	e, Maide	en Sumeme	e)	1011
atic e	2	LOUIS			COHEN			IDA				E	BERG
7 is me traum		19e. Informent's Ne	eme/Relationship	(Type, Print)		19b. M	ailing Address (Str	eet end Number or R	ıra/ Route Numi	ber, City	or Town, S		
CI -			LEVY / S	SON			FOX MEAD		WESTMI	NST	ER, M	D 21	157
or othe		20e. Method of Disp	oosition	□Removal from			sposition (Neme o cremetory or other		Defe	20c.	Location - (City or Tov	m, Stete
×		Donation	☐ Cremation 3 5 ☐ Other (Spec	pify)	BA	ALTIMO	RE HEBRE	W	/4/98	RE	ISTER	STOWN	I, MD
Important: any injury once.		21. Signature of Su	neral Service Lic	fine /			22. Name and Ad	dress of Fecility				_	
E 2 8		NIU	AVER	JANA	101		0000 - :		l Levin				
			acc v								777		
ilcian dicai niner		Immediete Ceuse (disease or condition resulting in death)	Final	mplication that ly one ause on	12 he	eth. Do not	enter the mode of	sterstown dylng, such as cardie	Road P1	Kes	viile		Approximate Intervel Between
dicai niner	Examiner	Immediete Ceuse (disease or condition resulting in death)	Final n	mplication that ly one adds on	12 he	or as a con	enter the mode of	dylng, such as cardie	ROAC P1	.Kes'	VIIIe		Approximate Intervel Betwee
edical miner transit	edicai	Immediete Ceuse (Final n n n n n n n n n n n n n n n n n n	mplication that ly one adds on e	Due to (or as a con-	sequence of):	dylng, such as cardie	Road_P1	.Kes	VIIIE		Approximate Intervel Betwee
edical miner transit	edicai	Immediate Cause (disease or condition resulting in death) Sequentially list conif any, leading to imceuse. Enter Unde Cause (Disease or that initiated events resulting in death) L	Final n nditions, mediate riving injuryest	6. A b	Due to (or es e cons	enter the mode of sequence of): sequence of):	dying, such as cardie	c or respiratory	arrest,			Approximate Intervel Between Onset and Deet
edical miner transit	edicai	Immediate Cause (disease or condition resulting in death) Sequentially list coniferry, leading to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) L	rinal nditions, mediate rhying injuryest	e. A. b. c. contributing to c	Due to (or es e cons	enter the mode of sequence of): sequence of): sequence of):	dying, such as cardie	c or respiratory	arrest,	co uae con	tributa to	Approximate Initiaryal Betwee Onset and Deet
edical miner transit	Physician/Medicai	Immediate Cause (disease or condition resulting in death) Sequentially list coniferry, leading to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) L	rinal nditions, mediate rhying injuryest	e. A. b. c. contributing to c	Due to (or es e cons	enter the mode of sequence of): sequence of): sequence of):	dying, such as cardie	c or respiratory	arrest,	co uae con	tributa to	Approximate Initiaryal Between Onset and Deet
signed by the attending beyond and the detached for use as the burial-transit and the detached for use as	by Physician/Medicai	Immediate Cause (disease or condition resulting in death) Sequentially list coniferry, leading to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) L	rinal nditions, mediate rhying injuryest	e. A. b. c. contributing to c	Due to (or es e cons	enter the mode of sequence of): sequence of): sequence of):	dying, such as cardie	c or respiratory	i tobacc	co uae con 2 No	tributa to 3 Proba	Approximate intervel Between Onset and Deet the cause of death of the cause of deathy 4 Unk
been signed by the attending program and should be detached for use as the burial-transit or	by Physician/Medicai	Immediate Cause (disease or condition resulting in death) Sequentially list coniferry, leading to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) L	rinal nditions, mediate rhying injuryest	e. A. b. c. contributing to c	Due to (or es e cons	enter the mode of sequence of): sequence of): sequence of):	dying, such as cardie	23b. Dic	i tobacc	co uae con	tributa to 3 Probe	Approximate intervel Between Onset and Deet the cause of deably 4 Unk
has been signed by the attending preventing and be should be detached for use as the burial-transit of processing and preventing and preventi	by Physician/Medicai	Immediate Cause (disease or condition resulting in death) Sequentially list coniferry, leading to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) L	Final n nditions, mediate riving injuryest	e. A. b. c. contributing to c	Due to (or es e cons	enter the mode of sequence of): sequence of): sequence of):	dying, such as cardie	23b. Dic	I tobacc Yes s en eut	co uae con	tribute to 3 Probe	Approximate intervel Between Onset and Deet and Deet and Deet and Deet abiy 4 Dunk the eutopsy finding leble prior to piletion of cause beth?
page 2 should be detached for use as the burial-transit	Completed by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentially list corif eny, leading to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) L	nditions, mediate rhying injuryest	e. A. b. c. contributing to c	Due to (or es e cons	enter the mode of sequence of): sequence of): sequence of):	given in Pert I.	23b. Dic 1 = 24a. We peri	I tobacc Yes sen eutormed?	co uae con	tribute to 3 Probe	Approximate intervel Between Onset and Deet the cause of deably 4 Unk
page 2 should be detached for use as the burial-transit	Be Completed by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentially list conif eny, leading to imceuse. Enter Unde Cause (Disease or that initiated events resulting in death) L Part II. Other aigniff	nditions, mediate riving injuryest	e. 1-1 b. c. d. contributing to a A - Ae.	Due to (for es e cons	enter the mode of sequence of): sequence of): e underlying cause	given in Pert I. 26. Place of De	23b. Dic 1 24a. We per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I tobacc Yes Yes	co uae com 2 No lopsy	24b. Were even of di	Approximate intervel Between Onset and Deet and Deet and Deet abby 4 Tunk the cause of death of the cause of death of the cause of death of the cause of the caus
page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentially list conif eny, leading to imceuse. Enter Unde Cause (Disease or that initiated events resulting in death) L	nditions, mediate riving injuryest	e. ————————————————————————————————————	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (or es e cons	enter the mode of sequence of): sequence of): sequence of): e underlying cause	given in Pert I. 26. Place of De Other:	23b. Dic 1 = 24a. We perl	I tobacc I ves s en eut	co use com 2 No topsy 2 No 6 Other	24b. Were composed of de 1	Approximate Intervel Between Onset and Deetle and Deetle abiy 4 Unkilled abiy
page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentially list conif eny, leading to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) Leading to the cause (Disease or that initiated events resulting in death) Leading in death) Leading in death (Leading in death) Leading in death) Leading in death (Leading in	nditions, mediate riving injuryest	e. ————————————————————————————————————	Due to (or es e consulting in the	enter the mode of sequence of): sequence of): sequence of): e underlying cause tient 3□ DOA e of 28c. I	given in Pert I.	23b. Dic 1 24a. We per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I tobacc I ves s en eut	co use com 2 No topsy 2 No 6 Other	24b. Were composed of de 1	Approximate Intervel Between Onset and Deetle and Deetle abiy 4 Unkilled abiy
If the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director.	To Be Completed by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentially list conif eny, leading to imceuse. Enter Unde Cause (Disease or thet initiated events resulting in death) I. Part II. Other aigniff 25. Was cese referrexeminer? 1 Yes 2 2 27. Manner of Death	nditions, mediate riving injury Lest licent conditions	e. 1—1 b	Due to (Due to (Due to (Due to (Due to (Inpatient 2 [of Injury Year)	or es e cons sulting in the	enter the mode of sequence of): sequence of): sequence of): e underlying cause tient 3□ DOA e of 28c. I	given in Pert I. 26. Place of De Other: 41 Mursing Hailury at Nork?	23b. Dic 1 24a. We perl	I tobacc I ves s en eutromed? Yes one) (Street i	co use con/2 No 2 No topsy 2 No 6 Other	24b. Were common of discountry and a common of d	the cause of de abiy 4 Tunk e eutopsy findir leble prior to pletton of cause eith? Yes 22 No
If the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director.	Certification: To Be Compieted by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentially list confirmed from the cause. Enter Unde Cause (Disease or thet initiated events resulting in death) I. Part II. Other aigniff 25. Was cese referrexeminer? 1 Yes 2 2 27. Manner of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide	nditions, mediate ryling injuryest	e. 1—1 b	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due t	(or as a consorres e consorres	enter the mode of sequence of): sequence of): sequence of): e underlying cause tient 3□ DOA e of y M street, factory, offi	given in Pert I. 26. Place of De Other: 41 Mursing Hailury at Nork?	23b. Dic 1 24a. We perform 5 Res 28d. Describe 28f. Location City or To	I tobacco I tobacco I Yes I sen eutormed? Yes I cone) I cone I c	co use contact No use	24b. Were every common of did or (Specify) and	Approximate intervel Between Onset and Deet onset onse
If the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director, page 2 should be detached for use as the build-transit of the funeral director.	To Be Completed by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentially list confidence of the cause (Disease or that initiated events resulting in death) L Part II. Other aigniff 25. Was cese referrexeminer? 1 Yes 2 2 27. Manner of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide	red to medical No 5 Pending investigate 6 Could not determine	e. 1—1 b	Due to (Due to	(or as a consorres e consorres	enter the mode of sequence of): sequence of): sequence of): e underlying cause tient 3 DOA e of y M street, factory, offi	given in Pert I. 26. Place of De Other: 4 Mursing Hailury at Nork? Yes 2 No ce	23b. Dic 1 24a. We perform 5 Res 28d. Describe 28f. Location City or To	I tobacc I ves s en eut Ormed? Yes one) Idence how in Others	co use contact No use	24b. Were evel com of did a control of the control	the cause of dealing and Deetle onset on the cause of the cause on the cause of the cause
page 2 should be detached for use as the burial-transit	edical Certification: To Be Completed by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentially list conification if any, leading to inceuse. Enter Unde Cause (Disease or their initiated events resulting in death) L Part II. Other aigniff 25. Was cese referrexeminer? 1 Yes 2 2 27. Manner of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one)	red to medical No 5 Pending investigate 6 Could not determine	e. 1—1 b	Due to (Due to	(or as a consorres e consorres	enter the mode of sequence of): sequence of): sequence of): e underlying cause tient 3□ DOA e of y M street, factory, offi	given in Pert I. 26. Place of De Other: 4 Mursing Haivork? Yes 2 No ce	23b. Dic 1 24a. We perfuse the Check only lome 5 Res 28d. Describe 28f. Location City or To , end due to the time	I tobacco I Yes S en euli Yes One) Idence how in (Street a cuse) date a 29d. D	co use con 2 No copsy 2 No 6 Othe jury occurre and Number tel) (s) and mer nd place, and other signed	tributa to 3 Probi 24b. Were even of di 1 Cor (Specify) ed ar or Rurel and due to 1 (Month, D	the cause of de labiy 4 Dunk re eutopsy findir lebele prior to pletion of cause eeth? Yes 2 No Route Number, ited. the ceuse(s)



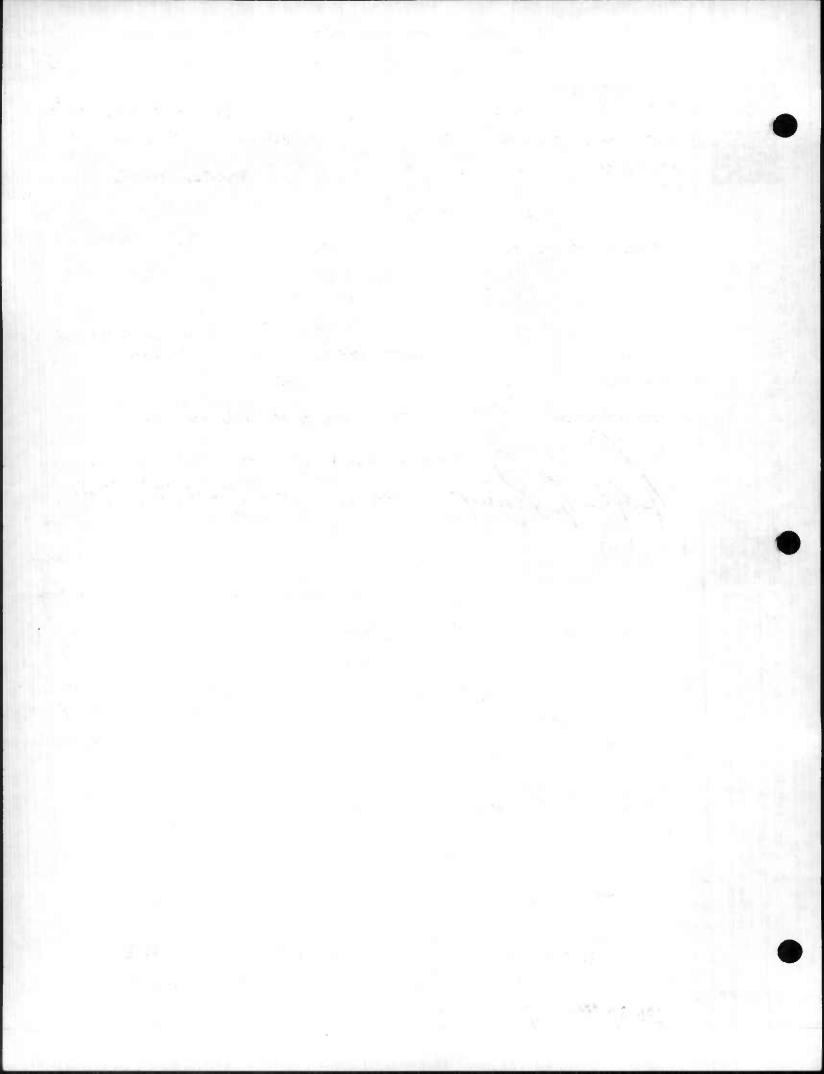
State of Maryland / Department of Health and Mental Hygiene 8 0087

				C	ertificat	e of	Death		F	Reg. No.			
		1. Decedent's Neme (First, Middle, I	.ast)						2. Dete of Dee		valles	3. Time of D	eeth
Physic		FLORENCE B. I	ANDSMAN						January	2, 199	8 Seer	11:47	P.M.
/Med Exam		4e. Fecility Neme (If not institution, g	ive street end number)				4b. City, To	wn, or Lo	ocation of Deeth				
		Manor Care Of (Chevy Chase				Che	evy (Chase	Mo	ntgo	mery	
Funera				e (In yrs. lest birthde	y) If Under					1	9. Birthp	plece (Stete or a	Foreign
Directo		353-07-3528 Usuel Residence of Decedent	1□ M 2X F	79 Yrs.	Months	Deys	Hours	Min.	Aug. 30	, 1918	Bron	x, NY	
yland		District 10b. County		10c. City, Town or	Location						1	10d. Inside City	Limits
Mer Mer	ģ	Of Columbia None	2	Washi	ngton							1€ Yes 2	2□ No
h the	Director	10e. Street and Number			10f. Zip	Code				10g. Citizen of 1	Whet Cour	ntry?	
h wit	0	5410 Connecticut	Avenue, N.	W.	20	015				U.S.A			
deat	Funerai	11. Maritel Status	12. Wes Decedent I		3. Was Decad	dent of	Hispenic Ori	igin? (Sp	ecity Yes or No-			can Indien,	-
or its		1 Never Married 2 Married	Armed Forces?	lo			ban, Mexicar		Hican, etc.)		k, White,	etc.	
ours mil.	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes	SPW	Specify:			Specify	Whi	te	
21215-0020 3 within 72 hours after death with the Meryland piene. I than "natural", or frems 23s or 28s-f ehow the Meryland be notified at	Completed	15. Decedent's (Specify only highest of	Education	16a. De	cedent's Usua ve kind of wo b. DO NOT us	el Occu	pation	t of work	ina	16b. Kind of B			
within ene.	npje	Elementery/Secondary (0-12)	College (1-4or 5	+)			ed)	01 110111	ig				
nd 2121 e filed within al Hygiene. I other than '	S	12 Years		Нс	usewif	e					Home		
T S S S S S S S S S S S S S S S S S S S	Be	17. Fether's Neme (First, Middle, Las	•						e (First, Middle,		ie)		
VIA Meni	2	Aaron David Bren	ner				Gize.	lla	Steinmet	ZZ			
Baltimore, Maryland 21215-0020 permit. Pages I and 2 should be filed within 72 hours af Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or any Injury or other treumatic event, the Medical Expansions.		19a. Informent's Neme/Reletionship Sidney Landsman,		19b. Ma 5410 Wash	ailing Address Conne	(Stree	cut A	venu 200	e N.W.	r, City or Town,	Stete, Zip	Code)	
Baltimore, semit. Pages 1 er Department of Hea mportant: if Item;		20e. Method of Disposition			position (Ner remetory or o					20c. Location -	City or To	own, Stete	
Pages nent of h		1 ☐ Buriel 2000 Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		Metropol	itan (ren	natory	03/1		Alexand	ria.	Virgi	nia
mit. Dartm Sorts		21. Signeture of Funeral Service Lic	ansee ma	0544	22. Neme en	d Addr	ess of Fecili	ty	-				diam'r
Depariment of the second of th		We G. Kride	lay - Smith		232 CAF	RROI	L STR	EET,	AL FUNE	SHINGTO		20012	
		23a. Pert1. Enter the disease, or co- shock, or heert feilure. List onl	mplications thet caused y one ceuse on eech lir	the death. Do not one.	enter the mod	le of dy	ing, such as	cardiac	or respiretory en	rest,		Approximate Intervel Betwee Onset and De	en
Physician /Medical	_	One											
Examiner	_	diseese or condition resulting in deeth) e. Pancreatic cancer - cystadenocarcinema. 5											>
	7	in doding		Due to (or es a cons	sequence of):						1		
TINE	i i		b. Insulin			Pi	abote:	s tr	Ichtus	>		TYRS	
是是	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	1	Due to (or es e cons	sequence of):								
ice p	ale	Cause. Enter UnderlyIng Ceuse (Disease or Injury	. Breas									1 yR	
artificete ding physise as the	edicai	thet Initieted events resulting In death) Lest		Due to (or es a cons	equence of):								
onding use a	3		d. Pancre	atic co	wiler								
death death e etter	ciar												
thet the death certificate and by the ettending physical detached for use as the	Physician	Pert II. Other significant conditions	contributing to death bu	it not resulting in the	underlying c	ause g	iven in Pert I			obecco use co			
their ded by desired									1 U Y	es 2DNo	3 Pro	bably 4 🗍 Ui	nknown
requires that the seen signed by the hould be detached	d by								24e. Wes 8	in Autoney	24b. W	ere eutopsy fine	dinas .
v require been si should	ete								perfor	med?	av	elleble prior to mpletion of cau	
D & & O	Completed									* 4'	of	deeth?	
= + # 6									1 🗆 Y	es 2 No	1[☐Yes 2☐N	0
Physician: The I	Be	25. Wes case referred to medical exeminer?	Hospital:						h (Check only or				
	5	1 Yes 2 No	Hospitel:						me 5 Resid			y)	
dling F h. After funer	Certification:	1 Neturel 5 ☐ Pending	28a. Dete of Injur (Month, De)	Year) 28b. Time Injury		8c. Inju			28d. Describe h	ow Injury occur	ed		
INISION or Attending after death. Director: After din by the fune	cat	2 Accident Investigati 3 Sulcide 6 Could not	be		М		Yes 2		001 1			10 7 10	
or Attendation of the Court of	iti	4 ☐ Homicide determine	building, etc	ry - At home, ferm, . (Specify)	street, fectory	, office)		28f. Location (S City or Tow	treet end Numb n, Stete)	er or Hure	Houte Numbe	∌r,
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		20- 0-4W- -											
Hos 24 ho Fun tely	edicai	29a. Certifier (Check only one) 1 Certifying P 2 Madical Exa	hyelclan: To the best of miner: On the basis of	f my knowledge, de exemination and/or	eth occurred Investigetion,	et the t , in my	ime, dete an opinion, dea	d plece, th occurr	end due to the c red et the time, o	euse(s) end me late end plece,	nner as s and due to	teted. the cause(s)	
thin the	Mec	29b. Signeture end title of certifier	and manner sta	ted.	290	Licen	ise number			29d. Dete signe	d (Month	Dov Veer	-
2 3 4 8		1 16 0	0.1	4.0	230		1013		-			_oj, roaij	
0		1 / Muon 4.	Qualon				010			1/5/	70		
X		30. Neme end eddress of person who	completed cause of de	eth (Item 23e) (Typ	e, Print)	1100	NT.	ı c.	ita 400	Wacht	noto	n. DC 2	20016
		Sharon A. Scanlo			пети А	ven	ue, NV	v, 51	JILE 400	, wasiii	ingco	11, 100 2	
	ate	31. Dete filed (Month, Dey, Year)	Registra	r's Signature Holon-Panda	00								
Regist	ııdı	JAN 0 6 1998	d'and total	Jacon-Marian									



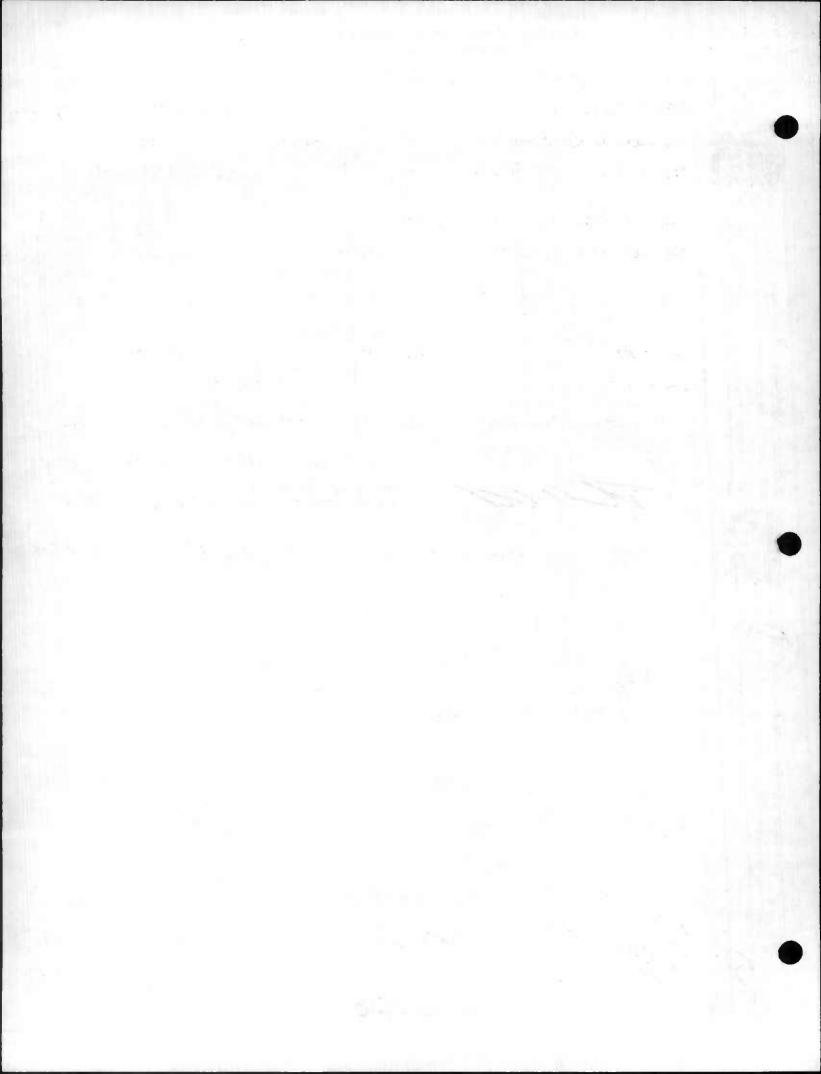
State of Maryland / Department of Health and Mental Hygiene 8

should be filed within 72 hours after death v and Mental Hygiene. s marked other than "natural", or items 23a numatic event, the Medical Examiner must	ai	4a. Fecility Name (If not institution, give Howard County Gene 5. Social Security Number 215–14–5916 15. Social Residence of Decedent 10a. State Md. Howard Howard Number 5783 Stevens Fore: 11. Marital Stetus 1 Never Married 2 Married Michael Michael Married Michael Married Michael Michael Married Michael Michael Married Michael Michael Married Michael Michael Married Michael Mic	street end number) eral Hosp. x M 20xF ward	10c. City	est birthdey) Yrs. , Town or Loc umbia	Months	r 1 Year	Bb. City, Town, or Randall If Under 24 H Hours Mi	rs. 8. Date of Bi (Month, D	Day 2nd th 4c. County Balti	9. Birthplaca (Stete or For	
should be filed within 72 hours after death with the Maryland and Mental Hygiene. and Mental Hygiene. a marked other than "natural", or items 23a or 28a-f show an interpretation of the marked other than "natural" or routed to the market overt, the Medical Examiner must be routed an or parallel or parall	Completed by Funeral Director	4a. Fecility Name (If nbt institution, give Howard County Gene 5. Social Security Number 215–14–5916 15. Social Residence of Decedent 10a. State Md. Howard Industrial Stetus 1 Never Married 2 Married Michael Michael Married 15. Decedent's Edi (Specify only highest gred	street end number) eral Hosp x 7. Ag ward st Road	10c. City	Yrs.	Months	r 1 Year	Randall	TAA or Location of Deal stown rs. 8. Date of Bi (Month, D	th 4c. County Balti	of Death LMORE 9. Birthplaca (Stete or For Country)	
should be filed within 72 hours after death with the Manyland and Mental Hygiene. a marked other than "natural", or items 23a or 28a-f show an interpretable in the Madical Examiner must be notified as the most of the Madical Examiner must be notified as the most of the Madical Examiner must be notified as the most of the Madical Examiner must be notified as the most of the Madical Examiner must be notified as the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of the Madical Examiner must be not the most of	Completed by Funeral Director	Howard County Gene 5. Social Security Number 215-14-5916 Usual Residence of Decedent 10a. State Md. 10b. County Howard 10c. Street and Number 5783 Stevens Fores 11. Marital Stetus 1 Never Married 2 Married 15. Decedent's Edi (Specify only highest greet)	eral Hosp. X 7. Ag Ward St Road 12. Was Decedent Armed Forces?	10c. City	Yrs.	Months	r 1 Year	Randall	rs. 8. Date of Bi	Balti	9. Birthplaca (Stete or For	
should be filed within 72 hours after death with the Maryland and Mental Hygiene. s marked other than "natural", or items 23a or 28a-1 show an aumatic event, the Medical Examiner must be notified at	Completed by Funeral	5. Social Security Number 215-14-5916 11 Usual Residence of Decedent 10a. State 10b. County 10c. Street and Number 5783 Stevens Fore: 11. Marital Stetus 1 Never Married 2 Married 15. Decedent's Edit (Specify only highest greet)	ward 12. Was Decedent Armed Forces?	10c. City	Yrs.	Months	r 1 Year	If Under 24 H	rs. 8. Date of Bi (Month, D	rth ey, Year)	Birthplaca (Stete or For Country)	
should be filed within 72 hours after death with the Maryland and Mental Hygiene. s marked other than "natural", or items 23a or 28a-1 show an aumatic event, the Medical Examiner must be notified at	Completed by Funeral	215-14-5916 Usual Residence of Decedent 10a. State Md. 10b. County Hor 10e. Street and Number 5783 Stevens Fore: 11. Marital Stetus 1 Never Married 2 Married XX Widowed 4 Divorced 15. Decedent's Edi (Specify only highest greet)	ward 12. Was Decedent Armed Forces?	10c. City Col	Yrs.	Months			n. (Month, D			
should be filed and Mental Hygi s marked other sumatic event, t	Completed by Funeral	10a. State Md. How 10e. Street and Number 5783 Stevens Fore: 11. Marital Stetus 1 Never Married 2 Married XX Widowed 4 Divorced 15. Decedent's Edi (Specify only highest greet)	st Road 12. Was Decedent Armed Forces?	Col		cation						
should be filed and Mental Hygi s marked other sumatic event, t	Completed by Funeral	Md. How 10e. Street and Number 5783 Stevens Fore: 11. Marital Stetus 1 Never Married 2 Married Microcod 15. Decedent's Ed. (Specify only highest greet)	st Road 12. Was Decedent Armed Forces?	Col		cation					Trace or an array	
should be filed and Mental Hygi s marked other sumatic event, t	Completed by Funeral	5783 Stevens Fore: 11. Marital Stetus 1 Never Married 2 Married Widowed 4 Divorced 15. Decedent's Edi (Specify only highest gred	12. Was Decedent Armed Forces?	Ever In 119	10e. Street and Number 5783 Stevens Forest Road 21045						10d. inside City Lir 1 ☐ Yes 2 反	
should be filed and Mental Hygi s marked other sumatic event, t	Completed by	1 ☐ Never Married 2 ☐ Married XX Widowed 4 ☐ Divorced 15. Decedent's Edu (Specify only highest great	Armed Forces?	Ever la 119				5		10g. Cittzen of V USA	Whet Country?	
should be filed and Mental Hygi s marked other sumatic event, t		(Specify only highest great	Yeer or Dates:			Vas Deced f Yes, spec		spanic Origin? n, Mexican, Pur Specify:	(Specify Yes or No erto Rican, etc.)	5 Specify	ce - American Indien, ck, White, etc.	
should be filed and Mental Hygi s marked other sumatic event, t			ication		16a. Deced	lent's Usue	el Occupa	ation	mrkina	16b. Kind of B	Ind of Business/Industry	
should be fill and Mental H s marked oth		Elementery/Secondary (0-12) 4th Grade	College (1-4or 5		life. c			during most of w	orking	Little The Poo	Sisters of	
12 should b h and Mente is marked treumatic e		17. Father's Name (First, Middle, Last)							Name (First, Middle, Meiden Sumeme)			
12 sho h and h is ma trauma	To	James Lewis						Susie				
CENL		19a. Informant's Name/Relationship (7) Charlene Matthews	ripe, Print) niec	е					Rural Route Numb			
nemit. Pages 1 and 2 Department of Health Important: If item 27 i Iny Injury or other fra		20a. Method of Disposition 1 Shaurlal 2 Cremation 3 □ F 4 □ Donation 5 □ Other (Specify)	Removal from State	CO	ace of Dispos metery, crem utus M	netory or o	ther piec	-	Date 7	20c. Location - Baltimor	City or Town, State	
permit. Pa Departmen Important: any injury once.	1	21. Signatury of Funeral Service License	/ /	ALD				e of Eacility			- American Company	
Ded Gen yens		Mashwe	Him	P	25	501 G	wynn	s Falls	PKWY Ba	ltimore,	Homes, Inc., Md. 21216	
Physician		23a. Parti, Entwithe disease, or odmo abook, or heart failure. List only of	cations that ceused ne cause on each lin	the death. ne.	Do not ente	er the mod	le of dying	g, such as card	ec or respiretory e	errest,	Approximate Interval Between Onset and Death	
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a	sex	ain.						1 day	
	-				as a consequ			•	-			
D D	mine		b. ————	pr	ababl	LL	140C	andoup	meter		1 day	
Mad V	8	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury		- 1				V				
LEE	वि	thet initiated events	C	Due to (or	as a consequent	10 ly	منه				1 de	
1,000 90 90 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000	-VMed	resulting in death) Lest	d		nal j	~						
# # O .	Cla	Part II Other elemitians conditions ass	stellesting to double by					o to Bend	ant mi			
es that the de	Phy	Part II. Other eignificant conditions con		at not resur	ting in the un	ideriying c	ause give	en in Part I.		Yee 2 No	ntribute to the cause of dea	
8 <u>5</u> 8 .	Completed by	DM							24a. Was	an autopsy ormed?	24b. Were autopsy finding evallable prior to completion of cause of deeth?	
The law ate has page 2	Com								10	Yea 2□No	1 Yes 2 No	
certificate rector, pag	Be	25. Was case referred to medical examiner?						26. Place of D	eath (Check only	one)		
hys light	ဥ	TEL TOS ZENTO	lospital:		R/Outpatient			4 LI Nursing	Home 5 Res			
Attending P or deeth. ector: After by the funer	ation:	27. Manner of Death Naturel 5 Pending Accident Investigation	28a. Date of Injui (Month, De)	Year)	28b. Time of Injury	Time of 28c. Injury at 28d. Describe how injury or			how injury occurr	red		
usi or Attending Ph s efter desth. al Director: After th ed in by the funeral	27. Manger of Death Naturel 5 Pending 28a. Date of Injury 28b. Time of Injury 28c. Injury at Work? 1 Yes 2 No							28f. Location (Street and Number or Rural Route Number City or Town, Stete)				
Hospi 4 hou Funer tely fill	29a. Certifier (Check only one) 29a Certifier (Check only one) 29a Certifier (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opin and menner stated.						et the time, date and placa, and due to the ceuse(s) and manner as stated. In my opinion, death occurred et the time, dete and place, and due to the ca			anner as stated. and due to the cause(s)		
To the To the comple	- T	29b. Signature and title of certifier				290	. License	number		29d. Date signe	d (Month, Dey, Year)	
/		1) Patzen					D ? -	7777		1/2/9	30	
X	-	30. Name and eddress of person who	empleted cause of de	eath (Item :	23e) (Type, F	Print)	וכע			1-17	1.4	
D												
		PETER EHENG	2 KNOW	e albi	174 1	Dr.	Colu	7777	MD	21045		



State of Maryland / Department of Health and Mental Hygiene Q

		Decedent's Name (First, Middle, Last)		(Certificate of	Death	Re 2. Date of Death		3. Time of Death	
Physic		RUTH N. LEWIS					Jan. 1.	Day 1998	10:00 a.m.	
/Medi Examii		4a. Facility Neme (If not institution, give street	and number)			4b. City, Town, or L		4c. County of Dea	The second secon	
1		708 MacPhail Court No	irth			Bel Air		Harkord	1	
Funeral Director		5. Social Security Number 6. Sex 217-03-0441 Usual Residence of Decedent		yrs. last birth Yı	Months Dave		8. Date of Birth (Month, Day, Aug. 16	Q Rir	thpiace (State or Foreign ountry) USYLAND	
fand		10a. State 10b. County	100	c. City, Town	or Location				10d. Inside City Limits	
Many	tor	Maryland Harford		Bel Ai	r				1 ☐ Yes 2 💆 No	
th with the 23a or 28	al Director	10e. Street and Number 708 MacPhail Court No	rth		10f. Zip Code 21014			g. Citizen of What C	ountry?	
d 21215-0020 filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or flems 23a or 28s-f show ent, the Medical Example, must be notified at	by Funeral	1 Never Married 2 Married 1	as Decedent Ever med Forces? Yes 2 No Yes, Give aar or Dates:	in U,S.	13. Was Decedent of Hit Yes, specify Cubin 1 ☐ Yes 2 ☑ No		ecify Yes or No- Rican, etc.)	14. Race - Am Black, Whi Specify: (
d 21215-0020 filed within 72 hours ef Hygiene Hygiene from inter than "natural", or ent, the Wooter Exer-	Completed	15. Decadent's Education (Specify only highest grade com Elementery/Secondary (0-12) Co 8th grade	oleted) ollege (1-4or 5+)		ecedent's Usual Occup Give kind of work done ife. DO NOT use retired	eation during most of work d)		66. Kind of Business Restaurana		
other of the	BeC	17. Father's Name (First, Middle, Last)				18. Mother's Nam				
Maryland 2 d 2 should be filed the and Mental Hygi ?? Is marked other traumatic event, I	To B	Louis Adrian Pilkerto	n			Renna B	illmire			
2000		19a. Intorment's Name/Relationship (Type, P.	,		Mailing Address (Street					
an a		Ruth L. Powers (Daugh			8 MacPhail					
Baltimore, permit. Pages 1 ar Department of Hea Important: If item, any injury or other once.		20a. Method of Disposition 1 △ Burial 2 □ Cremation 3 □ Remov 4 □ Donation 5 □ Other (Specify)	ai iroili Stete		of Faith			oc. Location - City or Baltimore,	Maryland	
Ball permit Depart Import		21. Signature of Funeral Servica Licansee	4		Schimunek 610 W. Mai	Funeral	Home of 1	Bel Air, 1	nc. 21014	
		23e. Part1. Enter the disease, or complication shock, or heart tailure. List only one cau	s that caused the se on each line.	death. Do no	t enter the mode ot dyir	ng, such as cardiec	or respiretory erre	st,	Approximete Intervel Between	
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth) e.			EN/C	CARCI	Sand		Onset and Deeth 3 MoNTHS	
Cuted Cuted and Cural-frantsit	cal Examiner	Sequentially list conditions, if any, leeding to Immediete cause. Enter Underlying Cause (Disease or injury that initiated events	Due	to (or as a co	nsequenca ot):					
89	Physician/Medical	resulting In death) Last	Due	to (or as a cor	nsequence of):					
o de the att	sici	Part II. Other stgniftcant conditiona contributi	ng to death but no	t resulting in t	ne underlyIng cause giv	en in Part I.	23b. Dld tob	acco use contribute	to the cause of death?	
S, P.	by Phy	BRAW N	VETAST	ASES			1 □ Ye	8 2□No 3□P	robably 4 Unknown	
2 8 8 9	Completed					****	24a. Was an perform		Were autopsy tindings evallable prior to completion of ceuse of deeth?	
= F # 6	- 1						1 ☐ Yes	2 No	1 ☐ Yes 2 ☐ No	
of Vital Physician: Tritis certificate ral director, pa	Be c	25. Was case referred to medical examiner?	ll: 1 ☐ Inpatient		Oth	er:	h (Check only one			
on of ling Phy I. Affer this funeral d	ation: To	27. Mennarof Death 1 Patural 5 Pending 2 Accident investigation	2 ER/Outp 28b. Tin Inju	ne ot 28c. Injur	DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yes 2 No		ocity)			
Division tal or Attending rs after death. al Director: After led in by the fune	Certification:									
To the Hospital or within 24 hours after To the Funeral Direction completely filled in	ledicai		To the best of my n the basis of exam nd manner stated.	knowledge, omination and/o	leath occurred at the tir or investigation, in my o	ne, date and place, pinlon, death occurr	and due to the car ed at the time, da	use(s) end manner a te and place, and du	s stated. e to the cause(s)	
To t To t	Σ	20th. Signature and title of certificated	wa	m	29c., Licens	e number 3 / 7 7 5		d. Date signed (Moni	th, Day, Year) 998	
5		30. Name and eddress of person who complet	ed cause of death	(Item 23a) (Ty	pe, Prim	Thus !	or in	AryiAr	2047	
Sta Registr		31. Date tiled (Month, Day, Year) JAN 06 1998	32. Register's S	Dandre	- Handalla		· · · · · · · · · · · · · · · · · · ·	0		



State of Maryland / Department of Health and Mental Hygiene 8

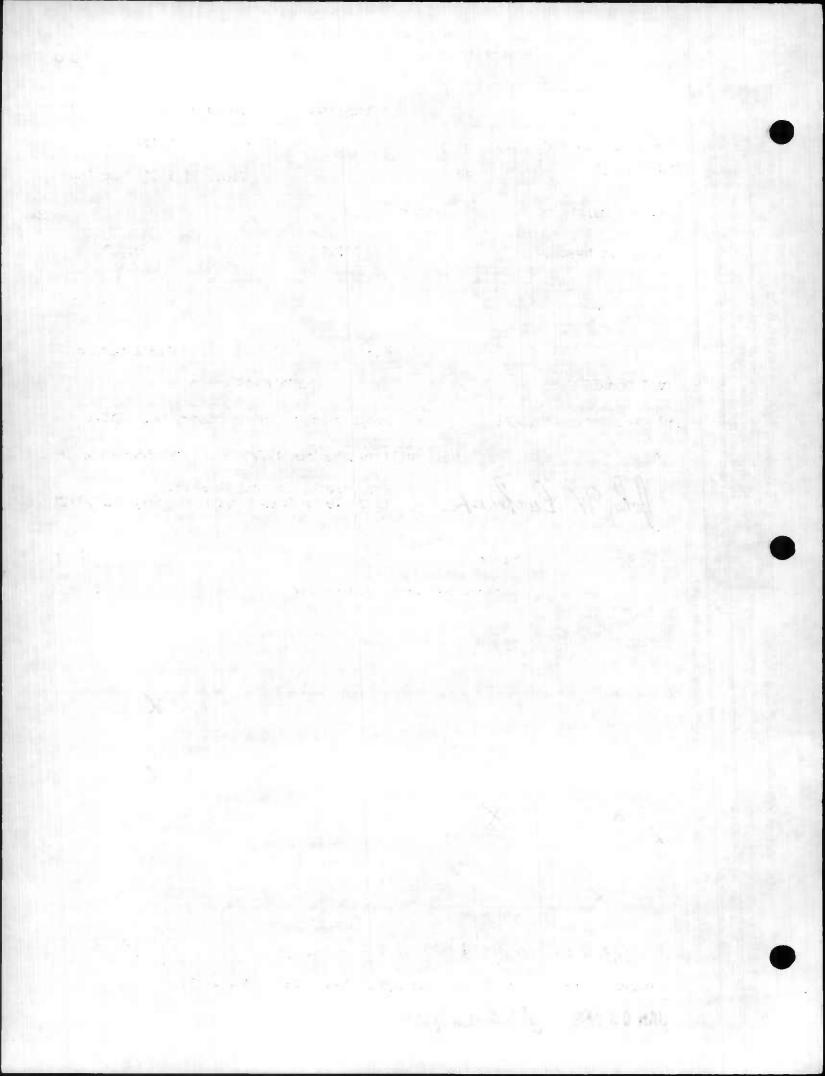
0	0	0	0	0
0	U	U	7	U

					00	rtificate d		, cettr		Reg. No).			
	1. Decedent's Neme (First, Middle, Last)								2. Date of Death Month Day Year			na of Death		
Physician /Medical	Deborah MEEHLI					ING		January			998	1:3	0 PM	
Examiner	4a Facility Name (If not ins	stitution, give	e street and nur	m <i>ber)</i>			4b. (City, Town, or	Location of Dea	th 4c	County	of Death		
	Franklin Squ	are H	ospital	Center	r		R	oseda1	ale Baltimore					
Funeral Director	5. Social Security Number	6. S	өх	7. Age (In yrs.		st birthday) If Under 1 Year Months Days		Under 24 Hrs lours Min.	8. Dete of B	irth	9.8		Birthplace (State or Foreign Country)	
	220-62-4931	1	□ M 2 X F 43 Yr			3. Working Days		TOUTS IVIIII.	Sept.				ryland	
	Usual Residence of Deced			40.0										4.00.15.5
ati with the mark	Maryland Bal	County	e		ity, Town or Lo Essex	ocation								de City Limits
									10					Yes ZONO
	10e. Street and Number 962 Kinwat A	venue				10f. Zip Cod 212				10g. Cit		What Cou		
	11. Maritai Stetus 1 ☐ Never Married 2[Armed Fo	12. Wes Decedent Ever in U,S. Armed Forces?		13. Was Decedent of Hispanic Origin? (Sp If Yes, specify Cuban, Mexican, Puerto					Black, White, etc.				
	3 □ Widowed 4 😾 Dir		If Yes, Giv	1 ☐ Yes 2 ₹ No If Yes, Give Year or Detes:		1□Yes 2₺	No S	pecify:		Specify:			White	
				10	16a. Dece	dant's Usual O	ccupatio	n		16b. K	(Ind of B	usiness/Ir	iness/Industry	
	15. Decedant's Education (Specify only highest grade completed)				(Give	kind of work de DO NOT use re	one duni	ng most of wo	rking					
	Elamantary/Secondary (1	College (Cottege (1-4or 5+)		Guard			S	Steel Company					
Be C	17. Father's Name (First, A					18. Mother's Name (Firs			First, Middle, Maiden Sumame)			100		
To B	Paul Donald	l Webb					E	ula Ma	e Green	е				
arma arma	19a. Informant's Name/Re								rel Route Num					
127 i	Eula Mae Bro	wn (M	OTHER)					d Mid	dle Riv	er, I	Ma.	212	20	
If itam 27 or other tr	20a. Method of Disposition 1 Burial 2 ☐ Crem		Domoval from	_	cemetery, cre	osition (Neme of metory or other	piece)		Date			- City or T		
ury o	4 Donation 5 Ot			Hol	Lly Hil	L Mem. Ga	irde	ns 1/6/	1998	Bal	Ltam	ore (ن .,	Ma.
Important: If item 27 any injury or other to once.	21. Signature of Poneral S	ervice Licen	7 17	n	2	2. Name and A	ddress o	f Facility	3			-		
ESS	N 11 1/ (1	/ /												
	11sten 7	NX	un Bar	uso					al Home			Ма	212	21
	23a. Bart. Enter the disea	Ase, or comp	plications that of	aused the dea		1407 Ol	d Ea	stern	Avenue	Es		Md.	Appro	ximate
sician	23a. Part. Enter the diser	ase, or comp e. List only	plications that cone cause on e	caused the dea		1407 Ol	d Ea	stern	Avenue	Es		Md.	Appro	_
_	Immediate Cause (Final	ase, or comp e. List only	one cause on e	each line.		1407 Ol	d Ea	stern	Avenue	Es		Md.	Appro- Interva Onset	ximate al Between and Death
dical	thock, or heart failure	ase, or comp e. List only	pilications that cone cause on e	each line.	ath. Do not en	1407 Old ter the mode of	d Ea	stern	Avenue	Es		Md.	Appro	ximate al Between and Death
dical niner	Immediate Cause (Final disease or condition	ase, or comp e. List only	a. Strok	ce Due to (ath. Do not en	1407 Older the mode of quance of):	d Ea	stern uch as cardia	Avenue	Es		Md.	Approxinterva Onset	ximate al Between and Death
dical niner ច	Immediate Cause (Final disease or condition rasulting in death)	e. List only	a. Strok	ce Due to (cute Ba	or as a conse	quance of): 1 Endoc	d Ea	stern uch as cardia	Avenue	Es		Md.	Appro- Interva Onset	ximate al Between and Death
dical niner ច	Immediate Cause (Final disease or condition rasulting in death)	e. List only	a. Strok	ce Due to (cute Ba	ath. Do not en	quance of): 1 Endoc	d Ea	stern uch as cardia	Avenue	Es		Md.	Approxinterva Onset	ximate al Between and Death
dical niner ច	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, laading to immediat cause. Enter Underlying Cause (Disease or Injury that initiated events	e. List only	a. Strok	Due to (control of the to (contr	(or as a consecteria	quance of): 1 Endoc quanca of):	d Ea	stern uch as cardia	Avenue	Es		Md.	Approxinterva Onset	ximate al Between and Death
he buriel-kensit lical Examiner	Immediate Cause (Final disease or condition rasulting in death)	e. List only	a. Strok	Due to (control of the to (contr	or as a conse	quance of): 1 Endoc quanca of):	d Ea	stern uch as cardia	Avenue	Es		Md.	Approxinterva Onset	ximate al Between and Death
use as the bunel, tensit and an analysis of the Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, laading to immediat cause. Enter Underlying Cause (Disease or Injury that initiated events	e. List only	a. Strok	Due to (control of the to (contr	(or as a consecteria	quance of): 1 Endoc quanca of):	d Ea	stern uch as cardia	Avenue	Es		Md.	Approxinterva Onset	ximate al Between and Death
nong priystean and use as the buriel-tensit and use as the buriel-tensit and use and use as the buriel-tensit and use as the buriel-	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, laading to immediat cause. Enter Underlying Cause (Disease or Injury that initiated events	s, le	a. Strok b. Subac	Due to (c	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of):	d Fa	stern uch as cardia	Avenue c or raspiratory	Es:	sex,		Appro- Interve Onset 3 Da 5 Da	ximate al Between and Death
tached for use as the buriel-tensit Thysician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	s, le	a. Strok b. Subac	Due to (c	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of):	d Fa	stern uch as cardia	Avenue c or raspiratory	Est arrast.	sex,		Appro- Interval Onset 3 Da 5 Da to the ca	ximate al Between and Death LYS
be detached for use as the buriel-lensit by Physician Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	s, le	a. Strok b. Subac	Due to (c	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of):	d Fa	stern uch as cardia	Avenue c or raspiratory	Est arrast.	sex,	ntribute	Appro- Interval Onset 3 Da 5 Da to the ca	ximate al Between and Death LYS LYS
be detached for use as the bunel-lensit be detached for use as the bunel-lensit by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	s, le	a. Strok b. Subac	Due to (c	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of):	d Fa	stern uch as cardia	Avenue c or raspiratory	Estarrast, d tobacco	Sex,	ontribute 3 Pro	Appro- Interve Onset 3 Da 5 Da to the capbably Vere autovailable in the capbable in the ca	ximate all Between and Death LYS LYS LYS LYS LUCK Of death 4 Unknown
should be detached for use as the burier ensit a positive of the burier ensit and the burier ensity of the burier	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	s, le	a. Strok b. Subac	Due to (c	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of):	d Fa	stern uch as cardia	Avenue c or raspiratory	Est arrast.	Sex,	ontribute 3 Pro	Appro- Interve Onset 3 Da 5 Da to the capbably Vere autovailable in the capbable in the ca	ximate al Between and Death LYS LYS LYS LYS LYS LYS LYS
been signed by the attending physician and should be detached for use as the buriel-tensit and should be detached for use as the buriel-tensit and should be detached by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	s, le	a. Strok b. Subac	Due to (c	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of):	d Fa	stern uch as cardia	23b. Did	arrast. d tobacco Yee 2	Sex,	ontribute 3 Pro	Appro- Interve Onset 3 Da 5 Da 5 Da volume to the capbably vere autovailable i ompletio f death?	ximate all Between and Death LYS LYS LYS LYS LUCK Of death 4 Unknown
been signed by the attending physician and should be detached for use as the buriel-tensit of should be detached for use as the buriel-tensit of should be detached by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions in the cause of the c	s, le Conditions or	a. Strok b. Subac	Due to (c	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of):	d Fa	stern uch as cardia tis	23b. Did	d tobacco	sex,	ontribute 3 Pro	Appro- Interve Onset 3 Da 5 Da 5 Da voice to the capebookly vere autovailable is ompletion of death?	ximate all Between and Death and Death and Death all ys
oenincate has been signed by the attending physician and in the period of the state of the buriet-tensit of the state of t	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, laading to Immediat cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other eignificant conditions in the conditions of the	s, le Conditions or	a. Strok b. Subac c	Due to (course Bandue to (cour	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of):	d Fa	stern uch as cardia tis r Part I.	23b. Did 1 24a. We per	Estarrast, d tobacco Yee 2 yee 2 yee 2 yee 2 yee 2	sex,	3 Pro	Appro- Interve Onset 3 Da 5 Da 5 Da week of the capability were autovaliable a completion of death? Yes	ximate all Between and Death and Death and Death all ys
is certificate has been signed by the attending physician and director, page 2 should be detached for use as the buriel-kensit of a completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, laading to Immediat cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other eignificant or examiner? 1 Yes 2 No 27. Marylar of Death	s, le Conditions conditions conditions	a. Strok b. Subac c	Due to (cate Ba Due to (cate Ba Due to (cate Ba)	for as a consecutive or as	quance of): 1 Endoc quanca of): quanca of): quanca of):	d Fa dying, s ardi	stern uch as cardia tis r Part I.	23b. Did 24a. We per	Estarrast, d tobacco Yee 2 one) Sidence	sex,	ontribute 3 Pro 24b. V a c c o 1	Appro- Interve Onset 3 Da 5 Da 5 Da week of the capability were autovaliable a completion of death? Yes	ximate all Between and Death and Death and Death all ys
is certificate has been signed by the attending physician and director, page 2 should be detached for use as the buriel-kensit of a completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions in the cause of the	s, le Conditions or	a. Strok b. Subac c. d. Hospital: 1	Due to (coute Ba Due to (coute Ba Due to (coute Ba)	for as a consecutive or as	quance of): 1 Endoc quanca of):	d Fa dying, s ardi ardi e given I	stern uch as cardia tis r Part I.	23b. Did 24a. We per ath (Check only)	Estarrast, d tobacco Yee 2 one) Sidence	sex,	ontribute 3 Pro 24b. V a c c o 1	Appro- Interve Onset 3 Da 5 Da 5 Da week of the capability were autovaliable a completion of death? Yes	ximate all Between and Death and Death and Death all ys
director, page 2 should be detached for use as the buriel-tensit and a state of the second se	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant consumer? 1 Yes 2 No 27. Manyar of Death 1 Natural 5 1 2 Accident 3 Sulcide 6	onditions of	a. Strok b. Subac c. d. Hospital: 128a. Date (Mon	Due to (coute Ba Due to (coute Ba Due to (coute Ba Due to (coute Ba Due to (coute Ba) Due to (coute Ba	for as a consector as	quance of): 1 Endoc quanca of): quanca of): quanca of): quanca of): quanca of): 28c.	d Fad dying, s ardi	stern uch as cardia tis part I. Part I.	23b. Did 24a. We per ath (Check only) tome 5 Rei 28f. Location	d tobacco Yee 2 one) Sidence how inju	o use co 22 No 22 No 6 Ott	24b. V ac construction of the construction of	Appro- Interver Onset 3 Dat 5 Dat to the car bably Vere auto- verification of death? □ Yes	ximate al Between and Death LYS LYS LYS LYS LYS LYS LYS LY
director, page 2 should be detached for use as the buriel-tensit and a state of the second se	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions in the conditions of the	e. List only in a conditions of the conditions o	a. Strok b. Subac c. d. Hospital: 128a. Date (Mon	Due to (continue t	for as a consector as	quance of): 1 Endoc quanca of): quanca of): quanca of): quanca of): quanca of): quanca of):	d Fad dying, s ardi	stern uch as cardia tis part I. Part I.	23b. Did 24a. We per ath (Check only) tome 5 Rei 28f. Location	d tobacco	o use co 22 No 22 No 6 Ott	24b. V ac construction of the construction of	Appro- Interver Onset 3 Dat 5 Dat to the car bably Vere auto- verification of death? □ Yes	ximate al Between and Death LYS LYS LYS LYS LYS LYS LYS LY
director, page 2 should be detached for use as the buriel-tensit and a state of the second se	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, laading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other eignificant or examiner? 1 Yes 2 No 27. Man ar of Death 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	e. List only in a conditions of the conditions o	a. Strok b. Subac c	Due to (control of Injury th, Dey Year) Dest of Injury - At hing, etc. (Special of Injury kn, best of my known best of my kn	for as a consector as	quance of): 1 Endoc quanca of):	d Faddying, s ardi ardi e given I Other: Injury at Work? 1 □ Yas	stern uch as cardia tis tis Part I. Part I. Part I.	23b. Did 24a. We per ath (Check only lone 5 Re) 28d. Describe 28d. Location City or Ti	arrast, d tobacco Yee 2 San auto formed? Yes 2 Yone) sidence b how inju (Street elown, Steff e cause(s	o use co	ontribute 3 Pro 24b. Va co on 1 ner (Spectred	Appro- Interve Onset 3 Da 5 Da to the ca bably Vere autovailable pompletion f death? Yes ify)	ximate al Between and Death Lys Lys Lys Lys Lys Lys Lys Ly
is certificate has been signed by the attending physician and director, page 2 should be detached for use as the buriel-kensit of a completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, laading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other eignificant or examiner? 1 Yes 2 No 27. Man ar of Death 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	e. List only in a conditions of the conditions o	a. Strok b. Subac c. d. Hospital: 128a. Date (Mon) 28a. Place buildi yelclan: To the biner: On the biner: On the biner:	Due to (control of Injury th, Dey Year) Dest of Injury - At hing, etc. (Special of Injury kn, best of my known best of my kn	for as a consector as	quance of): 1 Endoc quanca of):	d Faddying, s ardi ardi e given I Other: Injury at Work? 1 □ Yas	stern uch as cardia tis tis Part I. Part I. Part I.	23b. Did 24a. We per ath (Check only) 28d. Describe 28f. Location City or Ti	arrast, d tobacco Yee 2 San auto formed? Yes 2 Yone) sidence b how inju (Street elown, Steff e cause(s	o use co	ontribute 3 Pro 24b. Va co on 1 ner (Spectred	Appro- Interve Onset 3 Da 5 Da to the ca bably Vere autovailable pompletion f death? Yes ify)	ximate al Between and Death Lys Lys Lys Lys Lys Lys Lys Ly
Director: After this certificate has been signed by the attending physician and in the property of the principle of the physician and in the physician and i	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant contents in the cause of the ca	nedical Pending investigation Could not be datarmined artifying Physical Examples	a. Strok b. Subac c. d. Hospital: 128a. Date (Mon) 28a. Place buildi yelclan: To the biner: On the biner: On the biner:	Due to (coute Ba Due to (coute Ba Due to (coute Ba Due to (coute Ba Due to (coute Ba) Due to (coute Ba	for as a consector as	quance of): 1 Endoc quanca of): quanca of)	d Faddying, s ardi ardi e given I Other: Injury at Work? 1 □ Yas	stern uch as cardia tis Part I. Part I. Part I. Part I.	23b. Did 24a. We per ath (Check only lone 5 Re) 28d. Describe 28d. Location City or Ti	arrast, d tobacco Yee : san eutoformed? Yes 2 yone) sidence e how inju (Street elown, Steft e cause(s, date an	Sex, o use co 2 No opsy 6 Othury occur and Numi e)	ontribute 3 Pro 24b. Va co on 1 ner (Spectred	Appro- Interve Onset 3 Da 5 Da 5 Da 6 Da 6 Da 7 Da 7 Da 8	ximate al Between and Death LYS LYS LYS LYS LYS LYS LYS LY
is certificate has been signed by the attending physicial director, page 2 should be detached for use as the but IV Be Completed by Physician/Medical	Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions in death and in the cause of the	nedical Pending investigation Could not be datarmined artifying Physical Examples	a. Strok b. Subac c. d. Hospital: 128a. Date (Mon) 28a. Place buildi yelclan: To the biner: On the biner: On the biner:	Due to (coute Ba Due to (coute Ba Due to (coute Ba Due to (coute Ba Due to (coute Ba) Due to (coute Ba	for as a consector as	quance of): 1 Endoc quanca of): quanca of)	d Fa dying, s ardi ardi e given I linjury at Work? 1 □ Yas fice	stern uch as cardia tis Part I. Part I. Part I. Part I. No date and piacon, death occumber	23b. Did 24a. We per ath (Check only lone 5 Re) 28d. Describe 28d. Location City or Ti	arrast, d tobacco Yee : san eutoformed? Yes 2 yone) sidence e how inju (Street elown, Steft e cause(s, date an	Sex, o use co 2 No opsy 6 Othury occur and Numi e)	24b. Value of the control of the con	Appro- Interve Onset 3 Da 5 Da 5 Da 6 Da 6 Da 7 Da 7 Da 8	ximate al Between and Death LYS LYS LYS LYS LYS LYS LYS LY

DHMH 16 Rev 6/95

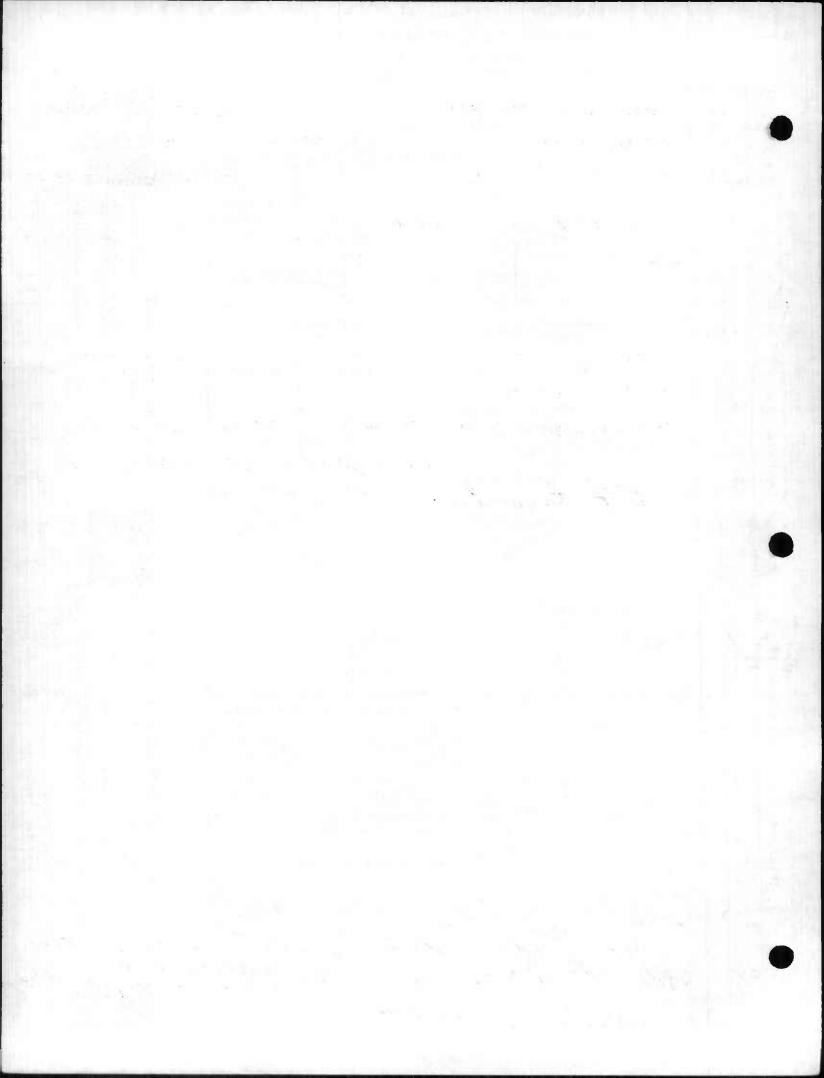
State Registrar 31. Date filed (Month, Day, Yeer)

JAN 06 1998



				State of Ma	iryiand /	Certificate of			Reg. No.	0 (0091	
	Physici	20	1. Decedent's Nama (First, Middle, Last)					2. Deta of De Month	eth Dey	Yeer	3. Tima of Death	
	/Medic		James Dale	Mayber	ry			Jan. 2	1998	1001	8:45AM	
	Examir	er	4e. Facility Nama (If not institution, give s	treet end number)			4b. City, Town, or	Location of Deet	eeth 4c. County of De			
			2512 Reckord Road			1 10 11 1 1 1 1	Fallston	T	Harfor			
L	Funeral Director		5. Sociel Security Number 6. Sax 213-42-3765	M 2□ F 54	(In yrs, lest bi	Yrs. H Under 1 Yaar Months Deys	Hours Min.	8. Data of Bir (Month, De April 3		9. Birthp Court	plece (State or Foreign ntry) ain Green, Md.	
	Mand Mand		10a. Stete 10b. County		10c. City, Tov	m or Location			-	1	10d. Inside City Limits	
	Man	tor	Maryland Harford		Falls	ton				-	1 Tes 2 No	
	or 28	Director	10e. Street end Number			10f. Zip Code			10g. Citizan of What C		ntry?	
	th wi		2512 Reckord Road	210					J.S.A.			
020	s 1 and 2 should be filed within 72 hours after deeth with the Maryland I Haelth and Mentei hygiene. Item 27 is marked other then "natural", or items 23s or 28s-f show other traumstic event, the Medical Exeminet must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	2. Wes Decedent E Armed Forcas? 1 ☐ Yes 2 ☒ No If Yas, Giva Yaer or Detes:		13. Wes Decedant of In If Yes, specify Cub	lispenic Origin? (S an, Mexican, Puart Specify:	pecify Yas or No o Rican, atc.)	Specific			
2-0	72 ho	ted	15. Decedent's Educ	eation	168	. Decedent's Usual Occup (Give kind of work done life, DO NOT use retire	petion	della a	16b. Kind of Bu			
Maryland 21215-0020	2 should be filed within 7 and Mentei Hygiene. • marked other then "r aumatic event, the Med	Completed	(Specify only highest grade Elementery/Secondary (0-12) 12th.	College (1-4or 54	F)	life. DO NOT use retire	during most of wor d)	King	General	Moto	ors	
pu	tei Hy d othe evant,	Be C	17. Fethar's Name (First, Middle, Last)				18. Mother's Ner	ne (First, Middle				
yla	should tund Ment	To	Roland Lewis Mayberry Jessie McKinley									
Jar	2 sh and ie m		19a. Informent's Neme/Reletionship (Typ.	oe, Print)	19	o. Meiling Address (Street	end Number or Ru	iral Route Numb	er, City or Town,	Stete, Zip	Code)	
	iges 1 and 2 si it of Haaith an if item 27 ie r or other traur		Mrs.Betty A.Maybe	rry (Wife		12 Reckord			Marylan			
סר	00-7		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Re	emoval from Steta		of Disposition (Neme of ary, cremetory or other ple		Dete	20c. Location -	City or To	own, Stata	
Baltimore,	permit. Pag Department Important: if any injury o		4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funeral Service Licensel	EO	Highv	iew Memorial		1/5/98	Fallsto	n,Md	.21047	
Ba	permit. Pag Department important: i any injury o		124)	22. Neme end Addre E.F. Lassah	n Funera	1 Home				
	-		23a Part 1 Enter the disease or complic	adour that caused i	the death Do	11750 Bela	ir Road	Kings	ville,Md	.210	87 Approximate	
ч	Physician		23a. Part1. Enter the disease, or/complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart feilura. List only one ceuse on each line.									
	/Medicai	Immediate Cause (Finel disease or condition resulting In death) e. SMAN CEN LWG CAWCER Due to (or es e consequence of):									14040	
	Examiner										Jenie	
-	T I	Examiner										
	A SE		Sequentially list conditions, Due to (or es e consequence of):								1	
100	るが		Sequentially list conditions, if any, leading to immediata cause. Enter Undartying Cause (Diseese or Injury that initieted events					1				
8	1 1	edlcai	rasulting in deeth) Lest	D	ue to (or es e	consequenca of):			i			
ŏ	o dub	2	d.									
m	death a strar ad for	icia	Pert II. Other significant conditions cont	ributing to death but	23h Did	tohacco usa cor	ntribute 1	a the cause of death?				
P.0	the the	Physician/M	111100	on ar a cit i.		Yes 2□ No	co use contribute to the cause of dea					
	es the	by 6	DIVER I	VUE 1 A	37H 2	د ع						
Records,	aw requi	Completed						24e. Wes	en eutopsy irmed?	av co	fere autopsy findings valleble prior to empletion of cause death?	
æ	0 - 2	E O						10	Yas 2 3 No	1[□Yes 2□No	
Vital	ysician: The s cartificate director, pag	Be (25. Wes case referred to medical examiner?				28. Place of Dee	th (Check only	one)			
of \	Physician: this cartific rai director,	2	1 ☐ Yes 2 7 No	ospitel: 1 Inpatien			4LI Nursing n	ome 5 A Resi	dence 8 Oth	er (Specif	fy)	
		0	27. Menner of Deeth 1 ☑ Neturel 5 ☑ Pending	28e. Dete of Injury (Month, Day		Time of 28c. Injury Wor		28d. Describe	how injury occuri	ed		
Sic	or:	icat	2 Accident invastigation 3 Suicide 6 Could not be	200 Place of lain	. Attama 6		Yes 2 □ No	70f Location /	Otract and Number	or or Due	al Routa Number,	
Division	当年	Certification:	4 ☐ HomicIde determined	building, etc.	(Specify)	arm, street, factory, office		City or To		er or nure	Il Houle Number,	
	To the Hospital or within 24 hours after To the Funeral Discompletely filled in	edicai C	29e. Certifier 1 Certifying Phyal	clan: To the best of ar: On the basis of a	my knowledge	e, deeth occurred et the tire	me, dete end piece	, and due to the	ceuse(s) and ma	nner as a	stated.	
	the h	Med	ane	end menner stet	ed.							
	or No		29b. Signature and title of certifing	dur	Si	29c. Licens	3/77		JANUA	Ry	3 1998	
	20		30. Name and adoress of potson who cor	npleted cause of de	eth (Item 23a)	(Type, Print)	3 BE	TAIR	- Ro	7	4 10 2704	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrar	's Signeture	1.00	HULY /		VITO	ye	July /	
	Registr	ar	JAN Q 6 1998	guige Du	vidson-Ro	naesc						

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Item 23 Part I Per PHY Film G755 1-6-98 rja Certificate of Death 2. Deta of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Dev Veer **Physician** 1998 OSA 11 Zabelt raice Vanuary 3 /Medical c. County of Death 4e Fecility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death `Examiner ltimors Rundallstown enells Eldercure If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dey, Year) If Undar 1 Yaar Birthpleca (Steta or Foreign Country) 7. Aga (In yrs. last birthday) Social Security Number 6. Sex **Funeral** 10 M 20F Months Deys 240-44-065 Yrs. Director Usuai Residenca of Decedent the Meryland 10b. County 10e Stele 10c. City, Town or Location 10d. Inside City Limits r 28a-f show **MOUG** 1 ☐ Yas 2 No Howard Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with land Mental thytiene.
Antif I ferm 27 ie marked other than "natural", or items 23e or :
Iny or other traumatic event, the Medical Entire crime to 7 is marked other than "natural", or items 23a or traumatic event, the Modeal Examiner must be Toreland 21045 6150 USA Garth Funerai 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Reca - American Indien, 11. Marital Stetus Black, Whita, etc. 1 Naver Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify Blac by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Spacify only highast grada completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Dept. Social Services Socia ORKER NA 18. Mother's Name (First, Middle, Meidan Sumema) 17. Fathar's Name (First, Middla, Last) Be Spel HERMAN Corey 12210 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stele, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) Kitt Ridge Illian Haywes. Hd 21133 20N 10 20b. Place of Disposition (Neme of Comatery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete Department of important: If It eny injury or o 1 Suriel 2 ☐ Crametion 3 ☐ Removel from Stete Henonal Park Randallstown, rul 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility WmC. March 21. Signature of Funerel Service Licensea Hone West Fuc VCB) 4300 Wabash 23e. Pert . Enter the seese, or complications thet caused the deeth. shock, or heer thill re. List only one cause on each line. Do not enter the mode of dying, such as cardiac or respiratory errest, PULMONARY HYPERTENSION **Physician** /Medical Immediate Cause (Final disaese or condition resulting in deeth) Examiner Due to (or es e consequenca of): Examiner requires that the death certificate be executed physician and s the bunel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated avants resuiting in deeth) Last Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequença of): attending pl signed by the aid be dateched for Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably WUNknown p 24b. Were eutopsy findings evaileble prior to completion of ceuse of deeth? been si 24a. Wes an eutopsy performed? Completed cartificata has t director, page 2 s 1 TYes 2 No 1 Yes 2 No Hospital or Attending Physician: director, 25. Wes case referred to medical examiner? Be 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this funarel 27. Menner of Deeth Dete of Injury (Month, Dev Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Certification: Aftar 5 Pending Investigation Injury 1 Neturel death. 1 Yes 2 No 2 Accident aftar deat Director: To the Hospital or Atterwithin 24 hours after det To the Funeral Director completely filled in by th 3 Sulcide 6 Could not be determined 28f, Location (Street and Number or Rurel Routa Number, City or Town, Steta) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian edicai

State Registrar 29b. Signature and title of certifier

29c. Licensa number

th (Item 23e) (Type, Print)

29d. Date signed (Month, Dev. Year)

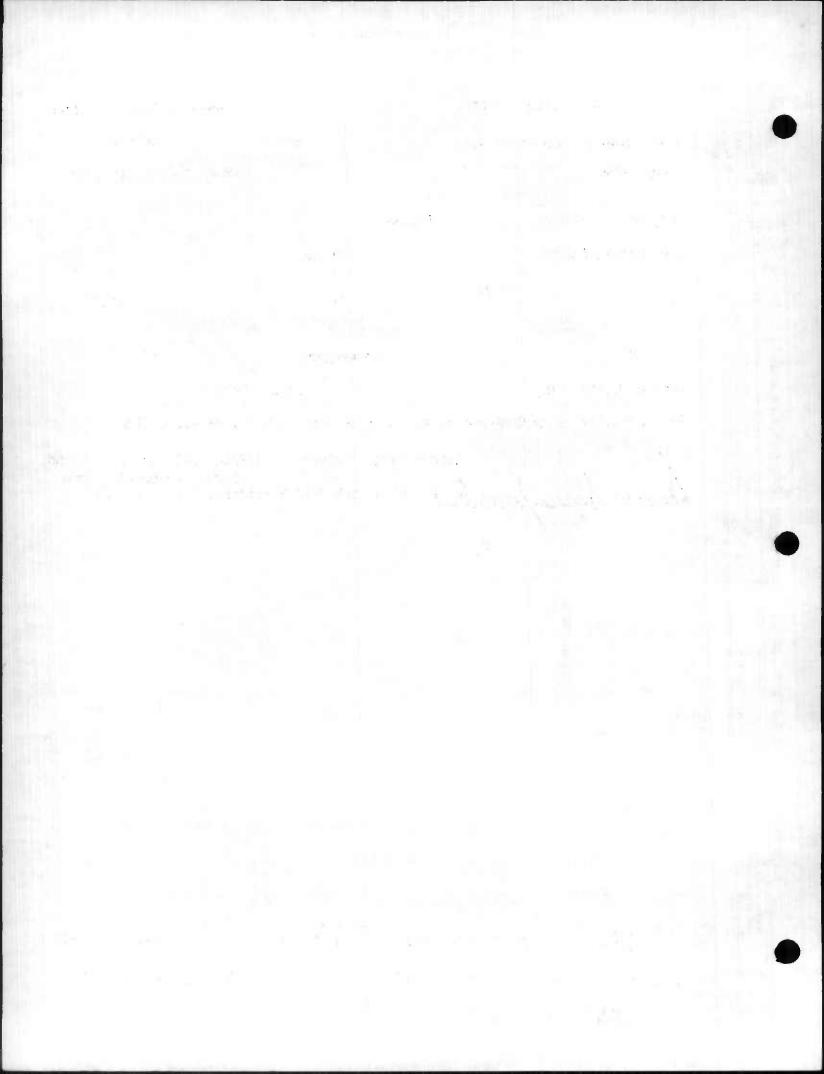
JAN 00 BB January

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month Dey Munson Mary Alice January 4, 1998 8:50P /Medical 4a. Fecliity Nama (If not institution, giva streat and number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** <u>Presbyterian Home of Maryland</u> Towson Baltimore If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth (Month, Day, Year) December 27, 1908 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M ANK Months Yrs. Director 217-03-2056 89 Virginia Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits must be notified at 1 Yes 2 No Director Maryland Baltimore Towson 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ 400 Georgia Court Harris 23a 21204 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas AXNo If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. after 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 b 1 ☐ Yes 2 🕅 🏋 No by Specify: XX Widowed 4 Divorced WHITE "natural" Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiana. Elementery/Secondary (0-12) College (1-4or 5+) 12 Own Home Homemaker 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be 8 Department of Health and Mental Important: If Nem 27 is marked or any Injury or other traumatic eve Arthur Leroy King Daisy Mary Pace 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Presbyterian Home of Maryland-Quardian 400 Georgia Court Towson, Maryland 21204 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1XXBuriai 2 Cramation 3 Removal from State Loudon Park Cemetery □ Donation 5 □ Other (Specify) 1/7/98 Baltimore, Maryland ignature of Funeral Service Licensee 22. Name and Address of Facility Mitchell-Wiedefeld Home 6500 York Road Baltimore, MAryland 21212 23e. Pert1. Enter the diseast, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximete ntervel Between Onset and Death **Physician** Preamonia /Medical Immediate Cause (Final the week disease or condition resulting in death) Examiner Due to (or es e consequence of) Physician/Medicai Examiner the death certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 Due to (or as e consequence ot): 980 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? ate has b 1 Yes 2 No 1 Yas 2 No certificate of Vital or Attending Physician: Be 25. Was cese reterred to medical examiner? 26. Plece of Death (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After Division 15 Naturel 5 Panding Investigation in 24 hours after death.
The Funeral Director: After the funeral part in by the funeral part in the funeral part in the funeral interests in the funera 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and mannar stated. To the Hosp within 24 hor To the Fune completely fi Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Attendon 37016 30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

Kenneth M. Greek, np 7801 York KI., 54.72 101, Tousur, np 21204 32. Regetrar's sprajure Andala 31. Date filed (Month, Day, Year) State JAN 06 1998 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 2. Date of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) **Physician** Theresa Anne McCracken January 3, 1998 6:45 pm /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3007 Bayonne Avenue Baltimore N/A If Under 24 Hrs. Hours Min. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Days 1□M 2X F Yrs. Director 216-20-1714 January 2, 1926 Maryland Usual Residence of Decedent the Maryland 10a State 10h Count 10c. City. Town or Location 10d. Inside City Limits r 28a-f ahow 1 X Yes 2 □ No Directo Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ms 23a or 2 3007 Bayonne Avenue 21214 United States Peges 1 and 2 should be filled within 72 hours aftar death tent of Haeith end Mental Hygiena.
nt: If Item 27 is marked other than "natural", or Items 23. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 20 No If Yes, Give Year or Dates: 14. Race - American Indian, 7 is marked other than "natural", or itsms traumatic event, the Medical Examiner m Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: by White 3 ₩ Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home: 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Be Salvatore Macri Marie Prosdicini end I 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Dennis C. McCracken/Son 4115 Sewanee Drive Winston-Salem, North Carolina 27106 other t 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremation 3 ☐ Removel from State 0 permit. Pege Depertment of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Parkwood 1/6/98 Baltimore, Maryland Cemetery 21. Signeture of Funeral Service Licensee Brian A. Willem 22. Name and Address of Fecility Leonard J. Ruck Funeral Home, Inc. Buch a Wellen 5305 Harrford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es a consequence of): Physician/Medical Due to (or as a consequence of): Division of Vital Records, P.O. Box Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 2 No 3 Probably 4 Unknown p 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Was en autopsy peen page 2 1 Yes 218 No cartificate Attanding Physician: 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: Aftar Naturel 2 Accident 5 Pending investigation daath. 1 🗌 Yes 2 No Hospital or Attand 24 hours after daath Funeral Director: 3 Suicide 6 Could not be 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the ceuse(s) end menner es stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. Medicai (Check only one) 29c. License number 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year)

State Registrar Davis

31. Dete filed (Month, Day, Year)

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

Ha

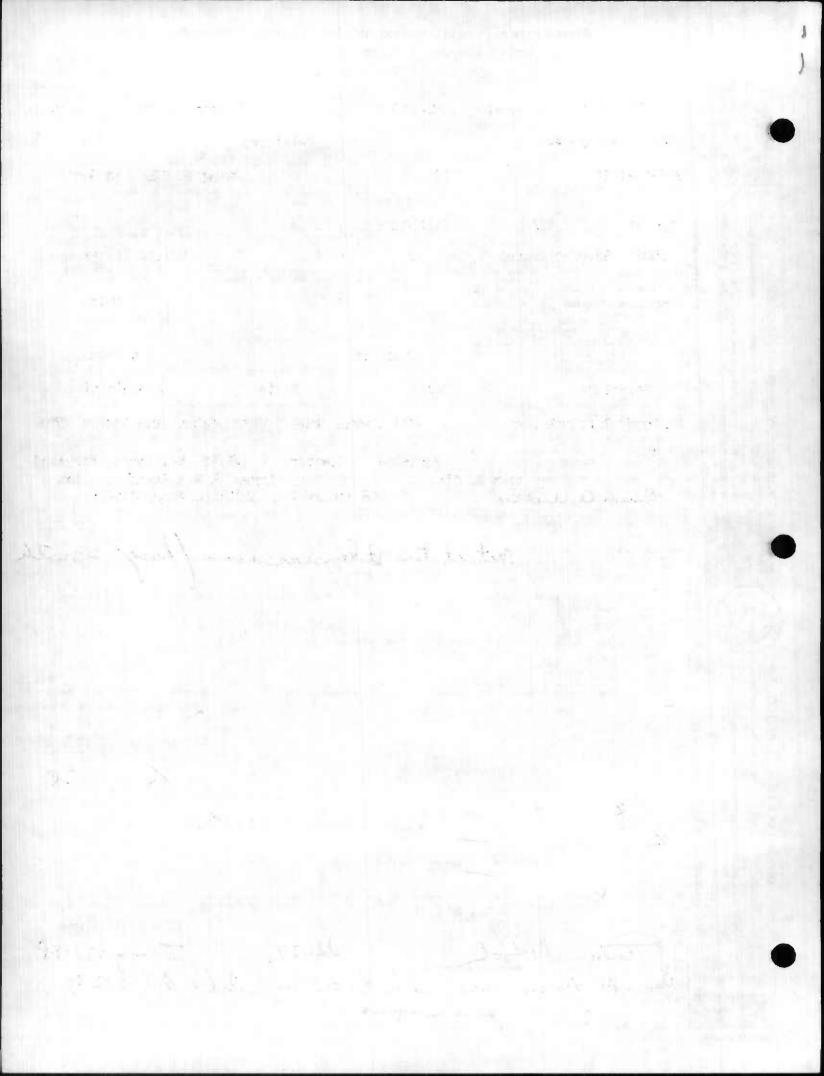
06

5601

32. Registrar's

Signature

die Deurdson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death VELSON **Physician** JANUARY ALICE /Medicai 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Randallstown Baltimore Northwest Hospital If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days 1 M 2/2/F 217-22-4930 87 Vrs Director Feb. 10, 1910 Md. Usual Residence of Decedent 10b. County n/a death with the Maryland 10e. State Md. 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Baltimore 1XX es 2 □ No Director 10e. Street end Numbe 10f. Zip Code 10g, Citizen of What Country? 3809 Clifton Avenue 21216 USA Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever In U.S. Armed Forces? 14. Rece - American Indian, Black, White, etc. pemit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iter any injury or other traumatic event, the Medical Examine 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: Black 3 Midowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Domestic 12th Grade Private Families 17. Father's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Raymond Berry Deplora Derricks 19e. Informant's Name/Relationship (Type, Print) daughter 19b. Meiling Address (Street and Numbar or Rural Routa Number, City or Town, Stete, Zip Code) Fran V. Smith 11 Craven Court Baltimore, Md. 21244 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Ramoval from State
4 Donation 5 Other (Specify) Woodlawn Cemetery Jan. 7 Baltimore, Md. 22. Name end Address of Fecility Nutter Funeral Homes, Inc. 21. Signeture of Funerel Service Licenses 8 tendra witten 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Part1. Enfar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or hear failure. List only one ceuse on each line. Approximate Intervat Between Onset and Death **Physician** /Medical Immadiate Ceuse (Final diseese or condition resulting in deeth) Examiner Sequentielly list conditions, if eny, leeding to immediata ceuse. Enter Underlying (Ceuse (Diseese or Injury that initiated events resulting in deeth) Lesf Physician/Medi P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nonknown Records. þ 24b. Were eutopsy findings aveilable prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy 1 Yes 2 No 1 Yes 2 No Division of Vital Hospital or Attanding Physician: 25. Wes cese referred to medicel exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatienf 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Certification: After 1 Naturel 5 Pending after death. 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) illad in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner stated. 29a. Certifie 29b. Signatur 29c. License number 29d. Dete signed (Month, Dey, Year) title of certifier mo mo B64439128 JADUARY 2

State Registrar

31. Dete filed (Month, Day, Yeer)

JAN 0 6 1938

5401 OLD COURT ROAD, RANDALLSTOWN

30. Name end eddrass of person who completed ceuse of deeth (Item 23e) (Type, Print) THO MAS GEVRGE, XORTHWEST HISPITAL CENTER

21133

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death Month Day YANCY JANUARY 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMONT BALTIMURO MEDICAL CENTER Hours Min. 8. Date of Birth (Month, Day, Yas) If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sax 9. Birthplace (Stala or Foraign Months 1 XM 2 F Days Mississippi 579-16-0987 88 Usual Residence of Decedent 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits Md. Baltimore Essex 1 Tyes 2 TaNo 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21221 IISA 939 Woodlynn Road 12. Was Decedant Evar in U,S. Armed Forces? 12 Yes 2 □ No If Yes, Give Year or Dates: Was Dacedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Mechanic Aircraft 10th 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) CLara Herad Yancy M. Peebles 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Clara L. Peebles/wife 939 Woodlyn Road Baltimore Md. 21221 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 XBurial 2 Cremation 3 Removal from Stata Garrison Forest Cemetery 1/5/98 Owings Mills Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licenses 22. Name and Address of Facility Connelly Funeral Home of Essex On 300 Mace AVe. Baltimore Md. 21221 23a. Part1. Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death Immediate Causa (Final Sepsis disaase or condition rasulting in death) Due to (or as a consequence of): Lymphocytic Leskemin Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 1 No 1 Yes 2₽No 25. Was case rafarred to medical 28. Placa of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 5 Pending Invastigation 1 Yes 2 No

/Medical Examiner Examiner physician and s the burial-transit requires that the death certificate be executed of Vital Records, P.O. Box 68760, Physician/Medical 88 esn ettending i signed by the el þ Completed this certificate has been Be 2 ISIOn

Physician

/Medical

Examiner

Funeral

Director

must be notified at

7 is marked other than "natural", or items traumatic event, the Magical Examples my

"natural"

. Peges 1 and 2 should be filed w troent of Health and Mental Hygler tant: If item 27 is marked other th Jury or other traumatic event, the

permit. Pege Department of Important: If any Injury or once.

Physician

Director

Funeral

P

Completed

Be

2

filed within 72 hours after death with the Meryland

altimore, Maryland 21215-0020

1 Yes 2 No 27. Mannar of Death 1 Natural

29a, Certifier

2 Accident 6 Could not be 3 Suicide 4 Homleide

28a. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier

P 1176

29d. Data signed (Month, Day, Year)

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

22 SOUTH GREENE ST BALTIMORE, MP KUEHI MD 31. Date filed (Month, Day, Year) 32. Regist

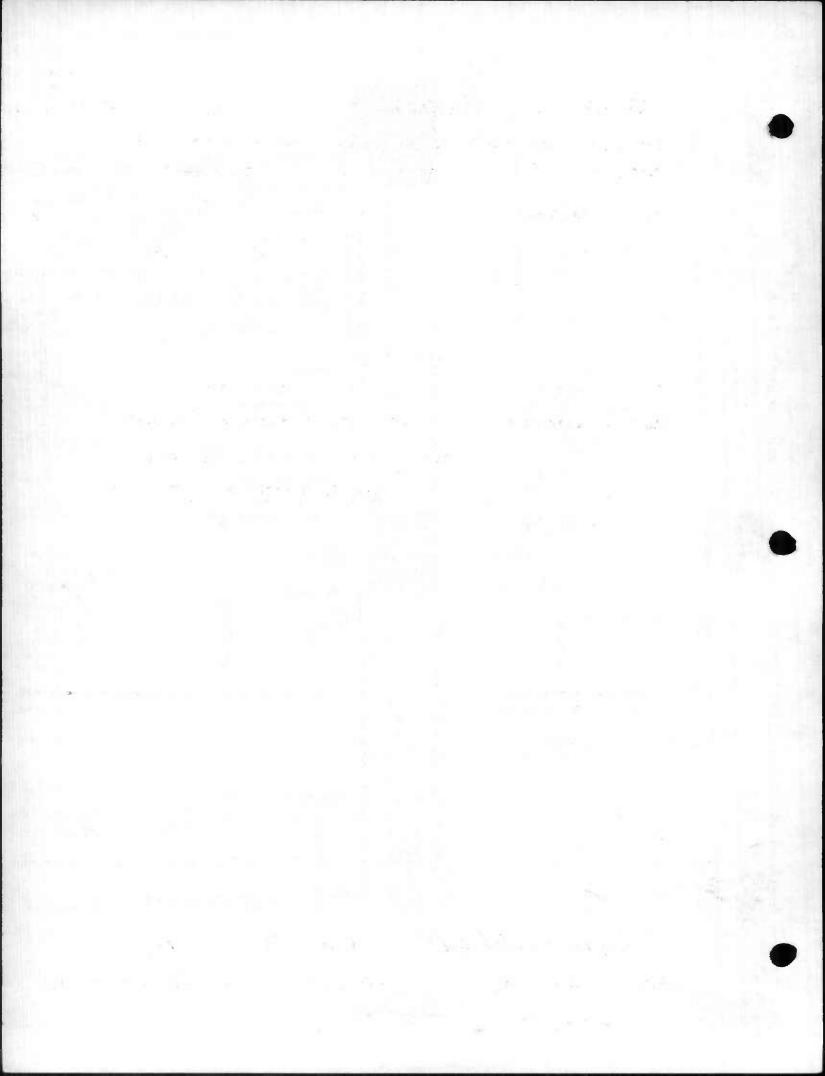
State Registrar

JAN 06



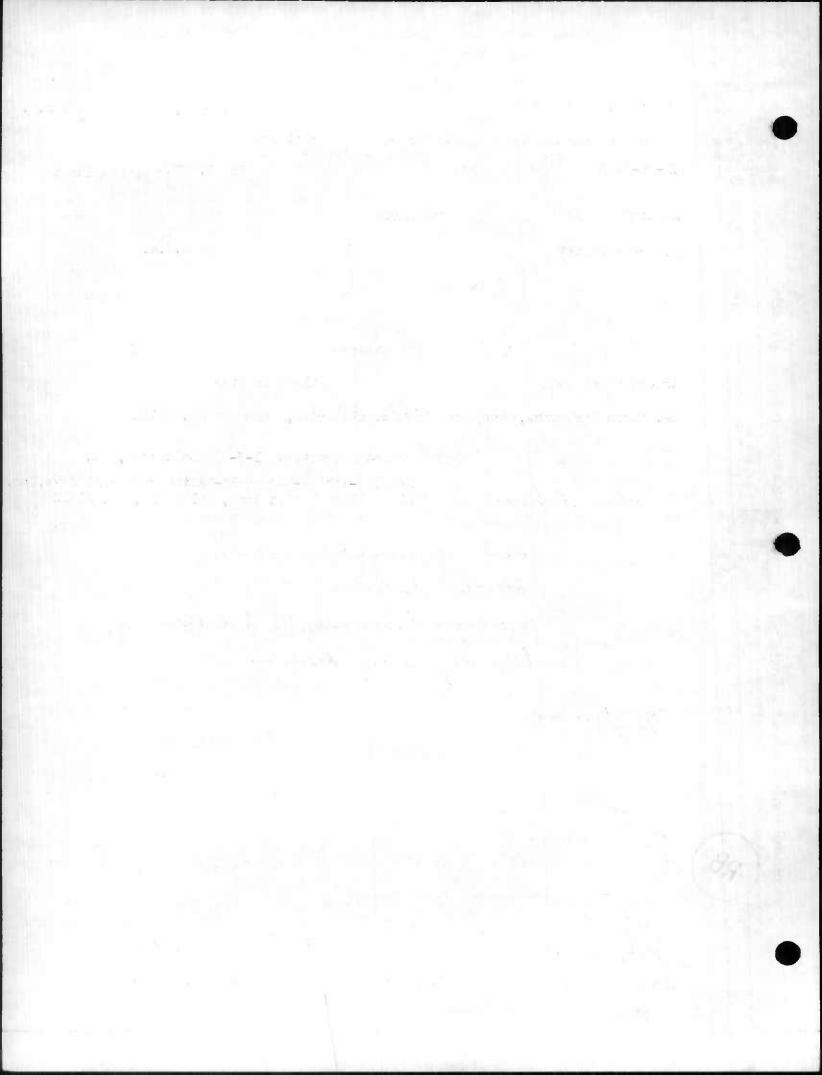
DHMH 16 Rev 6/95

To the within 2 To the complet



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

								tificate					Reg. No	-	0000		
Physici:	an	Decedant's Name (First, Mid BETTY PAPACH		ī								2. Deta of D Month	Day	Yee	3. Time of E		
/Medic	~	4a. Facility Nema (If not instituti			ımber)	-				4b. City, To	_	January ocation of Dea					
Examin	61	Johns Hopkin	s Bayv		Medi				:	Balti	more	City	N/	N/A			
uneral irector		5. Social Sacurity Number 291–18–8905	6. Sax	2 % F	7. Age ((In yrs. last bii	rthday) Yrs.	If Under Months	1 Yaar Days	If Undar Hours	Min.	8. Data of Bi	rth ay. 1924		Country)		
*-		Usual Residence of Dacadant 10a. Stete 10b. County 10c. City, Town or Location									10d. Insida City Lim						
Sa-f sho	ector	Maryland N/	A			Balt		re				1.					
23a or 2	Funeral Director	10e. Street end Number 630 Umbra Stre	et					10f. Zip 2	Coda 2122	4				at Country?			
at', or items 23a or 28a-f show Essoliner mant be notified at	by	11. Marital Status 1 □ Never Married 2 □ Ma 3 ◯ Widowed 4 □ Divorca	ırrled	Armed F	2 D-¥No iva	110.2.		Vas Daced Yas, spec				ecify Yas or N Rican, atc.)		Black, W	hite, etc.		
"natural",	Completed	15. Deceda (Specify only high	nt's Educati)	16a	(Giva I	ent's Usua kind of wor	rk dona	during mos	t of work	ing	dary 2, 1998 1:32 of Death ty N/A to of Beith N/A to of Birth Pay. Year Pennsyl vani 10d. Insida Cit 12 Yas 10g. Citizen of What Country? U.S.A. 14. Raca - Amarican Indian, Black, White, etc. Specify: White 16b. Kind of Business/Industry Steel Middle, Malden Sumame) as a Number, City or Town, State, Zip Coda) na Md. 21122 a 20c. Location - City or Town, State Baltimore, Md. i—Matthews Funeral Hom, Baltimore, Md. 21222 retory errest. Approximate Intervel Balty Onsat end D				
then	mpi	Elementery/Secondery (0-12)			(1-4or 5+))	life. D	<i>k</i> keep	sa <i>retire</i>	d)			q	teel			
1		17. Fathar's Nama (First, Middle	a. Last)	~			DOO	KKEEL		18. Moth	ar's Nam	a (First. Middle					
marked other than	To Be	Antonios Asim										maras	rst, Middle, Malden Sumame) ras outa Number, City or Town, State, Zip Coda) ena Md • 21122				
2 4	F	19a. Informant's Name/Ralation Mrs. Elene Ber	ter 16	b. Melling	g Addrass eagul	(Straat	and Numb	ar or Aur Pas	al Routa Numi adena 1	per, City or 1 Id. 21	own, State	e, Zip Coda)					
Important: if item 27 any injury or other tr once.		20a. Mathod of Disposition P☐ Buriel 2 ☐ Cremation	20b. Placa o camate						Data								
mportant: any injury ance.		4 Donetion 5 Other				Greek					1						
Important: If its eny injury or of once.	21. Signature of Funaral Sarvica Licansee Bradley-Ashton-Dabrowski-Matthews Fun 21.34 Willow Spring Road, Baltimore, M																
		23a. Part1. Enter the disease, shock, or heart failure. Lis	or complicati	ions that	causad th	ne daeth. Do								10, 1	7		
g physician and es the buriel-transit		resulting in death)	θ	\ .	Dy	ye to (or es e	O CA	ugnsp of);	4	uja	nch	m		- Colder-			
ding physician and se es the buriel-transit	Medical Examiner	Saquantially list conditions, if any, laeding to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants rasulting in death) Last	6	Dia type Loro	erten	ye to (or es e	conseque conseque	uenca of): uanca of):					Vascul	Par D.	3		
for us	Medical	Saquentially list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Diseesa or Injury that initiated evants rasulting in death) Last	d	Loro	nten Du n a	ua to (or as a	consequ consequ art	uenca of):	Sil	Perot.	ice	Carelo					
for us	Medical	Saquentially list conditions, if any, leading to immediate cause. Entar Undertying Cause (Disease or Injury that initiated evants rasulting in death) Last	d. d.	Loro, uting to d	nten Du n a	ua to (or as a	consequ consequ art	uenca of):	Sil	Perot.	ice	Cardo	tobacco us	e contribu	Ite to the cause of		
by the attend tached for us	Physician/Medical	Saquentially list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Diseesa or Injury that initiated evants rasulting in death) Last	d. d.	Loro, uting to d	nten Du n a	ua to (or as a	consequ consequ art	uenca of):	Sil	Perot.	ice	Cardo		e contribu			
been signed by the attend should be detached for us	by Physician/Medical	Saquentially list conditions, if any, leading to immediate cause. Entar Undertying Cause (Disease or Injury that initiated evants rasulting in death) Last	d. d.	Loro, uting to d	nten Du n a	ua to (or as a	consequ consequ art	uenca of):	Sil	Perot.	ice	23b. Did	tobacco us	e contribu	Ite to the cause of		
has been signed by the attend ge 2 should be detached for us	by Physician/Medical	Saquentially list conditions, if any, leading to immediate cause. Entar Undertying Cause (Disease or Injury that initiated evants rasulting in death) Last	d. d.	Loro, uting to d	nten Du n a	ua to (or as a	consequ consequ art	uenca of):	Sil	Perot.	ice	23b. Did	tobacco us	o contribu	te to the cause of Frobably 4 U b. Wara autopsy fin eveilable prior to completion of car		
has been signed by the attend ge 2 should be detached for us	Completed by Physician/Medical	Saquantially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Diseesa or Injury that initiated evants rasulting in death) Last Pert II. Other significant condit Hyper Capa 25. Wes casa referred to medic	d. d	Loro, uting to d	nten Du n a	ua to (or as a	consequ consequ art	uenca of):	Sil	Per of		23b. Did	tobacco us Yes 2 sen eutopsyormed? Yes 2	o contribu	b. Wara autopsy fineveilable prior to completion of car of deeth?		
is been signed by the attend 2 should be detached for us	by Physician/Medical	Sequentially list conditions, if any, laeding to immadiate cause. Entar Underlying Cause (Disease or injury that initiated evants rasulting in death) Last Pert II. Other significant condit Hyper Cyp. 25. Wes casa referred to medic axaminer? 1 Yas 2 No	d. d. d. d. dem	Lronuting to d	Du Chan Du Ma Aleath but r	ue to (or as a	conseque Con	uence of): Live Control of the Cont	Selenausa gin	26. Place	a of Deathursing Ho	23b. Did 1 = 24e. Wes perf	tobacco us Yes 2 sen eutopsyormed? Yes 2 ona) Idence 8	No 3 P	b. Wara autopsy fin eveilable prior to completion of car of deeth?		
has been signed by the attend ge 2 should be detached for us	o Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Causa (Disease or Injury that initiated events resulting in death) Last Pert II. Other significant condit Hyper Capp 25. Wes case referred to medic axaminer? 1 Yas 2 No 27. Manner of Death 1 Neturel 5 Pend	d. d	Lronuting to d	Du Central Du Maria	ue to (or as a	conseque Con	uenca of): Lin O uanca of): Lin y inderlying ca	Selenium Woo	26. Place	a of Death	23b. Did 1 = 24e. Wei	tobacco us Yes 2 sen eutopsyormed? Yes 2 ona) Idence 8	No 3 P	b. Wara autopsy fin eveilable prior to completion of car of deeth?		
has been signed by the attend ge 2 should be detached for us	o Be Completed by Physician/Medical	Sequentially list conditions, if any, leeding to immediate cause. Entar Undertying Cause (Disease or Injury that initiated evants resulting in death) Last Pert II. Other significant condit #### Capacitant 25. Wes case referred to medic examiner? 1	d. d	Uting to did	Du Du Du Maleath but r	ue to (or as a solution of the solution of th	consequence and the unit of th	uenca of): Ly uanca of): Ly deriving ca	Sullausa gh	26. Place	a of Death	23b. Did 1 24e. Wes perf 1 1 Check only ma 5 Res 28d. Describe	Yes 2 Tona) Idence 8 Inhow injury of	No 3 241	b. Wara autopsy fin eveilable prior to completion of car of deeth?		
Infantal Director, where this certificate has been signed by the attend	cal Certification: To Be Completed by Physician/Medical	Saquentially list conditions, if any, leading to immadiate cause. Entar Undertying Cause (Disease or Injury that initiated evants rasulting in death) Last Pert II. Other significant condit Hyper Cyp. 25. Wes casa refarred to medic axaminer? 1	d. d	uting to d Dital: 1 E28e. Data (Mon	Du Chan Du Marie M	2 ER/Ou 2 ER/Ou 2 At homa, fa (Specify)	consequence and the unit of th	uenca of): LO O Janca of): LO O Janca of): LO O Janca of):	ausa gh	26. Place van In Part II 26. Place van In Part II 27. Place van In Part II 28. Place van In Part II 29. Place van In Part II 20. Place van II 20. Place van In Part II 20. Place van II 20. Place van In Part II 20. Place van II 20. Pl	a of Deathursing Ho	23b. Did 1 24e. Wesperf 1 1 Amage of the second of the s	tobacco us Yes 2 sen eutopsyormed? Yes 2 ona) Idence 8 how injury co (Streat and f wn, Stata) cause(s) er	No 3 P	b. Wara autopsy fin eveilable prior to completion of car of deeth? 1 Yas 2 1		
Fugural Dipartor, wher this certificate has been signed by the attend	edical Certification: To Be Completed by Physician/Medical	Saquantially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Diseasa or Injury that initiated evants rasulting in death) Last Pert II. Other significant condit Hyper Cyper 25. Wes casa referred to medic axaminer? 1 Yas 2 No 27. Manner of Death 1 Neturel 5 Pend Invas 3 Suicida 6 Coult dater 4 Homicida 6 Coult dater 29a. Certifier (Check only one) 1 Certify Medica one)	d. d	uting to do	Du Chan Du Marie M	ua to (or as a set of or as a	consequence and the unit of th	uenca of): U U uanca of):	ausa gh	26. Place van in Part II 26. Place van in Yat k? Yas 2 □	a of Deathursing Ho	23b. Did 1 24e. Wesperf 1 1 Amage of the second of the s	tobacco us Yes 2 s en eutopsyormed? Yes 2 ona) Idence 8 how injury co Streat and f wn, Stata) cause(s) er data and pl	No 3 Page 241 No 3 Page 241 Other (S) occurred Number or	b. Wara autopsy fin eveilable prior to completion of car of deeth? 1 Yas 2 7		
has been signed by the attend ge 2 should be detached for us	cal Certification: To Be Completed by Physician/Medical	Saquantially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Diseasa or Injury that initiated evants rasulting in death) Last Pert II. Other significant condit Hyper Cyper 25. Wes casa referred to medic axaminer? 1 Yas 2 No 27. Manner of Death 1 Neturel 5 Pend Invas 3 Suicida 6 Coult dater 29 Accident 3 Suicida 6 Coult dater 29a. Certifiar (Check only 2 Medica	d. d	uting to do	Du Chan Du Maleath but r Inpatient of Injury th, Day Y a of Injury ing, atc. (a best of ax ener stated	au to (or as a construction of the constructio	consequence on sequence of the consequence of the c	uenca of): Ly uanca of): Ly derlying ca a 3 DO M occurred e estigation,	Sull de	26. Place van In Part II	a of Deathursing Ho No d placa, th occurr	23b. Did 1 24e. West perf 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tobacco us Yes 2 s en eutopsyormed? Yes 2 ona) Idence 8 how injury co Streat and f wn, Stata) cause(s) er data and pl	No 3 Page 241 No 3 Page 241 Other (S) occurred Number or	b. Wara autopsy fin eveilable prior to completion of car of deeth? 1 Yas 2 1		
Fugural Dipartor, wher this certificate has been signed by the attend	edical Certification: To Be Completed by Physician/Medical	Saquentially list conditions, if any, leading to immadiate cause. Entar Undertying Cause (Disease or Injury that initiated evants resulting in death) Last Pert II. Other significant condit Hyper Cyper Canada Ca	d. d	uting to do Dital: 1 5288. Data (Mon 288. Place buildi an: To the On tha b and man	Du Chan Du Maleath but r Inpatient of Injury th, Day Y a of Injury ing, atc. (a best of ax ener stated	ua to (or as a set of or as a	consequence on sequence of the consequence of the c	uenca of): Ly uanca of): Ly derlying ca a 3 DO M occurred e estigation,	Sull de	26. Place van In Part II	a of Deathursing Ho No d placa, th occurr	23b. Did 1 24e. West perf 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tobacco us Yes 2 s en eutopsyormed? Yes 2 ona) Idence 8 how injury co Streat and f wn, Stata) cause(s) er data and pl	No 3 Page 241 No 3 Page 241 Other (S) occurred Number or	b. Wara autopsy fin eveilable prior to completion of car of deeth? 1 Yas 2 7		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Daath 3. Tima of Death Month 10:90pm HAROLD POWN lanuari

4b. City, Town, or Location of Death

Physician /Medical Examiner

Director

Funeral

þ

Completed

Be

P

4a. Facility Name (If not institution, give street and number)

Funeral Director

with the Maryland 28a-f show traumatic event, the Madical Examiner must be notified at permit. Pagas 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiana. Important: If them 27 is marked other than "---' any injury or other traument— any injury or other traument— Items 23s or

Physician /Medicai Examiner

> Examine and Physician/Medical þ Completed certificate has Be Certification: To 2 Affiar

Box 68760

Division of Vital Records, P.O.

Attending 1 i or Attend after death Director: / To the Hospital within 24 hours a To the Funeral D

SINAI HOSPITAT BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Days 1 XM 2 ☐ F Yrs. 219-32-1424 88 7, 1909 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location MD BALTIMORE BALTIMORE 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? USA 12 STONEHENGE CIR., APT. 11 21208 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puano Rican, etc.) Race - Amarican Indian, Black, Whita, atc. 1 Yas 2 No If Yes, Give Year or Dates: 1 Navar Marriad 2 Married 1 Yas 2 No Specify: Specify: 3 Widowad 4 Divorced 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 BAKER POLUN'S BAKERY 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Sumame) BENJAMIN **POLUN** REBECCA LEVIN 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Address (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Code) SHELDON POLUN (SON) 12 STONEHENGE CIR., APT. 11 BALTO., MD 20b. Placa of Disposition (Nama of cemetery, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Surial 2 Cremetion 3 Ramoval from Stata 4 Donetion 5 Other (Specify) BETH YEHUDA ANSHE KURLAND 1/4/98 BALTIMORE, MD 22. Name and Address of Facility
SOL LEVINSON & BROS., INC. 21. Signatura of Funeral Sarvice Licenses 8900 REISTERSTOWN RD., PIKESVILLE, 23e. Part1. Entar tha disaas shock, or haart failura. a hat causad tha death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Immediate Causa (Final disaasa or condition rasulting in death) Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Cause (Disaesa or injury that initiated avents rasulting in deeth) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 2X No 25. Was case rafagrad to medical 26. Piaca of Daath (Check only one)

29a. Certifiar

Medical

State

Registrar

1 Yas

27. Mennar of Death

Natural

Accidant

3 Suicida

4 Homicida

Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, and due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and piace, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year)

28c. Injury et Work?

29b. Signature and title of certific

No.

5 Panding investigation

6 Could not be

29c. Licanse number AS2402321-1119521

1 Yas 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

4c. County of Death

Birthplace (State or Foreign Country)

WHITE

PENNSYLVANIA

10d. Inside City Limits

21208

MD 21208

24b. Wara autopsy findings available prior to completion of causa of death?

1 ☐ Yas 2 ☐ No

Approximate Interval Between Onset end Deeth

1 ☐ Yas 2 No

lated cause of death (Item 23a) (Type, Print)

31. Date filed (Month, Day, Yaar)

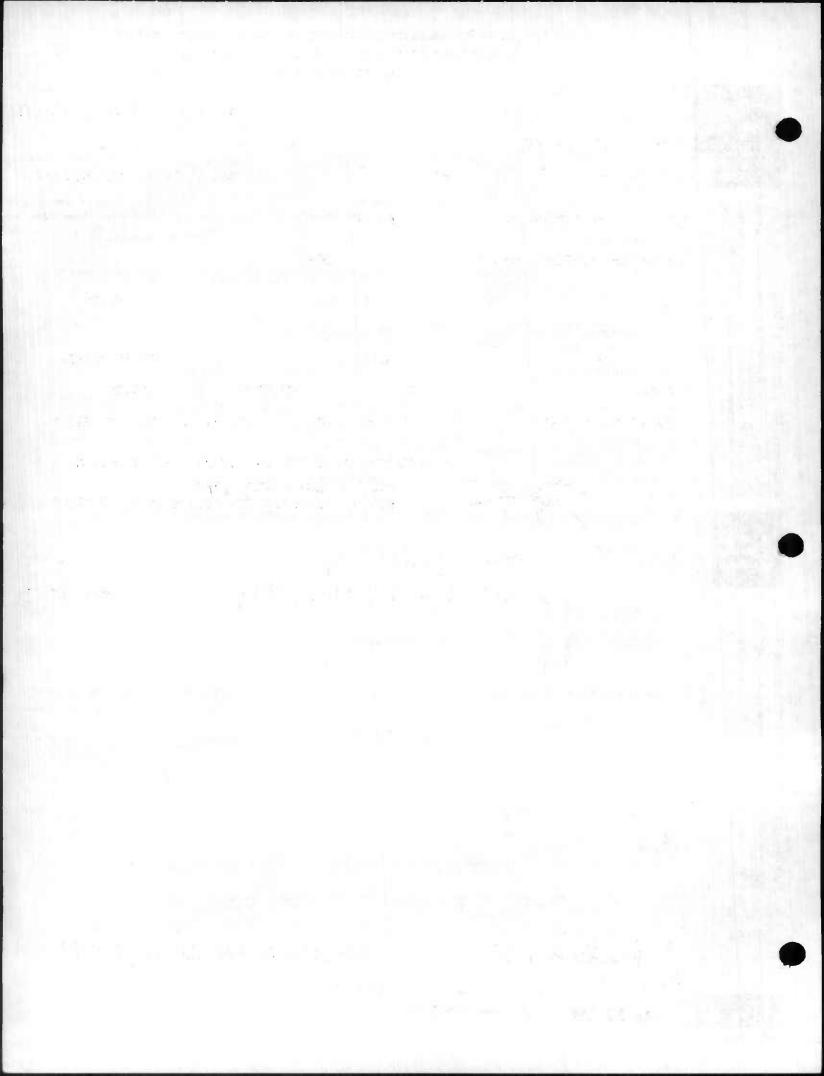
JAN 0 6 1998

28a. Data of injury (Month, Day Year)

1 tnpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA

28a. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

28b. Tima of



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene $^{\circ}$ $^{\circ}$ Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Yaar 0540AM **Physician** AULINE JANUARY 1998 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner BALTIMORE OF HOSPITAL BALTIMORE N/A If Under 1 Year Months Days If Undar 24 Hrs. Hours Min. 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) 1 □ M 2)(C) F 89 213-48-0503 Yrs. APR. 20, 1908 MD Usual Rasidence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yas 2 No Directo MD N/A BALTIMORE 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 3737 CLARKS LANE #105 21215 Funeral U.S.A. 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Yaar or Dates: 1 ☐ Yes 2√ No à Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) OWN HOME HOUSEWIFE 12 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middla, Maidan Sumame) Be BESSIE STEIN SAMUEL SACKS 10 19a. Informant's Name/Relationship (Typa, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) #105 21215 SOLOMON PENN / HUSBAND 3737 CLARKS LANE BALTIMORE, MD 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 Cremation 3 Removal from State 4 Donation 5 Dother (Specify) 1/2/98 BALTIMORE, MD HEBREW YOUNG MEN 21. Signature of Funaral Service Moensee 22. Name and Address of FacilitySol Levinson & Bros., Inc. 1 8900 Reisterstown Road Pikes

1 By O Reisterstown Road Pikes 8900 Reisterstown Road Pikesville, MD 21208 Approximete Intervel Between Onsal and Death Immediata Cause (Final GASTRIC disaese or condition resulting in death) Examiner RENAL DISEASE STAGE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last DNGESTED HEART FAILURE Physician/Medical Part fl. Other significant conditione contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 ☐ Yas 20 No 25. Was cese referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1□ Yes No 10 Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 8 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated. 29a. Certifier Medical 2 Madical Examiner: On the besis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) end manner stated.

29c. License number

AS 2402321-JW9022 JANUARY

29d. Date signed (Month, Day, Year)

pue Division of Vital Records, P.O. Box 68760, or Attending Physician: The lew requires that the death certificate signed by the at id be detached for certificate this After death. after death Director: within 24 hours aft To the Funeral Di completely filled in To the Hospital

Funeral

Director

28a-f show

ed other than "natural", or items 23s or 28s-f shows event, the Medical Examiner must be notified at

Pagas 1 and 2 should be filed within 72 hours eftar death with nent of Haalth and Mental Hygiene.

and Mental I

.

Department of Haalth a important: if item 27 is any injury or other tra

Physician /Medical

Examine

Maryland 21215-0020

Baltimore,

the Marylend

á

State Registrar

31. Date filed (Month, Day, Year)

VAN

hwann

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

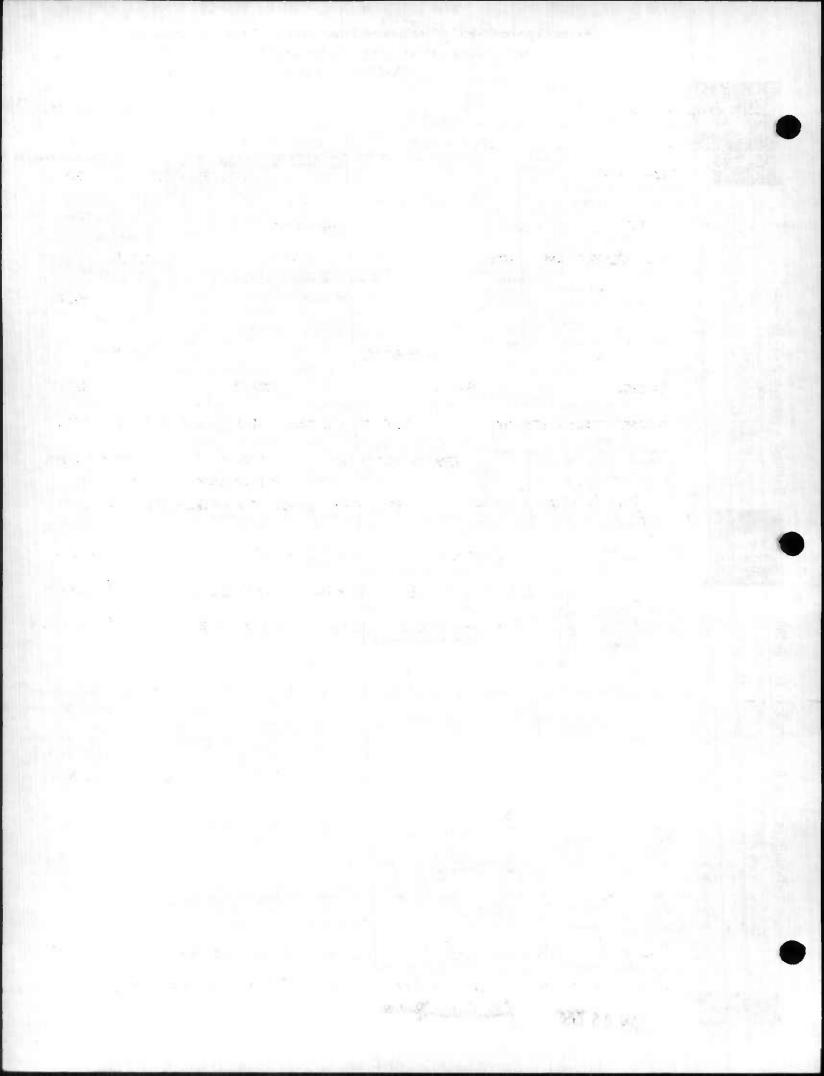
29b. Signature and title of certifiar

JUHN

SINAL HOSPITAL OF BALTIMORE, MD 21215 wu, MA

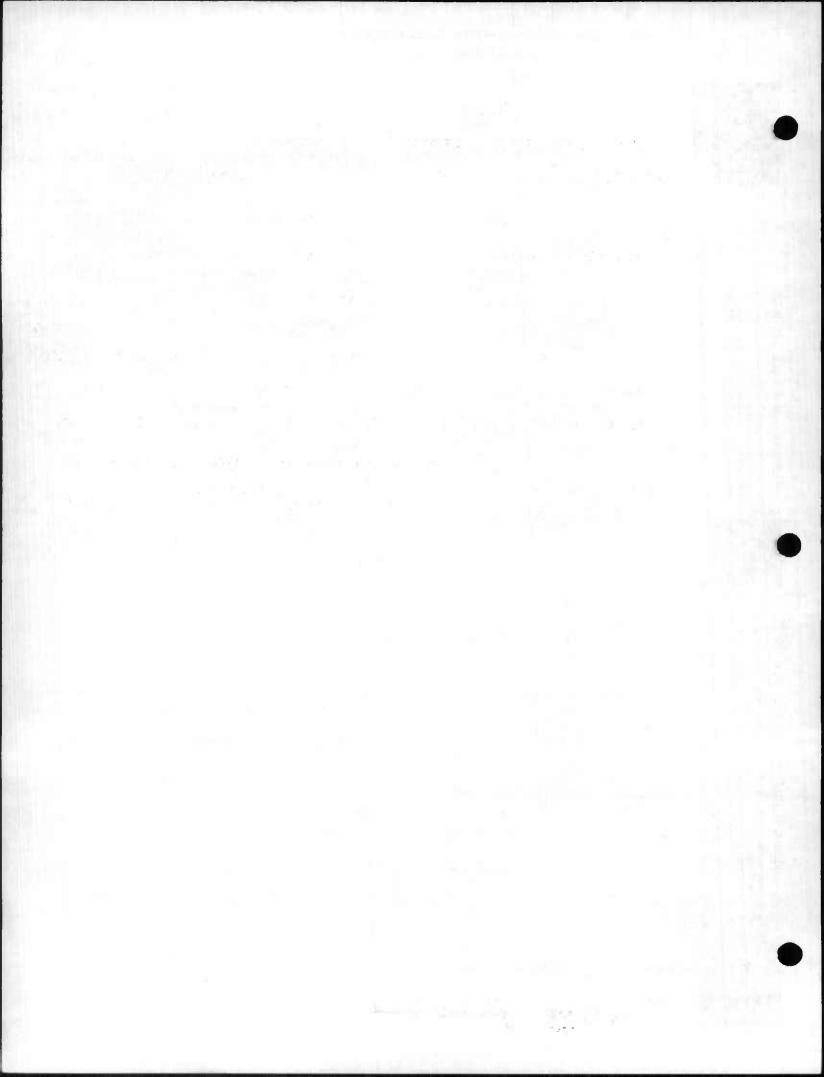
- MIS

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene 8 0 0 0

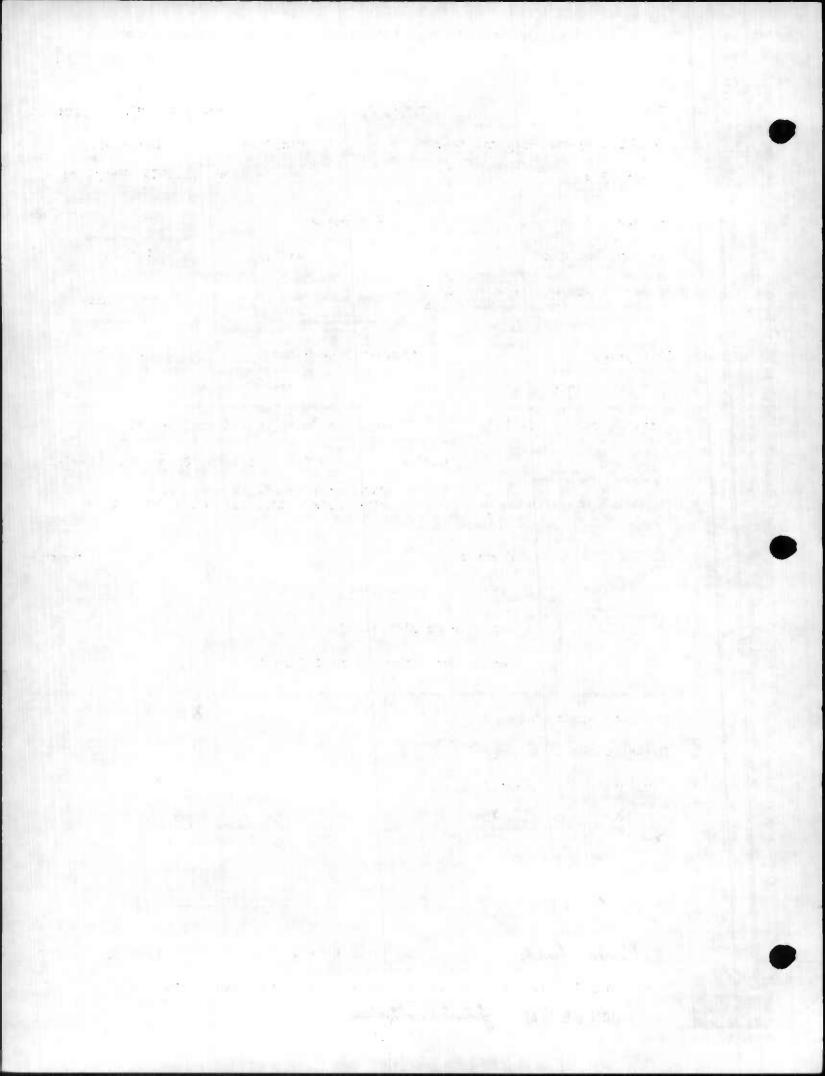
	-				OCILIII	cale of	Death		Reg. No.					
Physician		. Decedent's Neme (First, Middle, L	-					2. Dete of D Month	eath Dey	Yaer	3. Time of			
/Medical		Steven 1	Pollac	K				Januar	-	998	3:50			
Examiner	46	e. Fecility Neme (If not Institution, g	iva street end number)				4b. City, Town, or	Location of Dee	th 4c. County	1111 4.5				
	4.	JOHNS HOPKI					BALTIMO							
Funeral Director	L	. Social Security Number 6. 220–50–1068 Usual Residence of Decedent	Sex 7. Age	e (In yrs. last 46		Onder 1 Yeer onths Days		. (Month, D	ey, Yeer) 20, 1951	9. Birthple Count	ica (State or ry) M			
f show	10	Oa, Stete 10b. County	N/A	10c. City, To	own or Location	1	BALTIMO	RE		10				
23e or 28a-f show unt be notified at ai Director	10	0e. Street and Number 3129 EASTER			10	f. Zip Code	21224							
or nems frames in		Maritel Stetus Never Married 2 Married Midowed 4	12. Was Decedent I Armed Forces? 1 Yes 2 Yes If Yes, Give			Decedent of specify Culton	Hispanic Origin? (: ben, Mexicen, Pua Specify:	Specify Yas or N nto Rican, etc.)						
"netural", soical En		15. Decedent's I	Education	10	6e. Decedent's	Usuel Occu	pation	and of the case	tonth Dey Yaer 3:50 PM ate of Deeth Ac. Country of Deeth N/A ate of Birth Aonth, Dey, Yeer) ULY 20, 1951 10d. Insida City Limits HXYes 2 No 10g. Citizen of Whet Country? U.S.A. (as or No- (as o					
iene. Tra tran		(Specify only highest g Elementery/Secondary (0-12)	College (1-4or 5	+)	life. DO N	OT use retire	i during most of wo	orking						
marked other imatic event, To Be Cc		7. Fathar's Name (First, Middla, Las				II TOTALL	18. Mother's Ne	ma (First, Middle			T ODE			
Mental arked o atic eve		ARNOLD	М.	P	OLLOCK		ESTE	LE		LEVI	NE			
and M s mar aumat		9e. Informent's Neme/Reletionship		T		dress (Stree			Route Number, City or Town, State, Zip Code) /E. BALTIMORE, MD 21286 Dete 20c. Location - City or Town, Stata					
f Health and Mental Hyg Item 27 is marked other other traumatic event, To Be C		BERNARD POL		THER			SEMINARY							
item 27 other tr	21	0e. Method of Disposition		20b. Plece	of Disposition	(Neme of					-			
Department of Important: If it any injury or content.		XX Buriel 2 Cremetion 3 4 Donation 5 Other (Spec	ify)		SHALOM			1/4/98						
Impor	2	21. Signeture of Funeral Service lect	nooe											
en end in transit Examiner		Sequantially list conditions, any, leading to Immediate euse. Enter Underlying Jeuse (Diseese or injury	b		e consequence	,								
for use as the but	re	Deuse (Diseese or Injury net Initiated events esulting in deeth) Lest	c	Due to (or es	a consequence	of):								
	P	and II. Other plane Manual and additional												
the s		en II. Other algoriticent conditions	contributing to death bu	t not resulting	g in the underly	ing cause gi	ven in Pert I.	23b. Did	tobacco use co	entribute to	the cause of			
ached ached		en II. Other algniticent conditions	contributing to death bu	t not resulting	g in the underly	ing cause gi	ven in Pert I.		tobacco use co Yes 25No		the cause of			
been signe should be d		en II. Uthar algrancent conditions	contributing to death bu	t not resulting	g in the underly	ing ceuse gi	ven in Pert I.	1 □		3 Probe				
page 2 should be d		en II. Uthar algrancent conditions	contributing to death bu	t not resulting	g in the underly	ing causa gi	ven in Pert I.	1 □ 24e. Wes	Yes 25No	3 Probe	re eutopsy fir			
page 2 should be d		5. Wes case referred to medical		t not resulting	g in the underly	ing ceuse gi		1 □ 24e. Wes	Yes 25No sen eutopsy ormed? Yes 25No	3 Probe	re eutopsy fir lable prior to apletion of ca eeth?			
page 2 should be d	25		Hospital: 1 Mopatler				26. Place of De	1 □ 24e. West perf	Yes 25No sen eutopsy ormed? Yes 25No	24b. Wer evel com of do	re eutopsy fir lable prior to spletion of ca eeth?			
h. After this certificate has been signe farered director, page 2 should be dilun: To Be Completed by	25	5. Wes cese referred to medical axaminer?	Hospital: 1 Sinpaties 28e. Dete of Injur	nt 2□ER/		DOA Ot	26. Piace of De her: 4 □ Nursing I	24e. Wes perf	Yes 25No s en eutopsy ormed? Yes 25No one)	3 Proba 24b. Werevel com of di 1 ner (Specify)	re eutopsy fir lable prior to spletion of ca eeth?			
frectoesh. The close the sentitions has been signed in by the funeral director, page 2 should be duffication: To Be Completed by	25	5. Wes cese referred to medical axaminer? 1 Yes No 7. Manner of Deeth 1 Phaturel	Hospital: 1 Impatter 28e. Dete of Injur (Month, Day 28a. Place of Injur building, etc.	y Year) 28t	Outpetient 3E b. Time of Injury M ferm, street, fa	DOA Ot 28c. Inju Wo	26. Place of De her: 4 □ Nursing I ry et rk? Yas 2 □ No	24e. West perf	Yes 2 No sen eutopsy ormed? Yes 2 No one) Idence 6 Oth how Injury occur Street end Numb wn, State)	3 Probe 24b. Wer evel com of do 1 ner (Specify) red ber or Rural	re eutopsy fire lable prior to spletion of caleeth? Yes Annual Provide Number 1			
rrectoeur. In by the funeral director, page 2 should be d riffication: To Be Completed by	25	5. Wes cese referred to medical axaminer? 1 Yes	Hospital: 28e. Dete of Injur (Month, Day) on De 28a. Place of Injur	y Year) 28t Ty - At home, (Specify) If my knowled examinetion	Outpetient 3E. Time of Injury M. ferm, street, fa	DOA Ot 28c. Inju Wo 1 Cotory, office	26. Piace of De her: 4 □ Nursing I ry et rk? I Yas 2 □ No me, dete end plec	24e. West perfit of the control of t	Yes 25 No sen eutopsy ormed? Yes 25 No one) Idence 6 Ott how Injury occur (Street end Number, State)	3 Probe 24b. Wer evel com of do 1 ner (Specify) rred ber or Rural	ably 4 L. The eutopsy finite liable prior to spletion of calceth? Yes 250			
freedor: After this certificate has been signe in by the funeral director, page 2 should be d rtification: To Be Completed by	25 27 27 25	5. Wes cese referred to medical axaminer? 1	Hospital: 125 Inpatient (Month, Day 28a. Place of Injurbuilding, etc.) 28a. Place of Injurbuilding, etc.	y Year) 28t Ty - At home, (Specify) If my knowled examinetion	Outpetient 3E. Time of Injury M. ferm, street, fa	DOA Ot 28c. Inju Wo 1 Cotory, office	26. Place of De her: 4 Nursing I ry et rk? I Yas 2 No	24e. West perfit of the control of t	Yes 25 No sen eutopsy ormed? Yes 25 No one) Idence 6 Ott how Injury occur (Street end Number, State)	3 Probe 24b. Were evel common of do not	ably 4 L re eutopsy fire liable prior to relation of caseeth? Yes 2 A Route Numb			
frectoesh. After this certificate has been signed frector. After this certificate has been signed frector, page 2 should be defined by the funeral director, page 2 should be defined frectors. To Be Completed by	25 27 27 25	5. Wes cese referred to medical axaminer? 1	Hospital: 125 npatter 28e. Dete of Injur (Month, Day 28a. Place of Injur building, etc. 28a. Place of Injur building, etc. hyelclan: To the best of miner: On the basis of end menner ste.	ont 2 Privilege	Outpetient 3E. 5. Time of Injury M. 6rm, street, fa	DOA Ot 28c. Inju Wo 1 Control of the tieton, in my 29c. Licen.	26. Piace of De her: 4 Nursing I ry et rk? I Yas 2 No	24e. West perfit of the control of t	Yes 25 No s en eutopsy ormed? Yes 25 No one) Idence 6 Oth how Injury occur Street end Number (Street end Number (Street)) ceuse(s) and medate end plece, 29d. Dete signed	3 Proba 24b. Wer evel com of do 1 her (Specify) rred enner es ste end due to 1 dd (Month, D	ably 4 L re eutopsy fire liable prior to relation of caseeth? Yes 2 A Route Numb oted. the cause(s)			
leath. Or: After this certificate has been signs the funeral director, page 2 should be d cation: To Be Completed by	25 27 29	5. Wes cese referred to medical axaminer? 1	Hospital: 1 Impatient (Month, Day) 28a. Place of Injur building, etc. 28a. Place of Injur building, etc. hyelcian: To the best of end menner ste	ont 2 Privilege	Outpetient 3E. 5. Time of Injury M. 6rm, street, fa	DOA Ot 28c. Inju Wo 1 Control of the tieton, in my 29c. Licen.	26. Place of De her: 4 Nursing I ry et rk? I Yas 2 No	24e. West perfit of the control of t	Yes 25 No s en eutopsy ormed? Yes 25 No one) Idence 6 Oth how Injury occur Street end Number (Street end Number (Street)) ceuse(s) and medate end plece, 29d. Dete signed	3 Proba 24b. Wer evel com of do 1 her (Specify) rred enner es ste end due to 1 dd (Month, D	ably 4 L re eutopsy fire liable prior to relation of caseeth? Yes 2 A Route Numb oted. the cause(s)			



State of Maryland / Department of Health and Mental Hygiene 8 000

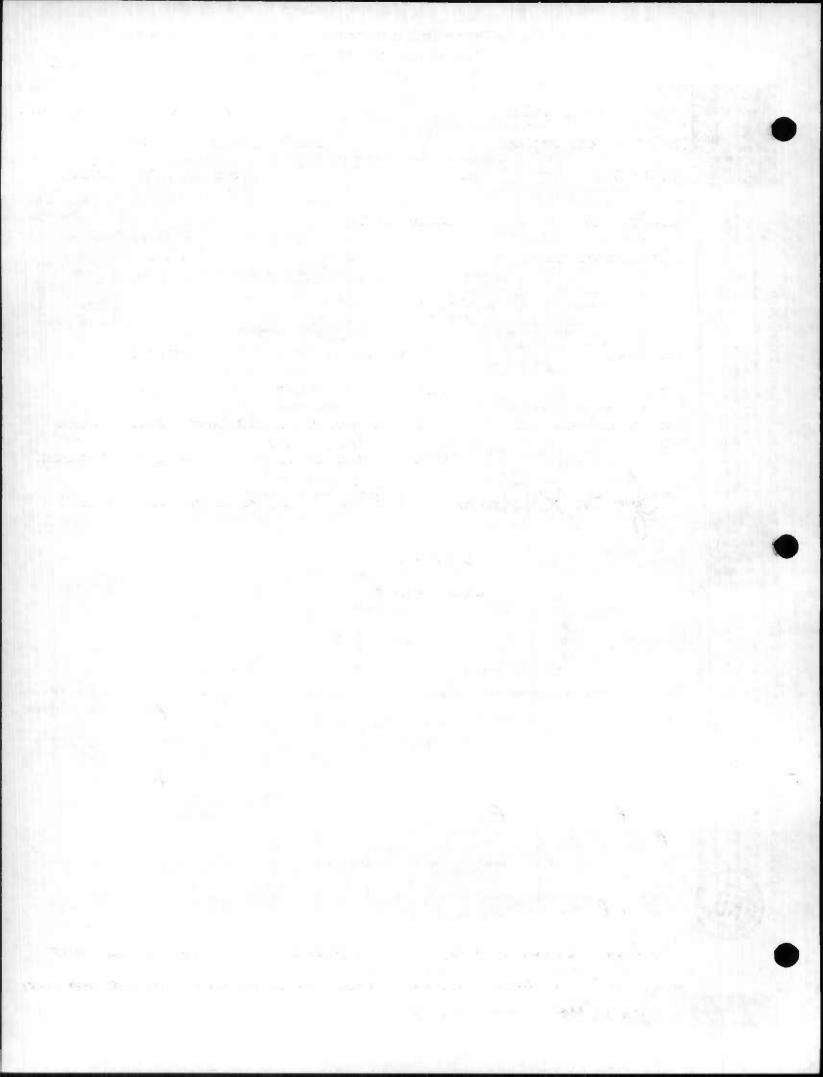
						Ce	ertificat	e of	Death			Reg. No.	00		
		Decedent's Neme	e (First, Middle, La	rst)							2. Date of De Month		Year	3. Time of Death	
hysician /Medical	_	John	Joseph			PETR	, Jr.				Januar			10:12 am	
aminer	4.0	Facility Name (In	f not institution, giv		nber)				4b. City, To	wn, or Lo	cation of Deat				
	н.	Frankli	n Square	Hospita	al Cent	er			Rose	edale	2	Ba1	timor	e	
eral	5.	Social Security N	lumber 6. S	Sex	7. Age (In yrs.		/ If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De	th		place (Stete or Foreign	
tor	Us	219-16-2 sual Residence of	2/04	1 X 0 M 2□ F	72	Yrs.	WOTOT	Dayo	710010		Jan. 2	2,1925	3.6	yland	
14	10	a. State	10b. County		10c. Cit	y, Town or t	ocation							10d. Inside City Limits	
	M	aryland	Baltim	ore			Balt:	imor	e				1 ☐ Yes 2 No		
Director	10	e. Street and Nun	mber				10f. Zip	Code				10g. Citizen of	Citizen of What Country?		
0		11 Days	End Cou	rt					212:	37		U.	S.A.		
Funeral	11	. Marital Status			dent Ever in U	S. 13	Was Decedent of Hispanic Origin? (Spot If Yes, specify Cuben, Mexicen, Puerto			ecify Yes or No	- 14. Re	ca - American Indian,			
by		1 Never Marri	led 2/1/2/Married 4 Divorced	W Van Ch	2 No WW	II			Specify:		Hican, etc.)		ock, White, by: Wh:		
Completed		(Spec	15. Decedent's E	ducation ede completed)		16a. Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired)					ing	16b. Kind of E	Business/In	dustry	
E		Elementary/Second 12th gra		College (1	-4or 5+)			ier/Supervisor				Posts	1 500	rvice	
ပိ	17		(First, Middle, Last)							(First, Middle	al Service			
Be		John	Petr						Ro		Lehky				
To			ame/Relationship	Type Print		10h Mai	ling Addross	s (Stract				er, City or Town	State 7	Code)	
		Betty J.		(wife)											
	-			(wile)	20b. F	iace of Disp	position (Ner	me of		, Da.	ltimore Date	20c. Location	- City or T	own, State	
		20a. Method of Disposition 1									1/5/98 Baltimore, Maryland				
Department of Health Important: If Item 27 any injury or other the BACS.	21	. Signature of Fu	neral Service Lice	nsee	1		22. Name er				Homes,	Tno			
		War !	* hope	lack !	-								2123	36	
1	23e. Pert1. Enter the disease, or complications that aused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												Approximate Interval Between		
an														Onset and Deeth	
il r	di	Immediate Cause (Final disease or condition Hypoxia											2 Hours		
	resulting in death) Due to (or as a consequence of):														
ine	Anoxic Encephalopathy														
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or es a consequenca of): Ventricular Fibrillation Due to (or es a consequence of):														
		use. Enter Unde	inium	Vent	tricula	r Fib	rillat	ion							
edical	th	at initiated events sulting in death) L	Last	0			quence of):						1		
2		d. Non Q Wave Myocardial Infarcti									1				
by Physician/	Pa	nt II. Other signifi	Icant conditions	contributing to de	eath but not res	ulting In the	underlying o	ceuse gi	ven In Part I	l.	23b. Did	tobacco use c	ontribute t	to the cause of death?	
Phy		Coronar	y Artery	Disease	2						100	Yes 2□ No	3 Pro	bably 4 Unknown	
dby											240 1010	an autonou	24h W	/ere eutopsy findings	
Completed		Diabete	s Mellit	us Type	2						perfe	an autopsy ormed?	ev Cr	vailable prior to ompletion of cause	
Idu		1											of	death?	
			ive Hear	t Failu	re						10	Yes 2 No	1	☐ Yes 2☐ No	
Be	25	. Was case referrexaminer?	red to medical	Managaria - I				Levi		of Deeth	h (Check only	one)			
2		1 Yes 2			•	ER/Outpati		0,1				idenca 8 🗆 O		fy)	
Certification:	27	Manner of Deetr	h 5 ☐ Pending investigatio		of Injury h, Day Year)	28b. Time Injury	of A	28c. Inju Wo	ryat rk? ∣Yes 2□		28d. Describe	how injury occu	irred		
Cal		2 Accident 3 Suicide	6 Could not b	e age Piece	of Injury - At he	me farm s					28f. Location	Street and Num	ber or Ru	ral Route Number,	
erti		4 Homicide	determined	buildir	ng, etc. (Specif	y)	501, 140101	, onrod	6.2	44	City or To	wn, Stete)			
edical C	29	la. Certifier (Check only one)	1 Cartifying Pt		isis of exemina										
Medical Certifi		b. Signature and	title of cartifier		7.277		290	c. Licens	se number		T	29d. Date sign	ed (Month	Dey, Year)	
) M.	1. (.	000				DDG	116			1 10	0.100		
	20	Name and address	es of person who	completed save	a of death /line	22a) /Tue	Drint)	KDZ	2116			1/0	2/98		
	30		ess of person who					D	W.C.	Rol+	imore	MD 21	227		
State	31	. Date filed (Mont	ulati M.I th, Day, Year)	32. R	0 Frank	turo -		Drl	.ve	Dalt	Imore,	MD. 21:	431		
istrar			AN 06 19	998	Felia Dei	idson-A	andell								
	100														

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 8

					Cei	rtificat	e of	Death		R	eg. No.	00	102			
		1. Decedent's Neme (First, Middle, La	st)						1	2. Dete of Dee Month	th Dey	Yeer	3. Time of De			
Physicia /Medic		George Albert R	obinson						1	January	0 = 0		9:30 P			
Examin		4e. Fecility Neme (If not Institution, give	re street end numbe	er)				4b. City, Tow	vn, or Loca	ation of Deeth	4c. County	of Deeth				
		Good Samaritan Ho	spital					Baltin	mre	City	N/	A				
Funeral Director			127 M 2 C . Months Days Hours Min. (Month, Day, Year) . Count										ce (State or Fo			
w and		10a. State 10b. County		10c. City, T	own or Lo	cation						10r	d. Inside City L			
aho a	6	Maryland N/A				e Ci	H37									
28.	Director	10e. Street end Number		1001		T	-			1	On Citizon of I					
23a or		3814 Parkmont Ave			10f. Zip Code 21206				·	Ţ	.S.A.					
Should be income with 1.2 hours eller death with the maryand end Mental Hyglene. Is marked other than "natural", or itema 23a or 28a-f ahow sumatic event, the Medical Examiner must be notified at	d by Funeral	11. Maritel Stetus 1 □ Never Married 2 Merried 3 □ Widowed 4 □ Divorced	12. Wes Deceder Armed Force 1)X) Yes 2[If Yes, Give Yeer or Detes	s?				In? (Spec , Puerto R	ity Yes or No- ican, etc.)	Bie	Bieck, White, etc. Specify: White					
natu l	etec	15. Decedant's E (Specify only highest gra	ducation ade completed)	1	6e. Deced	dent's Usu-	el Occu	pation during most	of working	2	16b. Kind of B	usiness/Indu	stry			
tal Hygiene. d other then "natural", or event, the Medical Exam	Completed	Elamentary/Sacondary (0-12) 12th Grade	College (1-4o		life. I	ca Mai	se retire	od)			Commerc	ial				
of the	Be C	17. Fether's Neme (First, Middle, Last)					18. Mother	r's Neme (First, Middle,	Meiden Sumen	ne)				
Aentre	To	Henry		Robin	nson			Hilda	a	Lee	Colley	14. Rece - American Indien, Bleck, White, etc. Specify: White D. Kind of Business/Industry Intercial Iden Sumeme) Colley Ity or Town, Stete, Zip Code) Maryland 21206 Location - City or Town, Stete Itimore, Maryland Maryland 21206				
th end Mer 7 is marks traumatic		19e. Informent's Name/Reletionship (Type, Print)		19b. Mailir	ng Address	(Stree	end Number	lode)							
0 5 P 5		Anna M. Robinson/	Wife	38	814 F	Parkm	ont	Avenue	e, Ba	ltimore	e, Mary	land 2	21206			
		20e. Method of Disposition 1 □ Burlal 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Special		20b. Plec	e of Dispo etery, crer ens C	osition (Name metory or o	ne of other ple ith	ce) 1/6/ Cemete	/98 ery		20c. Location - City or Town, Stete					
Department of important: If is any injury or once.		21. Signeture of Funeral Service Lica 23a. Part Letter the disease, or com- shoot, of heart feilure. List only	ltimore	e, Mary	land 2	21206										
hysicia the bur	Medical Examiner	disease or condition rasulting in daeth) Sequentially list conditions, if any, leeding to immediate cause. Entar Undarlying Ceuse (Disease or Injury theit initiated events resulting in deeth) Lest	b	Due to (or es	E M	quence of):										
ettending p	2		d													
d for	cla	Port II Other significant conditions	antributing to doub	but not regulting	ot resulting In the underlying caus			ause diven In Part I		22h Did to	h	ntribute to t	the course of d			
ch th	/ Physician/	Part II. Other significant conditions of	ause gr				-0	co use contribute to the cause o								
as been signed b	Completed by					24e. Wes en eutopsy performed?		com	e autopsy findi lable prior to pletion of caus seth?							
page	Eo									1 🗆 Y	I□Yes 24Ao		1 ☐ Yes 2 ☐ No			
tor, p	6)	25. Wes casa referred to medical						26. Place	of Deeth	(Check only or	10)					
20.50	O	examiner?	Hospital: 1 Inpa	tient 2□ER	/Outpetien	nt 3 DC	DA Ot	hor				ner (Specify)				
M. After this tuneral	cation: T	27. Mengar of Death 1 Neturel 5 Panding 2 Accident investigation	28a. Date of Ir (Month, L		b. Time of Injury		8c. Inju		28	Home 5 ☐ Residence 6 ☐ Other (Specify 28d. Describe how injury occurred			(h)			
to alter de Directo ad ir by th	Pertifica	3 Suicide 4 Homicide 6 Could not be datarmined 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)							26	8f. Location (S City or Tow	reet end Numb n, Stete)	per or Rural I	Route Number			
RB	edical	29a. Certifiar (Check only one)	ysician: To the bes niner: On the basis end mennar	of examinetion	dge, death end/or inv	n occurred vestigetion	et tha ti	me, date end opinion, daati	d place, an h occurred	d due to the c d et the time, d	euse(s) end me ete and plece,	enner as ster end due to t	ted. he ceuse(s)			
NET	ME.	29b. Signeture end title of certifier Anne Or	une 1	us				License number 29d. Dete signed (Month, Dey, Year, 209303 JANUARY 2 199				ey, Year) 1998				
		30. Neme and eddrass of person who	completed causa of	daeth (Itam 23	Be) (Type,	Print)										
		ANNE ONUEL	GOVE	8Am H	osp	56	01	LOCH E	MUEN	BLYD	SALTIN	LUICE	Ms Zr			
Stat	e	31. Dete filed (Month, Day, Year)	9	strar's Signeture		2	01	L. C.	HUEN	000	J. 161 (10					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month Dorothy J. Risso JANUARY 04 1998 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deatl 4c. County of Deeth Hospice of Baltimore at Gilchrist Center City Baltimore 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. Birthpiece (Stete or Foreign Country)
 Maryland 7. Age (In yrs. last birthday) Deys 1□ M 2 KF 71 Yrs 216-72-8952 Usuel Residence of Decedent 10e State 10b Count 10c. City, Town or Location 10d. Inside City Limits Md. Baltimore Owings Mills 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21117 309 Gwynnbrook Ave. U.S.A. 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 ☐ Never Married 2 ☐ Married White 1 ☐ Yes 2 No Specify: 3 □ Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Housewife 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Laura Odella Fogle Charles Garfield Boyd 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 10919 Gateview Rd., Cockeysville, Md. 21030 George W. Murray 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State 1 M Buriel 2 ☐ Cremation 3 ☐ Removel from Stete Druid Ridge Cemetery Jan. 7,1998 Pikesville, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Friners 22. Name end Address of Fecility 21117 Eckhardt Funeral Chapel 23a Part 1. Enter the disease, or complications that cassed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximete Interval Between Onset and Deeth Immediate Cause (Final Acute Leukemia month disease or condition resulting in deeth) Lodysplastic syndrome YCAV Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Was en autopsy 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical 26. Piace of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Nother (Specify) Hospice. 1 Yes 2 No

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Funeral

Director

show

7 is marked other than "natural", or itema 23a or 28a-f shor traumatic event, the Moucea Examiner must be notified at

the Maryland

72 hours after

should be filed within 7: and Mental Hygiene.

12 should be fi

permit. Pages 1 and 2 sh Department of Health end Important: If item 27 is m any injury or other traum

Baltimore, Maryland 21215-0020

94 signed by the this certificats Alhae vision

Physician/Medical by Completed Be 2 Medical Certification:

27. Menner of Death

1 Naturel 2 Accident

4 Homicide

29b. Signature end title of pertilie

30. Name end eddress of person with

3 ☐ Sulcide

29a. Certifier (Check only one) 5 Pending Investigation

6 Could not be

State Registrar

ress of person was completed cause of deeth (Hem 23e) (Type, Print)
Anthony Riley, M.D. 6601 North Charles St., Balto., Md. 21204 31. Date filed (Month, Day, Yeer)

28e. Dete of Injury (Month, Dey Year)

28b. Time of

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

mo

28c. Injury et Work?

1 Cartifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner as steted.

2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated.

29c. License number

1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Year)

to the same transfer over 7,100 the willer, Or. Ti

TATE

The state of the state of

THE AND ARTHUR AND AREA OF THE STATE OF THE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month **Physician** 2023 8020F LEON 1998 JANUARY 2. /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Davs Hours Min. Birthplace (State or Foreign Country) NOM 2□F Days Hours Yrs. 220-42-2498 52 June 25, 1945 Washington, DC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Montgomery Germantown Nes 2□ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 13041 Mill House Court Funeral 20874 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Amed Poices:

1 Ryes 2 No
If Yes, Give
Year or Detes: VIETNAM 1 Never Married 2 X Married 1 ☐ Yes 2 ☐ No Specify: Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced White 18a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 2+ Years Supervisor Catering 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Paul Rozof 2 Helen Coleman 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sandra Rozof, Wife 13041 Mill House Court, Germantown, Maryland 20874 20b. Place of Disposition (Name of cemetery, crematory or other place) 1/04/1998 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Judean Memorial Gardens Olney, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, NW, WASH 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only one ceuse on eech line. 232 CARROLL STREET, NW, WASHINGTON, DC 20012 Approximate tnterval Between Onset and Death Immediete Ceuse (Final SEVERE VENTRICULAR ARRYTHMIAS HOURS disease or condition resulting in deeth) LOW CARDIAL DUTP

Due to (or as a consequence of): HOURS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last ACUTE MYOCARDIAL INFARCTION Physician/Medical SEVERE ARTERY DISEASE Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ tinknown CORONARY þ 24b. Were autopsy findings available prior to Completed 24a. Wes an eutopsy performed? TOOR LEFT VENTRICULAR completion of cause of death? OBESTTY 1 Yes 2 No 1 Yes 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital; 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 2 Naturei 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

150 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) end manner as stated.

2 Madicaf Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s)

29c. License number

18551

29d. Date signed (Month, Day, Year)

3 Jan. 1998

be exec P.O. Box 68760. Records, Division of Vital

Funeral

Director

"natural", or items 23s or 28s-f show

Hygiene. other than "natura ent, the Medical

7 is marked other traumatic event,

. Pages 1 and 2 should be filt ment of Health and Mental Hant: If them 27 is marked oth jury or other traumatic even

Department of Important: If any injury or

Physician /Medical

Examiner

bunial-transit

signed by the aid

this

After

filled in by

Certification:

Medical

4 | Homicide

29e. Certifier

the

death with

filed within 72 hours after

21215-0020

Baltimore, Maryland

The law requires that the death certificate or Attending Physicien: s after death. within 24 hours a To the Funeral C completely filled the Hospitai

Registrar

31. Date filed (Month, Day, Year) JAN 06 1998

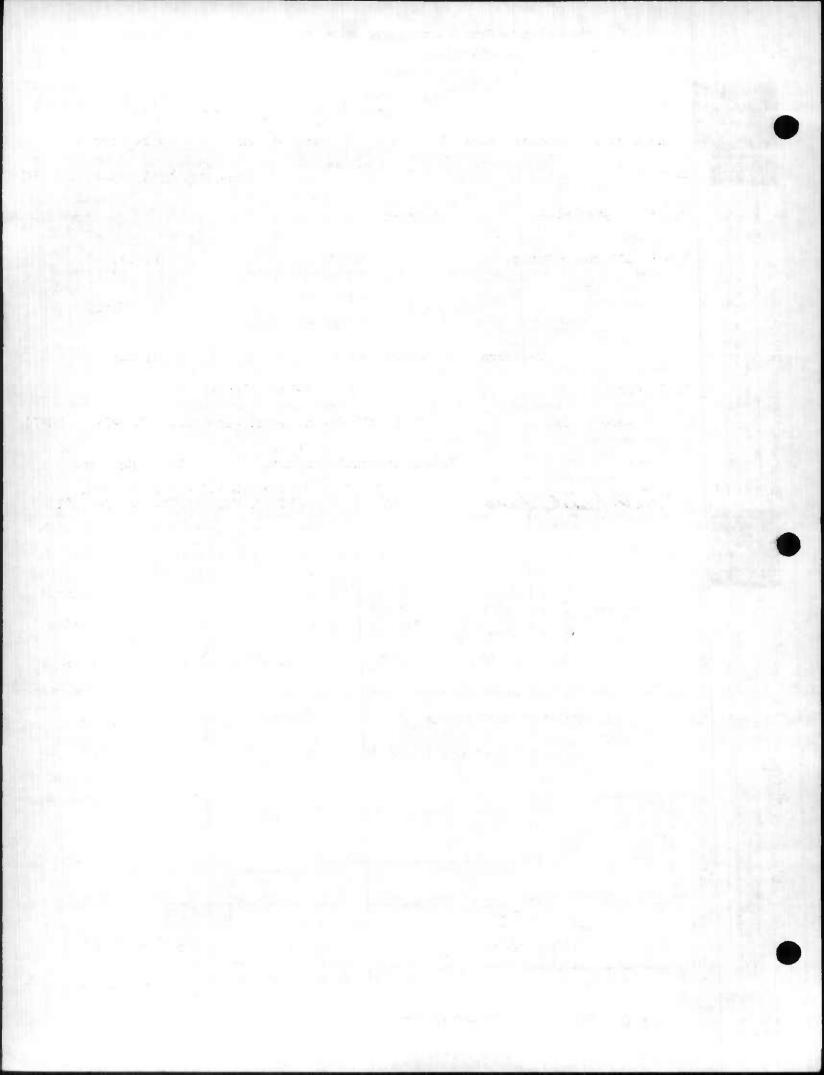
29b. Signeture end title of confi

30. Name and address of



SAMIR NGIMAT MO

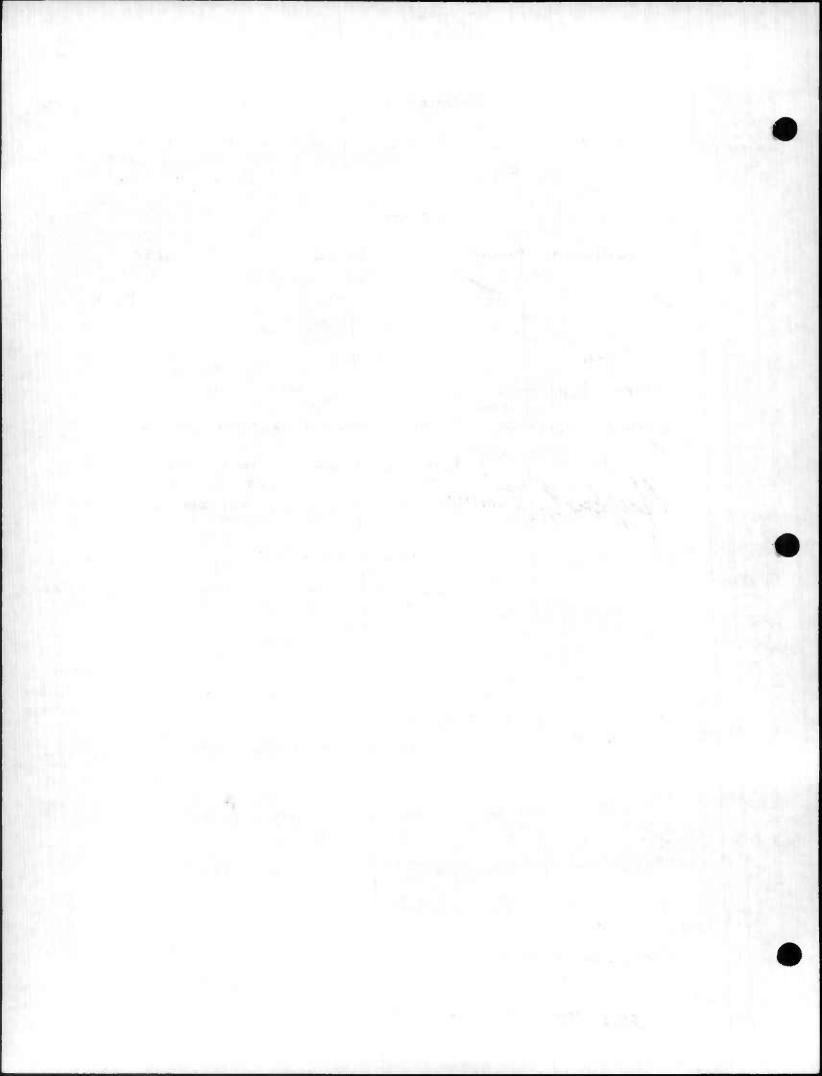
DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 8 0 1 5

						Ce	rtificate of	Death	A	eg. No.				
		1. Decedant's Nem		ast)	0 -				2. Date of Dear	th	Vans	3. Time of Death		
Phys	ician dical	/	1 ABEL		RIDE	SICK			TANUARI	Day 1	1918	0240m		
	niner	4e. Facility Name (I	f not institution, gi	ve street end nur	m <i>ber)</i>			4b. City, Town, or	Location of Death	4c. County				
		LIBE	RTY 1	usman	CL	non		BALTIMOR	6 UTY	BALT	TMORE	CITY		
Funer Directe		5. Social Security N 240-12-6		Sex 1☐ M 2⊠X	7. Aga (In yrs. 85	lest birthdey) Yrs.	if Under 1 Year Months Days			Yeer) 1912	9. Birthple Count N. C.	ace (Stata or Foreign ry)		
D		Usual Rasidence of Decedent												
anylai	L	Md.	10b. County			y, Town or Lo					10	d. Inside City Limits		
Ba-1	100		n/a		Do	ITCHIOL					XX Yes 2□			
th with the 23a or 2	Funeral Director	5100 Ke	nil wort	th Aver	nue		10f. Zip Coda 2121	2	1	-	itizen of What Country?			
21215-0020 within 72 hours after death with the Manfand jiene. r than "natural", or flems 23s or 28s-f show the Modern Evanting must be notified at	þ	11. Maritai Status 1 Nover Marri 3 Widowed	ed 2 Married	12. Was Dece Armed Fo 1 Yes I If Yes, Giv Year or Da	edent Ever in U rces2 No va ates:		Was Decedent of f Yes, specify Cul 1 ☐ Yes 2 ☐ No	Hispanic Orlgin? (S pan, Mexican, Puert Specify:	pecity Yes or No- o Rican, etc.)	Bla	a - America ck, White, e	tc.		
re, Maryland 21215-0 s 1 and 2 should be filed within 72 ho Health and Mantal Hygiana. 19m 27 is marked other than "natur other traumatic avent, the Medical	Completed	(Spec	15. Decedent's E	ducation ede completed)		16a. Dece	dent's Usual Occu	pation during most of wor	rkina	16b. Kind of B	usiness/Indi	ustry		
ithin ithin	jdr	Elementary/Secon	ndary (0-12)	College (1	-4or 5+)			during most of world)				-		
Maryland 2121 2 should be filed within end Mental Hygiene. Is marked other than "			arade			beau	tician		me (First, Middle, I	Self-E,	nploy	ed		
Maryland d 2 should be file the end Mental Hy 7 is marked oth traumetic avent	Be	17. Father's Name (18)								
larylan 2 should be end Mental 8 marked o	2		y Robe		10.				Smith					
Mai 12 sh 12 sh 18 m		19a. Informant's Na	0		Law			t end Number or Ru				Code)		
Baltimore, Nemit. Peges 1 and Department of Health Monthalt: If Item 27 and Infant or other tr		Janic		ertson	001	5100	Kenilwo	orth Ave.	Baltimore	mo. 2	1212			
Peges 1		20a. Methed of Disp	Cremation 3 [Removal from		cemetery, crei	netory or other pla	эсө)	Date	20c. Location	City or Tov	vn, State		
Pe men		4 Donation	5 Dother (Speci	(b)	1 30	Itimor.	e Ceme	tery	Jan. 8	Baltimor	u. m	0.		
Baltimore, pemit. Peges 1 et Department of Hea important: if Item 3	egu.	21. Signature of Fu	peral Service Lice	nay Cu	/ , ,	22	. Name and Addr	ess of Facility Nu	Her Fun	eral Hor	nas, 1	76.		
TI KOFF	8	1/1/6	Dane of	104	inul			ins Falls						
		23a. Parti. Enter in shock, or hear	ne disease or con	plications that or	aused the deat	h. Do not ent	er the moda of dy	ing, such as cerdiad	or raspiratory arr	est,		Approximata		
Physicia	n	shops, or rigar	s tenure. List only	one cause on e	acri line.							Intarval Between Onset and Death		
/Medica		Immediate Cause (Final		LIVI	cono	inc in	ENROTTON	/			16024		
Examine	r	rasulting in daath)	"	a	-0-0	or as a consec		7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Kours		
	je l							CARDIOU	nscular	DISKN	CIF !	YEARS		
1	Examiner	b									-	10		
4 年	X	Sequentially list cor if eny, leading to im cause. Enter Unda Cause (Disease or	mediate		200 10 (0	. 45 4 50/1550	donoc oi).							
使且且使	edicai	I mai initiated events		c. Due to (or as e consequenca of):										
	정	resulting in death) L	ast		DUB 10 (0	uerica or).			1					
o dii	121													
BOX eeth ce ettendii for use	Physician/													
1S, P.O. res that the de signed by the e	lys	Pert II. Other signifi								Id tobacco use contributa to the cause of deat				
that the		DTRIAL	FIBRI	LLANT ON	- H	1PERT	ENSION.		1 U Y	es 2LJ-N6	3 Prob	ably 4 Unknow		
aw requires by been s	Completed by	ANEM	is cu	ROMIC	, "	DIBBE	eres 1	MELLITUS	24a. Was a perform		com	ra autopsy findings lable prior to apletion of cause eath?		
The in the page	0								1 □ Y	as 2 No	10	Yes 2□ No		
	Be	25. Was casa raferr	ed to medical					26. Place of Dea	ath (Check only on	ie)				
Of VITA Physician: rthis certific rral director,	0	examiner?	46	Hospital:	npatient 2	ER/Outpatier	t 3 DOA O	has:	lome 5 ☐ Reside		er (Specify))		
Physer this	i I	27. Manner of Daath		28a. Date o	of Injury	28b. Time of	28c. Inju		28d. Dascribe he					
LIVISION of or Attending Feter death. Director: After din by the funer	ertification:	1 Anatural 2 Accident	5 Pending investigatio		h, Dey Year)	Injury		ork? Yes 2 No						
Atter dea	fice	3 ☐ Suicide	6 Could not b	e 28e. Place	of Injury - At he	oma, farm, str	eet, factory, office		28f. Location (Si	reet end Numb	er or Rural	Route Number,		
in the state of th	E	4 Homicide	determined		ng, etc. (Spacif		,		City or Town	n, Stete)				
ppital ours eral	0	29a. Certifier	1El Cartifying Ph	veician: To the	haet of my kno	wladae deeth	occurred at the t	ime, data and place	and due to the e	auso(s) and m	annor ac eta	tod		
24 h Fun etely	edical	(Check only one)	2 Medical Exar	niner: On the ba	sls of examina	tion and/or inv	estigation, in my	opinion, death occu	rred at tha time, d	ata and place,	and due to	tha cause(s)		
DIVISION To the Hospital or Attending: within 24 hours after death. To the Funeral Director: After completely filled in by the fune	N S	29b. Signature and t	title of certifier A	VIII III III III	or ordiou.		29c, Lican	se number	2	9d. Date signe	d (Month. D	Pav. Year)		
F 3 F 8		b	1	externe.		M								
/		1		4				01901	/	Juna	7/	1/1778		
5		30. Name and ad	0 8.	complated cause	a of death (Item	23a) (Type,	Print)	D1905	MCDIE	re co	en ro.	2		
S Regis	tate strar	31. Dete filed (Monti	n, Day, Year) 0 6 1998	July	glstrau's Signa	n-Rando	æ							



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Item: 20b Per FH Film G-755 1-13-98RC Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month Dev **Physician** 3, 1998 5:30 am LeRov Frank Rausch January /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner South Pleasant Valley Road Carroll Westminster If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) 6. Sex **Funeral** Days Hours 1 X M 2 □ F Months 83 Director October 15,1914 Maryland 212-01-5942 Usual Residenca of Decedent the Maryland 10c. City. Town or Location 10d. Inside City Limits 10a. State 10b. County 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Madical Examinar must be notified at 1 Yes 2 No Directo Maryland N/A Baltimore 10a. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21214 United States 5110 Crosswood Avenue death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, 11. Meritai Status Bieck, White, etc. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 X Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Pages 1 and 2 should be filed within nent of Haaith and Mental Hygiene. Int: If Item 27 is marked other than 1rry or other traumatic event, the Ma Elementery/Secondary (0-12) College (1-4or 5+) 12 Steel Industry Machinist 18. Mother's Name (First, Middle, Maiden Surname) 17. Fether's Neme (First, Middle, Last) Ernest Rausch Lena Runge 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Mrs. Jacqueline L. Smith/Daughter 1828 South Pleasant Valley Road Westminster, Maryland 21158 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial Park Baltimore, Maryland 21. Signature of Funerel Service Licensee Brian A. Willem 22. Name and Address of Fecility Leonard J. Ruck Funeral Home, Inc. Buan a. Wellen 5305 Harford Road Baltimore, Maryland 21214 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medicai tailure Examiner Colon cancer Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest P.O. Box 68760. Due to (or es e consequenca of): Due to (or as a consequence of): Physician/M USB Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the causa of death? signed by the Congestine heard failure 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata Division of Vital or Attending Physician: after death. Director: Attar this certific director. Be 25. Was case referred to medical examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Naturei 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be 3 Suicide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital
 24 hours a
 Funeral C 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the ceuse(s) and manner stated. edicai 29a. Certifier To the Vithin 2 29c. License number 29d. Date signed (Month. Day, Year) 29b. Signeture end title of certifier 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 5601 Loch Rava Blod, Baltmore Chans, MD

32. Registrer's Signeture

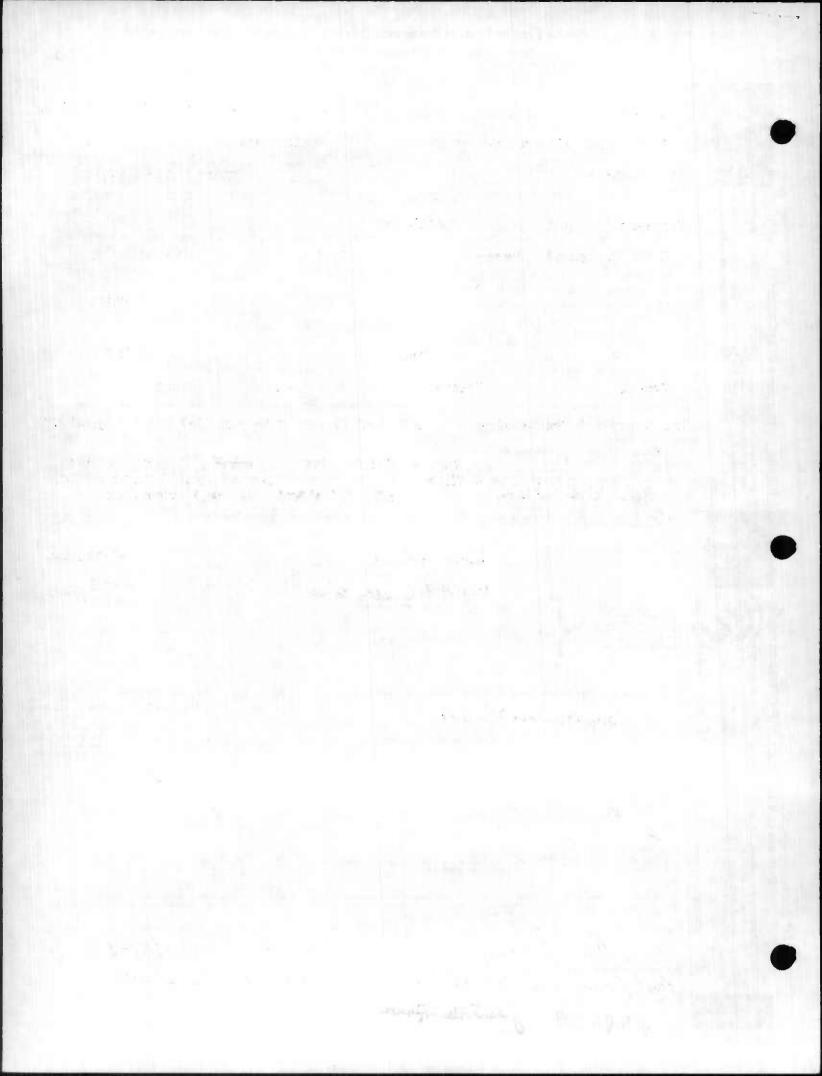
DHMH 16 Rev 6/95

State

Registrar

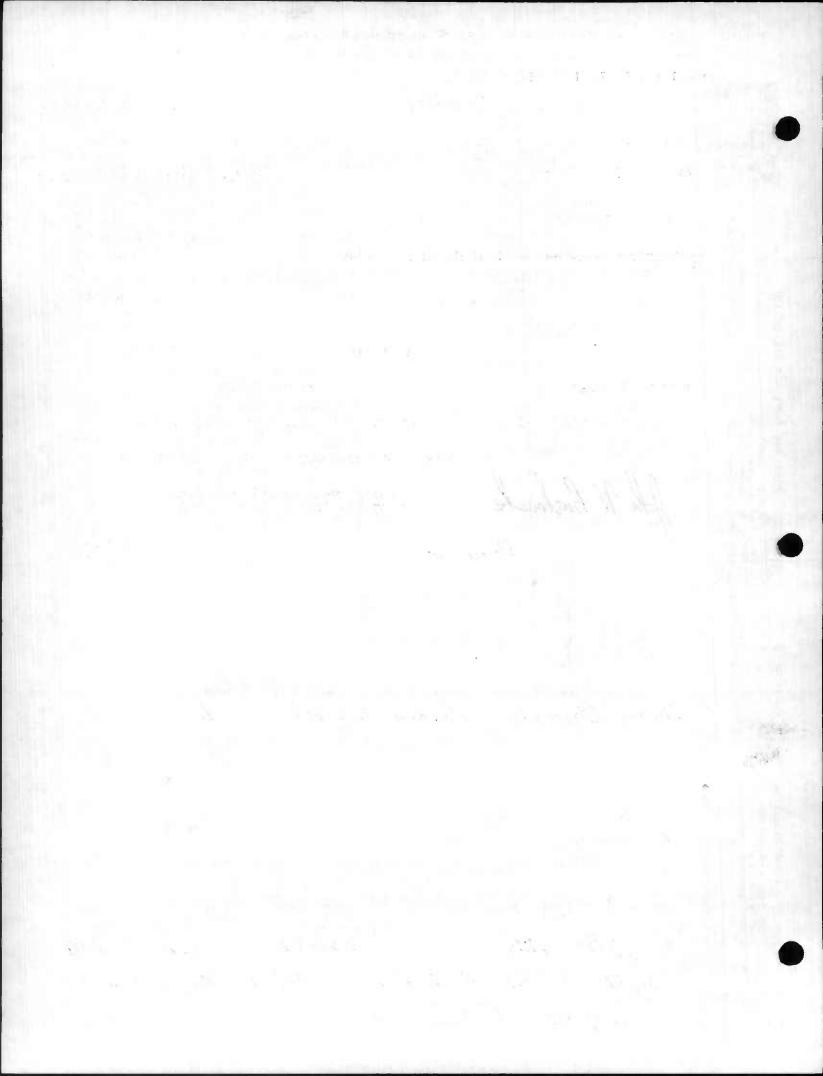
31. Dete filed (Month, Day, Jear)

JAN 06 1998



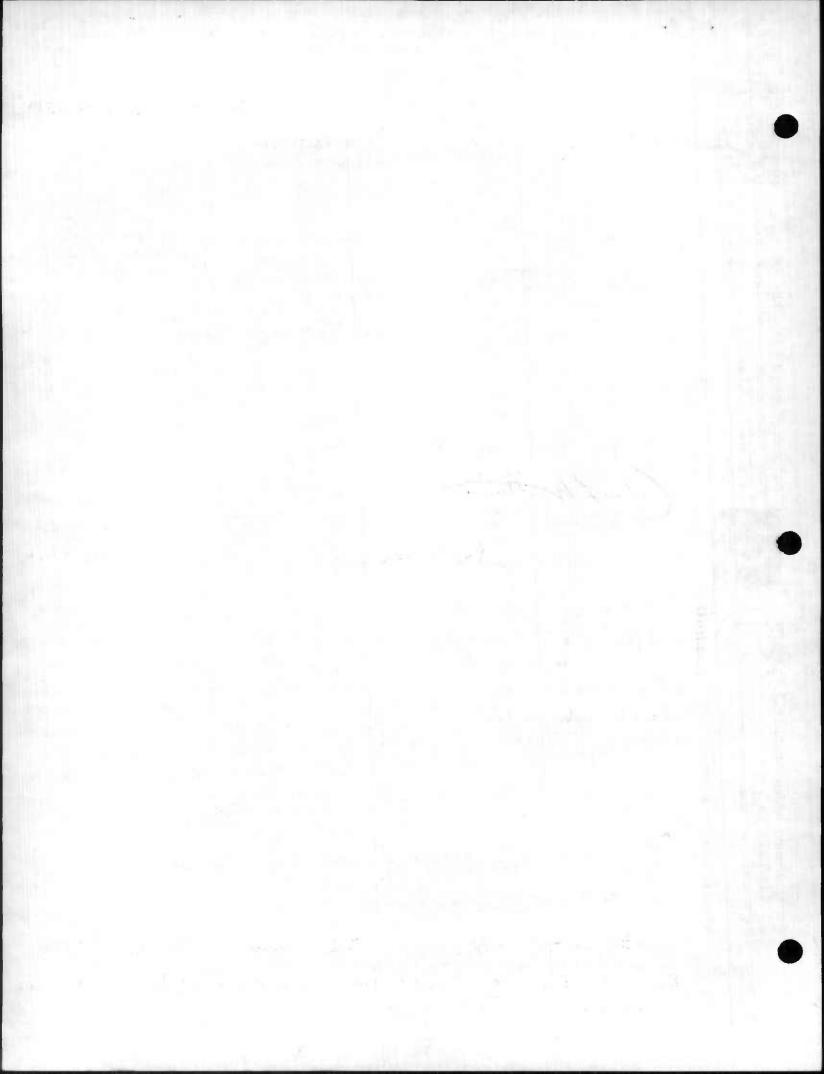
State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death Amended#10e perFH G755 1/8/98 EW 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Tima of Deeth Cleveland Shaffer **Physician** Clyde 1853 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) Aug. 30, 1917 Hartord Hospital fallston General 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpleca (State or Foreign Country) **Funeral** 1₽M 2□ F 235 16 7069 80 Yrs. Director West Virginia Usuel Residenca of Deceden Pages 1 and 2 should be filled within 72 hours after deeth with the Marylend nent of Health and Mentel Hygiene. 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow 7 is marked other than "naturel", or items 23s or 28s-f shor traumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Harford Abingdon Funeral, Director Maryland 10e. Street end Numba 10f. Zip Code 10g. Citizan of Whet Country? 940 Crisfield Drive 440 Crisfield DRIVE 21009 U.S.A. Herns 23a 11. Marital Status 12. Was Decedant Evar in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Nevar Married 2 ☑ Married 1 Tyas 2 No If Yes, Give WW Yeer or Detes: WW 21215-0020 ò White 1 ☐ Yes 2 ☑No Specify: þ 3 ☐ Widowed 4 ☐ Divorced "naturel" Completed 15. Decedent's Education Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highast grada completed) and Mentel Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Machinist Optical Maryland 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maidan Surname) John H. Shaffer Fannie Ewing 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: if item 27 ia any injury or other trau Lucille T. Shaffer (Wife) 940 Crisfield Dr. Abingdon, Md. 21009 Baltlmore, 20b. Place of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 Cremetion 3 ☐ Removal from State Greenmount Crematory 1/6/1998 Baltimore 5 ☐ Other (Specify) 4 Donation 21. Signe 22. Neme end Address of Fecility Bruzdzinski Funeral Home P.A. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately and the deeth of the mode of dying, such as cardiac or respiratory errest, Approximately and the deeth of the mode of dying, such as cardiac or respiratory errest, Approximately and the deeth of the mode of dying, such as cardiac or respiratory errest, Approximately and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of dying, such as cardiac or respiratory errest, and the deeth of the mode of the deeth of t Approximete interval Between Onset and Death **Physician** Pnzumonia /Medical immediata Cause (Finel 7 days disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner Sequentially list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest been signed by the attending physicial and should be deteched for use es the burial transfer Due to (or es e consequença of): P.O. Box 68760 The law requires that the death certificate be Physician/Medicai Due to (or es e consequence of) Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ Be Completed 24b. Were autopsy findings available prior to 24a. Wes an eutopsy performed? completion of cause of death? After this certificete has 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: director, 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) 1 Yes 2 No 2 1 npatient 2 ER/Outpetient 3 DOA filled in by the funeral 27. Menner of Deeth Certification: 28c. injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Neturei 2 Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No To the Hospital or Attend within 24 hours efter deat To the Funeral Director: 6 Could not be determined 3 Suicide 28e. Pleca of injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and manner es steled.
2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and pleca, end due to the cause(s) end menner steted. Medical 29a. Certifier (Check only 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) D34652 30. Name end eddress of person who completed cause of death (item 23e) (Type, Print) Morth Avenue Bel Air Maryland 21014 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State wie Davidson Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 8 00108

					Cer	tificate o	f Death		Reg.	. No.	0 (, 100		
Dhuei	alan	1. Decedent's Name (First, Middle, Le	est)					2. Dete		Dey	Year	3. Tima of Death		
Physi /Med		Ruth Staggs						JAN	MARY	5	1998	12:05 PM		
Exam		4a. Fecility Name (If not institution, git	ve street and number	er)			4b. City, Town	or Location of	Death	4c. Count				
		1919 EAST 30T	H STRE	ET			BALTIMO	PRE.		N/A				
Funera Directo	-		Sex 7. 1 □ M 2 🗹 F	Age (In yrs. last b	irthdey) Yrs.	If Under 1 Yas Months Dey		Hrs. 8. Data Min. (Mont Apr	of Birth h, Day, Yo 14,	eer) 1913	9. Birthpi Coun	lace (Stete or Foreign try)		
P		Usuei Residenca of Decedent												
anylar	_	10e. Stete 10b. County		10c. City, Tov	wn or Lo	cation			10d. Inside City					
ith the Marylan or 28a-f show	cto	MD N/A		Balti	more	2						1 Yes 2 No		
Mith th	Director	10e. Street end Number			10f. Zip Code						Whet Coun			
ath w	rai	1919 East 30th St				21218					State			
21215-0020 Whitin 72 hours after death with the Maryland ione. Than "natural", or items 23s or 28s-f show the Natical Evantral from the Natical Ev	/ Funeral	11. Maritel Stetus 1 Nevar Married 2 Married	12. Was Decede Armed Force 1 Tyes 25 If Yes, Give	s?	If Yas, specify Cuban, Mexican, Puerto					Ble	ca - America ck, White, a			
DOOURS Nours	d by	3 Widowed 4 □ Divorced	Yeer or Date	s:		- 163 ZDIV	о орвену.			BI	ack			
T C ' W	Completed	15. Decedent's E (Specify only highast gra Elementery/Secondery (0-12)	ducation ade completed) College (1-4c		Give I life. D	ent's Usuei Occ kind of work don OO NOT use reti	upetion le <i>during</i> most of red)	working		b. Kind of B rivat	e	lustry		
2012 -	Con	8	0011090 (1.40		ieti	tian								
should be filed of Mental Hygismarked other imatic event, it	Be	17. Father's Nema (First, Middle, Last)				18. Mother's	Neme (First, M	Aiddla, Maidan Surneme)					
Maryland d2 should be file th and Mental Hy 7 is marked othe traumatic event	10	Rush Holland					Ella	Ella Seabrook			K			
re, Marylis is 1 and 2 should f Health and Mer tam 27 is marke other traumatic		19e. Informent's Neme/Reletionship	Type, Print)	19	b. Mailin	g Address (Stre	et end Number o	r Rurel Route N	al Route Number, City or Ton			Coda)		
		Daisy Craddock -	Daughte	er 1	919	East 30	th Stre	et Ba	ltimo	ore, I	and			
Baltimore, Moemit. Pages 1 and 2 Department of Health important: if item 27 I may Injury or other tra		20e. Mathod of Disposition 1 ☑ Surial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specia		10	sition (Name of natory or other p		Jan 9		c. Location					
Baltimo permit. Page: Department of Important: If I any Injury or		21. Signature of Funeral Service Lice		/ ALDU	-	Memoria Name and Add		1990	1998 Arbutus,, MD					
Balt permit. Departr Imports any inje		22. Name and Address of Facility Calvin L Williams Funeral Service 270 Fredhilton Pass Baltimore, MD 23a Pant Philar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between Control of the Co												
		23a Part Filter the disaase, or com	plicetions thet caus	sed the death. Do	not ente	or the mode of d	ying, such es car	diec or respirat	ory arrest	4		Approximete Interval Between		
Physician	_						Onset end Deeth							
/Medical	_	Immedieta Cause (Finel disaase or condition		PNEU	MO	NIA				G	no hrok			
Examine		resulting in deeth)	Due to (or es e consequence of):									.6 .000		
T 15	ie.													
1	1	Sequentially list conditions, if any, leeding to Immadiate cause. Enter Underlying Ceuse (Disease or Injury	D	Due to (or es e	consequ	uence of):			N. T.					
	13	Ceuse (Disease or Injury that Initieted avents	c	3							.			
		resulting In deeth) Lest	Dua to (or as a consequence of):											
8	Physician													
is that the dering the state of	ysic	Part II. Other eignificant conditions of	contributing to death	but not resulting	In the un	derlying cause (given in Pert i.	23b.	Did toba	cco use co	ontribute to	the cause of death?		
lecords, P.O. law requires that the last been signed by the	P.	Senile de	mentia						23b. Did tobacco use contribute to the cause of dea 1 □ Yee 2 No 3 □ Probably 4 □ Unkn					
Of VItal RECORDS, Physician: The law requires the certificate has been signeral director, page 2 should be to	1 by		1121114								T 045 W.			
requiper v	etec							246.	Wes en e pertorme	d?	eve	re eutopsy findings elleble prior to appletion of causa		
law has t	Completed										of c	leeth?		
The L	Cor								1 🗆 Yes	2 No	1 🗆	Yes No		
Of Vital Physician: The this certificata raid director, pa	Be	25. Was case referred to medical axeminer?						Deeth (Check	only one)					
of hysical this call dire	2	1□ Yes 2D(No	Hospital: 1 Inpa	itient 2 ER/O	utpetient	3LI DOM		g Home 5	Gesidenc	a 6 Ott	ner (Specity	')		
Ing Ing	atlon:	27. Menner of Deeth 1. Shaturel 5 Pending 2 Accident investigatio		njury 28b. Dey Year)	Time of Injury	28c. inj W M 1[uryet 'ork? ⊒Yes 2 □ No	28d. Dasc	ribe how	injury occu	rred			
Division or Attanding after death. Director: After d in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicide determined	288. PIECE OF	Injury - At home, fo atc. (Specify)	erm, stre	et, factory, office	9	28f. Locat City o	ion (Stree r Town, S	et end Num Stete)	ber or Rura	Route Number,		
DIVI To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical C	(Check only 2] Medical Exar	nysician: To the bes	st of my knowledge	e, death	occurred at the	time, date and p	ace, and due to	the ceus	se(s) end m	enner es st	ated.		
To the P within 2 To the P complet	Med	Oriely	end menner	steted.										
or or or	-	29b. Signature end title of certifier	N.	_			nse number				ed (Month, E			
			17	Y		15 6	-5.0	00	1	ANHA	Ry 5	1998		
2		30. Name and eddress of person who Richard So	completed cause of	death (item 23e)		Print)	600 N	WOLFE	: .<7	- RA	LTIM	ORE 2128		
St Regis	ate trar	31. Dete filed (Month, Day, Year)		strar's Signature	ndatt	2			401	1		31		
		OCCI O O MAN	17		-									



29c. License number

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

29d. Date signed (Month, Day, Year)

January 3, 1998

State

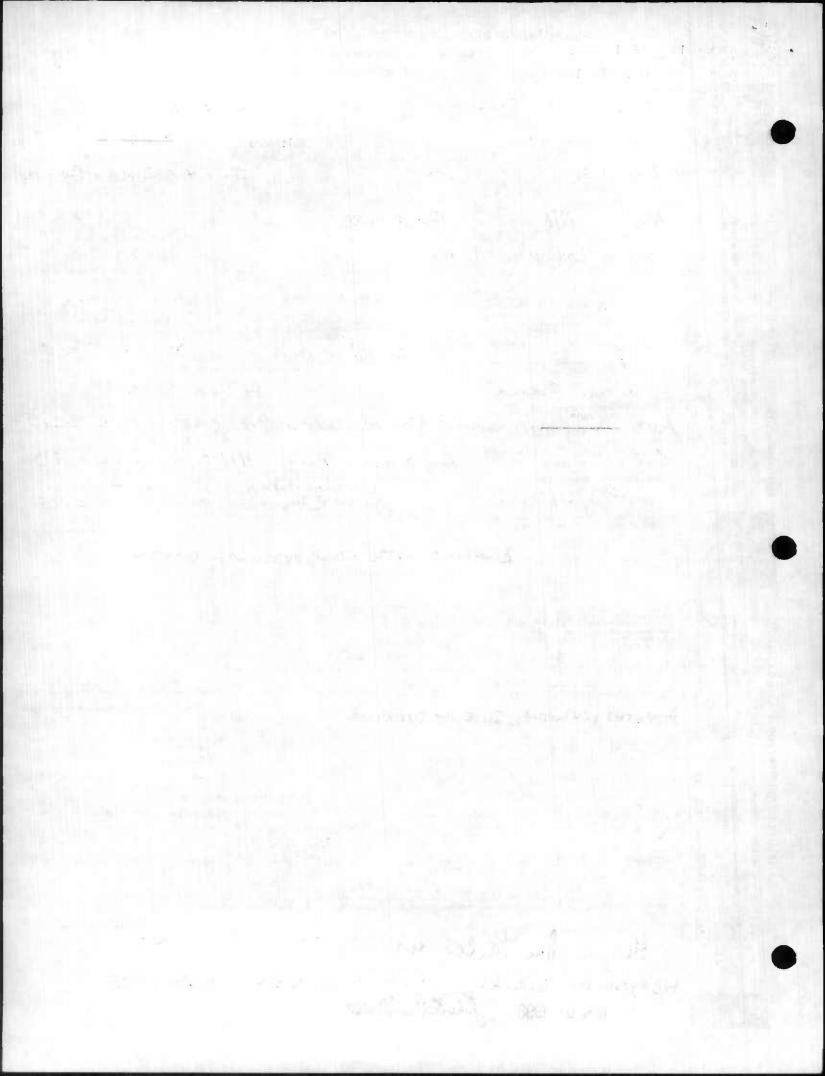
29b. Signature and title of certifier

MD Mysmos.

31. Date filed (Month, Day, Year) JAN 0 6 1998

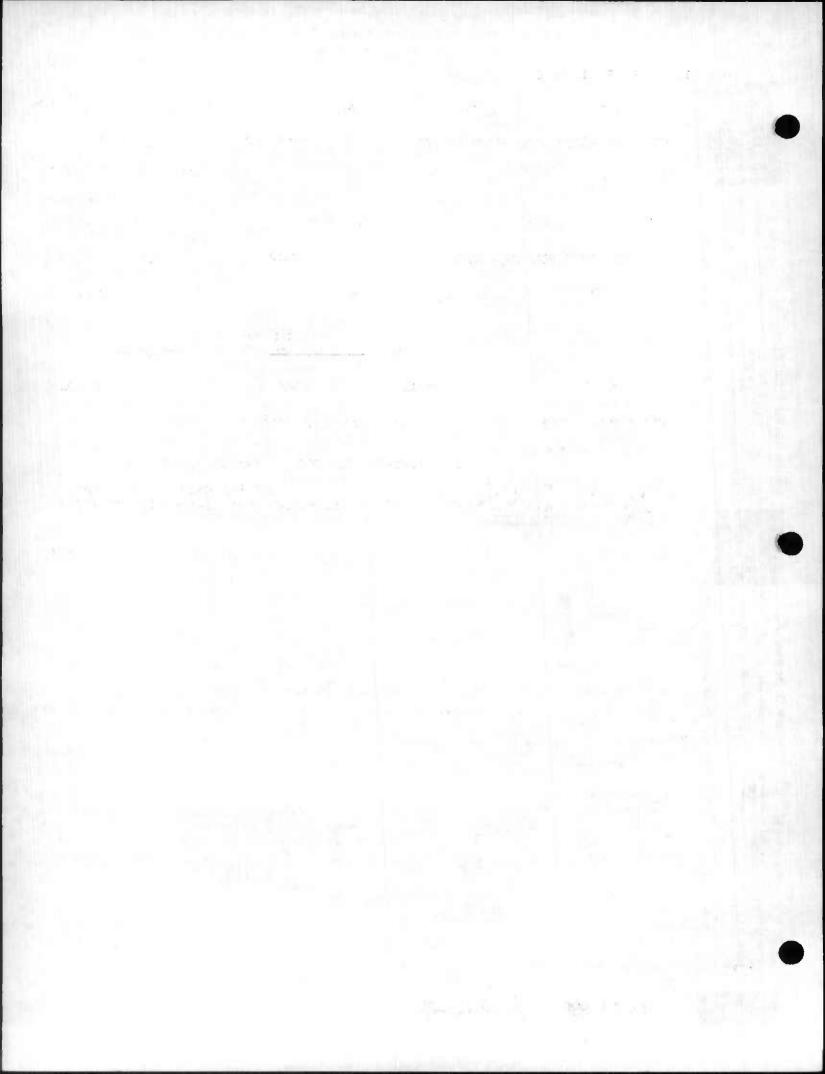
Jan

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 5-KOREU



State of Maryland / Department of Health and Mental Hygiene Q A

nysicia	an	Decedent's Name (First, Middle,					2. Dete of Dee Month	Dey	Yeer	3. Time of Dee
Medic xamin	al	IRVING 4e. Fecility Neme (If not institution,		ROME	SOBEL		JAN 3 or Location of Death		of Death	7 "
A4111111		MERIDIAN BRIG	HTWOOD NURS	SING HOME		BALTI	IMORE	BALT	IMORE	
neral ector				ge (In yrs. lest birtho 98 Yr	Months Day	If Under 24 F		(6, 1899		e (State or Fo
H		10a. State 10b. County		10c. City, Town o	r Location				10d.	Inside City Lin
2	Director		SUSSEX		STANH	OPE				Yes 2□
Den	Dire	10e. Street end Number			10f. Zip Code			10g. Citizen of W	het Country	?
THE STREET	erai	42 JEFFE	RSON LAKE I		12 Was Deceded of	07874		U.S.A	- Amaricen	Indian
other than "natural", o	by Funeral	1 Never Married MM Married 3 Widowed 4 Divorced	Armed Forces	No WWI	13. Was Decedant of If Yes, specify Cu1 ☐ Yes ②XNo		ento Rican, etc.)	Specify:	k, White, etc.	
	Completed	15. Decadent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)			ecedent's Usuel Occi ive kind of work don- e. DO NOT use retir			16b. Kind of Business/Industry MEDICINE		
		17. Fether's Neme (First, Middle, La	5±	GEI	GENERAL PRACTICION 18. Mothar			Maiden Sumeme		
	To Be	SHIMON		SOBE	EL	SARA			(UN	JKNOWN)
		19e. Informent's Name/Reletionship	(Type, Print)	19b. M	eiling Address (Strat	at and Number or	Rurel Route Numbe	or, City or Town,	•	
		ANNE SOBEL / W.	IFE	157	709 YEOHO	ROAD SE	PARKS, MD	21152		
		20e. Method of Disposition 1 Burlal 2 Cremation 3 4 Donation 5 Other (Spe		nom otom	sposition (Nema of cremetory or other pi		1/4/98	20c. Location - (. State
any injury		21. Signeture of Funerel Service Licensee 22. Name end Address of Facility Sol Levinson & Bros. 8900 Reisterstown Road Pikesville, M								
clan dical diner	Jer.	fmmediate Ceuse (Final disease or condition resulting in deeth)	e	ne a mo mi s	sequence of):				ı	nek
	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	b	sequenca of):						
	n/Medical	that initiated events resulting in deeth) Last	c	Due to (or as a con	sequenca of):					
	sicia	Pert II. Other significant conditions	contributing to death	out not resulting in th	e underlylno cause o	riven in Pert I	23h. Dfd 1	23b. Did tobecco use contribute to the cause		
De delectied	by Physician/M	Deverta;		Carcon;			101			ly 4□Unki
ge z snould be det	Completed							an autopsy med?	eveilal	eutopsy findln ble prior to letion of cause th?
rector, page							1 □ Y	es 2 No	1 □ Ye	es 200 No
and a	Be	25. Wes case referred to medical exeminer?	Hospital:				Deeth (Check only o			
erai o	. To	1 ☐ Yes 2 ☐ No 27. Menner of Death	1 ☐ Inpati 28e. Dete of Inj (Month, Di		tient 3LI DOA	4)Est Nursing	9 Home 5 ☐ Resid	lence 8 Othe		
	Certification:	1°Maturel 5 Pending 2 Accident 3 Suicide 6 Could not 4 Homicide	be 28e. Plece of In			☐ Yes 2☐ No	28f. Location (5 City or Tow	Street end Numbern, State)	er or Rurel Ro	oute Number,
no de la companya de	edicai Ce	29a. Certifier (Check only one) 150 Certifying I	Physician: To the best aminar: On the basis of end manner s	f examinetion and/o	eeth occurred et the r r Investigation, in my	time, dete and ple opinion, death oc	oce, end due to the occurred et the time, o	ceuse(s) end mar dete end plece, e	nner as state nd due to the	d. e ceuse(s)
4	Me	29b. Signeture end title of certifier	Attensi	om o	29c. Licer	3 7 0 / (29d. Dete signed		-
		30. Name and address of person who	o completed cause of	death (Item 23e) (Ty 7801 7	oe, Print)	Sate 10	1, To-so	, ~	21	204



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien Certificate of Death 1 Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Death Murtle Sanford 2 1998 4c. County of Deeth 4b. City, Town, or Location of Deeth 6:20 AM 4a Facility Name (If not institution, give street and number) Center TOWSON If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Year) Jan. 2, 1916 Saint Joseph Medical Towson Baltimore If Under 1 Year Birthplece (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Months 1 M 2 X F Deys Carolina Yrs. 247-03-3101 Usuel Residence of Decedent 10d. inside City Limits 10a. Stete 10h Count 10c. City. Town or Location 1 ☐ Yes 2 No Maryland Baltimore Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21221 U.S.A. 1000 Franklin Avenue, # 1217 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 11. Maritai Status 1 Never Married 2 Married 1 Yes 2 No Specify: White 3 X Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondery (0-12) Cotlege (1-4or 5+) 8th grade Waitress Restaurant 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) William Hinson Blanche Neal 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13 Brigantine Ct., Baltimore, MD 21236 Charles Kirsch (son) 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Objectify) Breen Mount Crematory 1/3/98 Baltimore. Maryland 21. Signature of Fundin Service Licensee 22. Name end Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 entur the disease, or ock or heart failure. List complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Finat disease or condition resulting In deeth) METASTATIC LIVER CARCINOMA 3 MONTHS Due to (or es e consequence of). Sequentially list conditions, if eny, teeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Last Due to (or es a consequence of): Due to (or as e consequence of): 23b. Did tobacco use contributa to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Was en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 tnpatient 2 □ ER/Outpetient 3 □ DOA 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending 1 Yes 2 No investigetion

Examine Physician/Medical Division of Vital Records, P.O. 2 þ Completed certificata has b Attending Physician: Be 10 this Certification: after deatl ŏ Hospital or 24 hours aft
 Funeral Di
 International details filled in

Physician

/Medical

Examiner

Directo

Funeral

à

Completed

Funeral

Director

than "natural", or items 23s or the Medical Examiner must be r

Mental F Dexism

Baltimore,

then 27 i

Physician /Medical

Examiner

Pages 1

25. Was case referred to medical exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier

(Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end ptece, end due to the cause(s) and manner as stated.
2 Madicat Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and pleca, and due to the cause(s) end manner stated.

29b. Signature end title of certified

29c. License number

29d. Date signed (Month, Day, Year)

JOGINDER P. MEHTA, 31. Dete filed (Month, Day, Year)

JAN 06 1998

mellis mo

M. D 32. Regi

D41410

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

State Registrar

edicai

7620 YORK ROAD, TOWSON, MARYLAND Julia Daydson

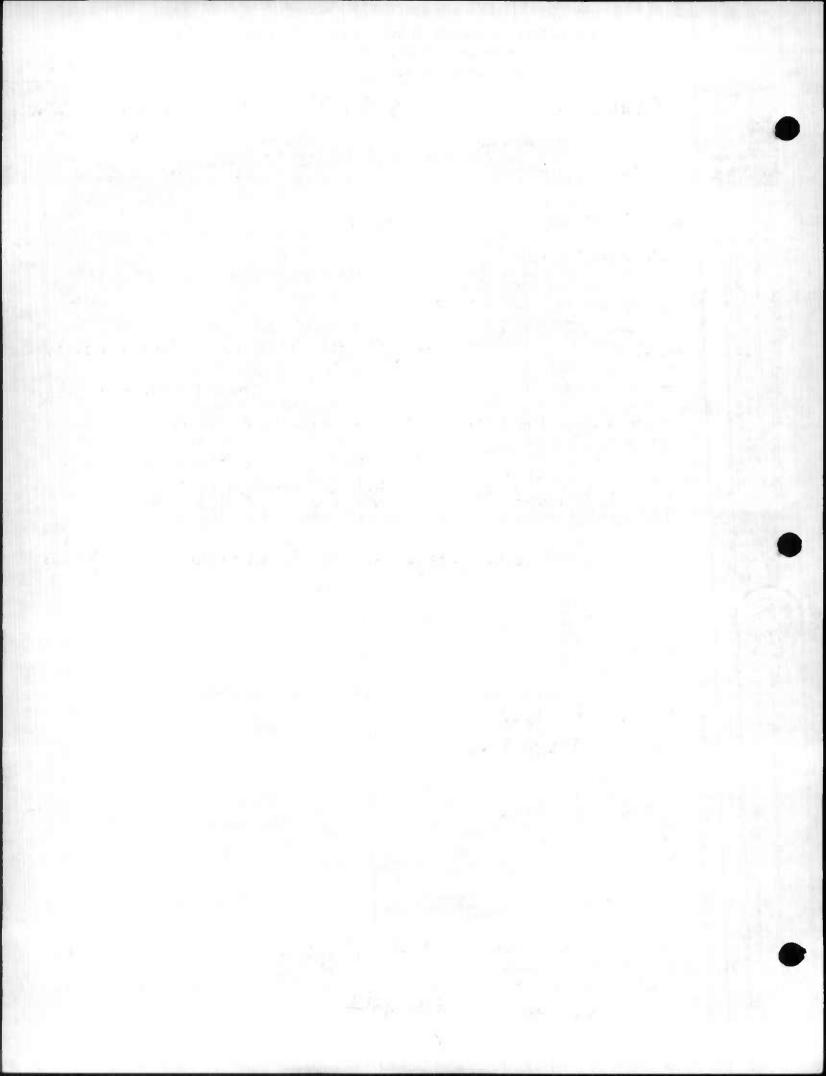
To the Hosp within 24 hor To the Fune completely fi

AMORIONAD MEVIL DI INTERTUR IN THE PER

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** = RANKLIN 26 SMITH 1998 Van. 01 p. m /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Good Samaritan Hospital Baltimore 8. Data of Birth (Month, Day, Year) NOV. 18, 1924 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 9. Birthplaca (State or Foreign Country) Maryland 7. Age (In yrs. last birthday) **Funeral** 10 M 2□ F Days Hours 217-12-3145 Yrs. 73 Director Usuel Residence of Dacedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examinat must be notlined at 1 Yas 2 No Maryland Baltimore Director Baltimore 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 2608 Meadowland Court 21234 U.S.A. 12. Was Decadent Ever in U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Dates: WW II Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) Rece - American Indian, Bleck, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after teppartment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any Injury or other traumatic event, the Medical Examination 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired)
Automobile Body and Fender 15. Dacadant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Coilega (1-4or 5+) Automobile Shop 8th grade Repairman 17. Fether's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Surname) Edward Smith (Surname Unknown) Florence 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9522 Ridgely Avenue, Baltimore, MD Arleen Jordan (daughter) 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriei 2 Cramation 3 Removal trom Stata Parkwood Cemetery 1/5/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Fecility
Schimunek Funeral Homes, Inc. 21. Signetura of Funaral Servica License 9705 Belair Rd., Baltimore, MD 21236 23a. Part 1. Entar tha diseasa, or complications that causad the daath. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart tailura. List only ona causa on aech lina. Approximate interval Between Onaat and Death Physician Immediate Ceusa (Final Cinnhosis diseesa or condition rasulting in deeth) ears Examiner Physician/Medical Examiner Sequantially list conditions, if any, laeding to immadieta cause. Entar Undarlying Cause (Disaasa or injury that initiatad evants resulting in daath) Last Dua to (or as a consaquanca ot): Dua to (or es e consequence of): Box Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown p 24b. Wara autopsy tindings evailabla prior to complation of causa ot daath? 24a. Wes an autopsy performed? Completed After this certificate hes 1 ☐ Yes 2 SNo 1 ☐ Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certification proprietely filled in by the funeral director; p. 25. Wes casa ratarred to madical Be 26. Placa of Death (Check only one) Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred Medical Certification: 28c. Injury et Work? 5 Pending investigation 1 Maturei 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 ☐ Could not be detarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Piaca of injury - At homa, tarm, straat, factory, offica building, atc. (Specify) 4 ☐ Homicida 29a. Certiflar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as steted. 2 Medical Examiner: On the besis of axamination end/or Investigation, In my opinion, daath occurred at the tima, deta end piaca, end dua to the ceusa(s) and mannar stated. 29b. Signatura and titia of certifiar 29c. License number 29d. Date signed (Month, Day, Year) EL-MERHI, M.D. FADI 30. Nama and address of person who completed causa ot death (Itam 23a) (Type, Print) SAMARITAN HOSP. AT MARYLAND FADI EL-WEBHI (-00 D 32. Register / Signature 31. Data tiled (Month, Dey, Year) State JAN 06 1998

Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0 Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Day, Month Della Marie Shipley 1998 4:08a.m. January 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street end number) 4c. County of Death Lorien Nursing Home - Columbia Columbia Howard 8. Date of Birth (Month, Dey, Year)
Apr. 12, 1920 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 9. Birthplace (State or Foreign Country)
Tennessee 1□ M 2 1 F Months Deys Hours Min 413-14-4539 Yrs. Usual Residence of Decedent 10a. State 10b County 10c, City, Town or Location 10d. Inside City Limits Anne Arundel Crofton 1 Yes 2 No Md. 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2326 Putnam 21114 United States Lane 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ñ No If Yes, Give Yeer or Dates: 14. Raca - American Indian, Black, White, etc. Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 ☐ Merried 1 Yes 2 No Specify: White 3 Widowed 4 Divorced 16b. Kind of Business/Industry 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) U.S. Gov't. Elementary/Secondary (0-12) College (1-4or 5+) Civil Service Case Worker 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) (Not Known) Harrison Catherine (Not Known) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) 2326 Putnam Lane Mr. Lester C. Shipley Jr. (Son) Crofton, Maryland 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Dulaney Valley Memorial 1/6/98 Timonium Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee Milton al Knight Jr 22. Name end Address of Facility Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Maryland 23a. Part1. Enter the disease/or complication is a caused he death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one caused he death. Approximate Interval Between Onset and Deeth Stage Alzheimers dementia 10 Immediate Cause (Final disease or condition resulting in death) Years Septentially list conditions, it say, leading to immediate use. Enter Underlying ause (Disease or Injury Due to (or as a consequence of) Due to (or as a consequence of): 23b. Dld tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes No 1 Tyes 2 No 26. Place of Death (Check only one) Hospital: Other: Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at

Physician /Medical

Physician

/Medical

Examiner

Directo

Funeral

þ

Completed

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene. Introducing the marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Exercises maintained.

Baltimore, Maryland 21215-0020

een peen page 2 certificate has

Physician/M

þ

Completed

Be

10

Certification:

or Attending Physician: director this funeral after death. the in by Hospital 24 hours To the Hosp within 24 ho To the Fune completely fi

Division of Vital Records, P.O. Box 68760

0

State

Registrar

that Initiated events resulting in death) Lest Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case referred to medical examiner? 1□ Yes 2 No 27. Manner of Death 1 Natural 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Thomicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one)

29c. License number

29d. Date signed (Month, Dey, Year)

January 5,

Ellicott City, Maryland

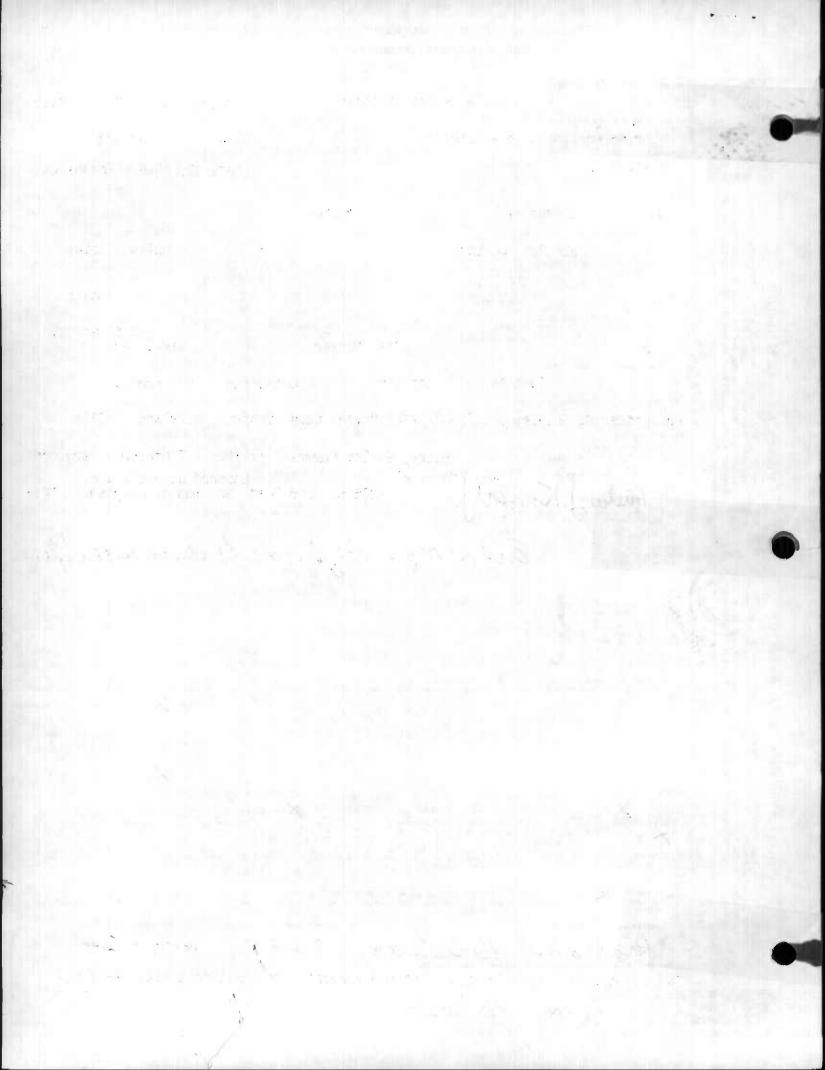
Dr. Richard Kolodrubetiz, M.D. 9501 Old Annapolis Rd. 31. Date filed (Month, Dey, Year)

29b. Signature and title of certifier

IAN 06 1998

30. Name and address of person who completed cause of death (Item 23a) (Type, Pint

32. Registrar's Signature The Davidson-Randell



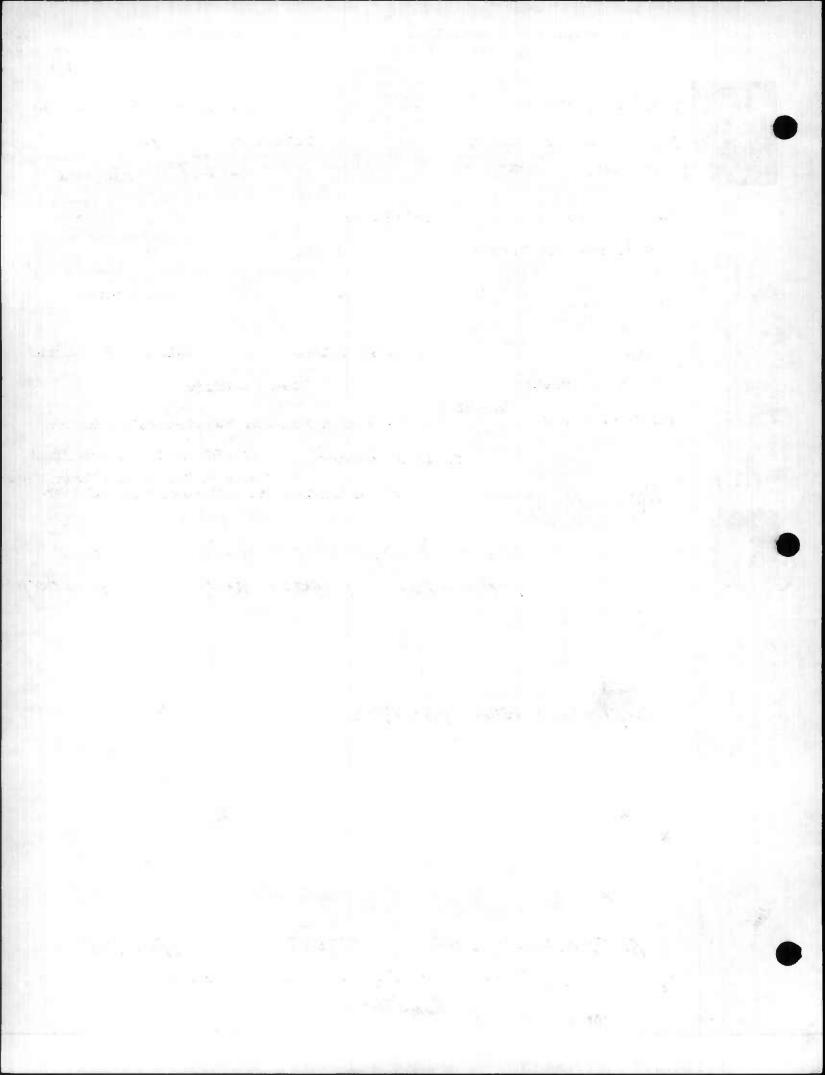
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Year Theresa M. Theis January 1998 2:13 am /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3430 E. Lombard Street **Baltimore** n/a If Under 24 Hrs. 8. Date of Birth Month, Day, Ye 9-15-24 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** 1□M 2XF Days 218-18-2563 73 Yrs. Director Maryland Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MD n/a Director 130 Yes 2 □ No **Baltimore** 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3430 E. Lombard Street 21224 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Status 72 hours efter 1 ☐ Never Married 2 ☐ Married Specify: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 31 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed w Department of Health and Mental Hygien Important: If Item 27 is marked other th any Injury or other traumatic avant 8th Domestic Engineer Balto.Gas & Electric 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Frank Belcastro Rose Ferrare 19a. Informent's Neme/Relationship (Type, PrintDaughter | 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Julia M. Bauer 8616 Sherington Rd. Baltimore, Md. 21236 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other placa) 20c. Location - City or Town, State 1 X Buriai 2 Cremation 3 Removal from State 1/7/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Oaklawn Cemetery 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility Joseph N. Zannino Jr. Funeral Hm. 263 S. Conkling St. Baltimore, Maryland 21224 annew 23a. Part1. Enter the disease, or completions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear failure. List only one cause on each line. Physician a. acute Respiratores Failyre

b. Aspiration Presino WIA /Medical Immediate Cause (Finel disease or condition resulting in death) HOURS Examiner Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and P.O. Box 68760, Physician/Medical the Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the causa of death? supra-nuctear paralyses à 1 Yes 2 No 3 Probably 4 Unknown signed b Records, ð 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? Completed certificete 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. 25. Was case referred to medicei examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To this 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Pending investigation 1 Neturel 1 TYes 2 No 2 Accident Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours efter To the Funeral Direcompletely filled in b edicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated.

2 Medical Examtner: On the basis of examination and/or Investigation, In my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) pursalout ver 30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print)

340/ E. Pract St. Baltiwote, Nd 2/224 31. Date filed (Month, Day, Year) State JAN 06 1998 Registrar



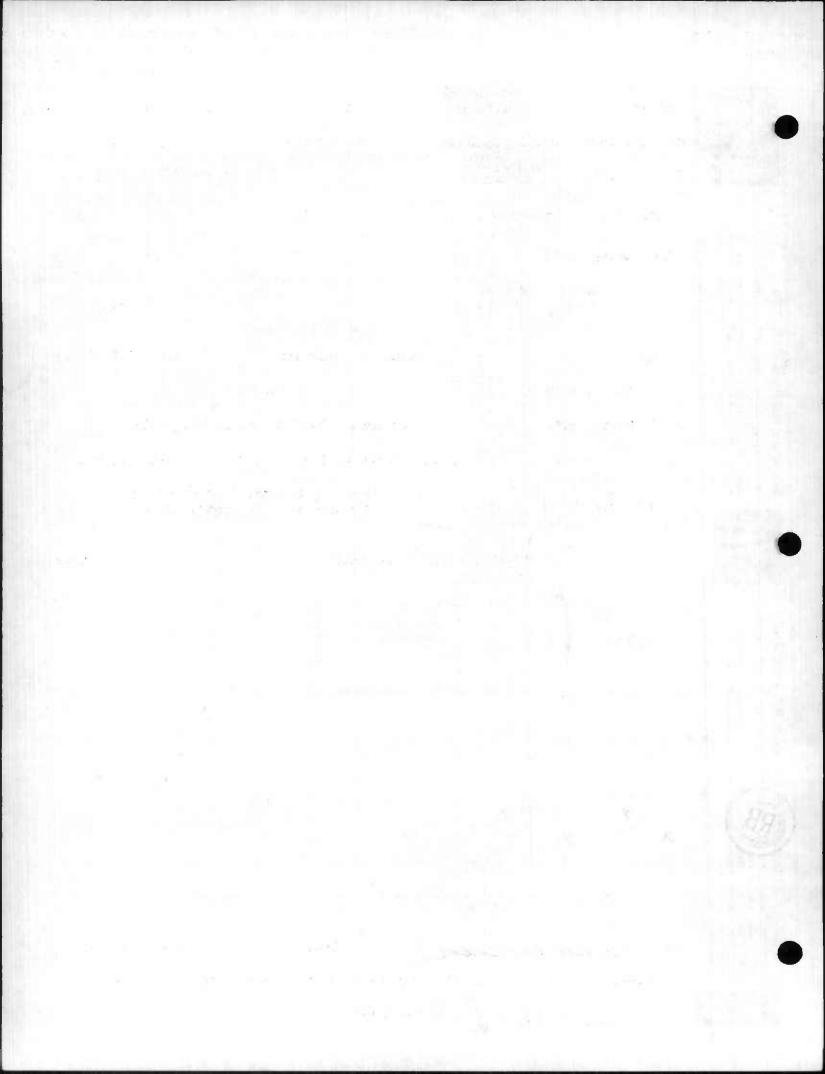
State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Vear Hubert Anthony WARD 3, 1998 January 3:52 A.M. /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore If Undar 1 Yaar If Under 24 Hrs. 5. Social Security Number 8. Data of Birth
(Month, Day, Year)
July24, 1924 7. Aga (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Days Hours 1 □XM 2 □ F 73 Yrs. **Director** 216-18-7146 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show event, the Medical Examinar must be notified at Md. Baltimore Essex Director 1 Yes 20 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 238 permit. Pages 1 and 2 should be filled within 72 hours after death v Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural". w any injury or other traumatic event and another. 448 Torner Road 21221 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. Yas 2 No If Yes, Give Yaar or Datas: 1 ☐ Never Married 2 ☐ Married Specify: White 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) Maintence Machanic City of Baltimore 6th 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumama) Be Timothy Ward Ida Lamp 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Doris Ward / wife 448 Torner Road Baltimore Md. 21221 20a. Method of Disposition 20b. Place of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, State 1 ☐ Buriai 2☐Cremetion 3 ☐Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory Inc. 1/3/97 Baltimore Md. 21. Signatura of Funerai Service Licansae 22. Nama and Address of Facility Connelly Funeral Home of Essex uions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. 23a. Parf1. Enter the disease, or con shock, or heart failure. List only Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Cerebrovascular Accident Examiner 5 Days Due to (or as a consequenca of): requires that the death certificate be executed attending physician and for usa as the burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequenca of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 Unknown Records, P 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? has ä 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitai: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Naturai 2 ☐ Accident 5 Pending Investigation 1 Yes 2 No 3 Suicide 6 Could not be datermined Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours To the Funeral complately filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier 29b. Signature and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) D48185 January 3, 1998 ausou Casou 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Dr. Gardar Gislason 9000 Franklin Square Drive Baltimore, Maryland 21237 31. Date filed (Month, Day, Year) 32. Regist State

DHMH 16 Rev 6/95

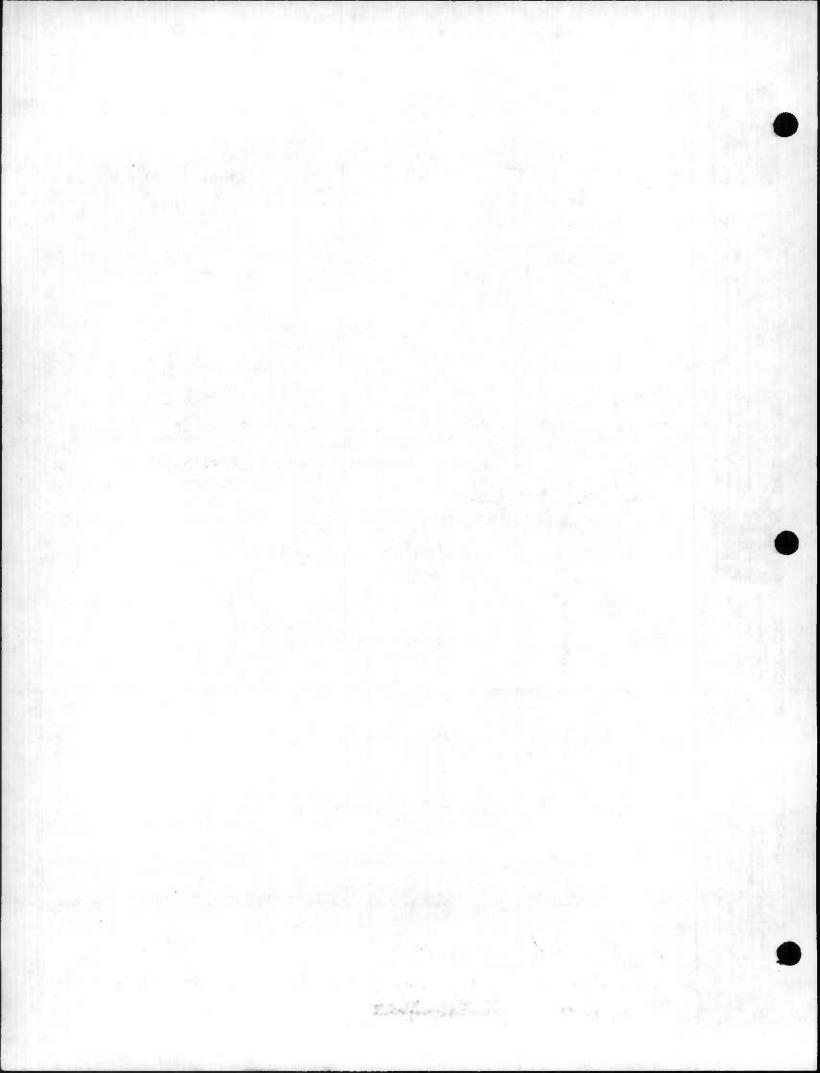
Registrar

JAN 06 1998



State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate of	Death		Reg. No.	i Ul	1116
			1. Decedent's Name (First, Middia, L.						2. Deta of D	Peath		3. Time of Deeth
	Physic		Dorothy, E	Winde	cho.	im			Jan46	Day	199 Z	9:24 PM
	/Medi Examiı		4a. Facility Neme (If not institution, gi		21/6	111		4b. City, Town, o	or Location of Dee		y of Deeth	1.21
	Exami	161	University of	I backwar	loani t	1		Doltin	one dit			
	Funeral				n yrs. last bir		If Under 1 Yeer		ore Cit	y lirth	9 Birthoi	iene (Stete or Foreign
ш	Director		212-12-1886	1□ M 2ØF			Months Days	Hours M		Dey, Year)	Count	lece (State or Foreign try)
н			Usuei Residence of Decedent						sept	. 13,19	20 14	aryland
	yland		10a. State 10b. County	10	0c. City, Tow	n or Loca	ation				10	Od. Insida City Limits
	Mar Mar	to	Maryland Howard	3	Colum	nhia						1 ☐ Yes 2 ☐ No
	r 284	Directo	10e. Street and Number		COLUM		10f. Zip Coda			10g. Citizen of	What Count	trv?
	Nith		6224 Coden Lan				21044					
	ne 2	Funeral	6334 Cedar Lane	12 Was Decedent Eve	r In U.S.	13 W	21044		(Specify Ves or N	U.S.A	ce - Amarica	an Indian
	ther in	Fur	1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 ☐ No		If Y	Yas, specify Cub	an, Mexican, Pu	(Specify Yas or Narto Rican, etc.)	Bla	ck, White,	
320	e su	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Datas:		1[∃Yes ŽΩNo	Specify:		Speci		
0	72 hours efter deeth with the Maryland natural, or items 23a or 28s-f show deal Examiner must be notified at	B	15. Decedent's E		168	Decede	nt's Usuel Occup	netion		16b. Kind of E	Wh1	
15	in 7	Completed	(Specify only highast gr	rede completed)		(Give kind of work don life. DO NOT use retii		during most of w	vorking	TOD, THIS OF E	2031100371110	ustry
212	l within 72 ho liene. The Medical	E O	Elementery/Secondary (0-12)	College (1-4or 5+)	Of		e Work		Insurar		ngo	
D	He H		17. Father's Neme (First, Middle, Last)	- OI	. 1 1 0	E WOLK		eme (First, Middl			
Maryland 21215-0020	y can ould be Mental mrked o	To Be	Thomas Beach					Mars + 7	o C:11			
Z	d 2 should th end Men 7 is marke treumatic	-	19a. Informent's Neme/Reletionship	Type Print)	19h	Meiling	Address (Street		e Gill Rurel Route Num	her City or Tour	State 7in	Code
X	125 P											
a	other tr		Bruce P. Windes 20e. Method of Disposition	sherm, son	20b. Piece of	Disposit	tion (Name of story or other ple	ia Roa	Dete	20c. Location	ary I	and 21044
Baltimore,	Pages nent of I int; if its iry or o		1 ☐ Buriel 2 ☐ Cramation 3 ☐	Thanloval Holli State	cemeter	ry, creme	tory or other ple	ca)	1	Eco. Ecoation	Ony or To	wii, Otata
Ë	permit. Pages Department of Important; If I any injury or once.		4 Donetion 5 Other (Special		Good	She	pherd	Cemete	ry 1/5/	98 Ellic	cott (City, MD
Ba	Depa mpo any i		21. Signature of Funeral Service Lica	1500		22.1	Nema and Addre	ess of Fecility W	itzke F	uneral H	Home,	Inc.
	40.540		I Robert Sugar	75de		16	30 Edm	ondson	Avenue	Catons	ville	, MD 2122
			23e. Pert1. Entar tha diseesa, of com- shock, or heert failure. List only	plications that caused the	deeth. Do r	not antar	tha mode of dyl	ng, such as card	ac or respiretory	arrast,		Approximata tnterval Between
١ ١	Physician											Onsat and Death
	/Medical		immediate Ceuse (Finei disease or condition	e. Ischen	·c (CAL	· Leave	Scular	1.:1.	-		5 days
	Examiner		resulting in deeth)		e to (or es e			201110	- Caraa	11		auys
-	D 5	ner					130000					
	and of	Examine	Sequentially list conditions, Dua to (or es a consequence of):									
0	11											
68760,	physic the tr	edical	Cause (Disease or injury thet initiated events Due to (or es e consequenca of):									
9	E 0 6	Med	rasulting in deetil) Lest			i						
0	2 5 8			d							<u>i</u>	
	requires that the death cer seen signed by the ettendin should be detached for use	Physician/	Part II. Other significant conditions of	ontdbuting to death but n	ot resulting in	the und	advino cause ois	en in Pert I	23h Di	tohacco usa co	antribute to	the cause of death?
P.O.	the ache	hys		onthousing to double but it	ot rasoning in	· uio uiio	arrying cause gir	on an roll i.		Yes 2 No		ably 4 Unknown
<u></u>	signed to	by P							_	108 ŽEZNO	3 - 100	ably 4 Onknown
ds	uires ld be								24e We	s an eutopsy	24b. We	re autopsy findings
Ö	v require been si should	Completed								formed?	eve	nilebie prior to
ě		du									of d	leeth?
<u></u>	The cate h	ပ္ပ							1 🗆	Yes 20 No	1 🗆	Yes 2XNo
=	ician: The lev certificate hes rector, page 2	Be	25. Wes case referred to medical axeminer?	The state of			1		eeth (Check only	one)		
5	Physic this c	2	1 Yes 2 No	Hospitei:	2□ ER/Ou	tpetient	3LI DUA		Home 5 Ras	idence 8 🗆 Ott	her (Specify,)
Division of Vital Records,	Attending Physician: or death. ector: After this certific. by the funeral director,	Certification:	27. Menner of Death 1 ☑Neturel 5 ☐ Pending	28a. Dete of injury (Month, Dey Ye		Time of njury	28c. tnjur Wor	y et rk?	28d. Describe	how injury occu	rred	
Sio	thendi death. stor: A y the fi	cat	2 Accident investigation				M 1 🗆	Yes 2 □ No				No. of the
≥	or Attending efter death. Director: After I in by the fune	E	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	28e. Pleca of injury - building, etc. (S	At home, fe	rm, stree	t, fectory, offica			(Street end Num own, Stete)	ber or Rural	Route Number,
Δ	tal Signature of the control of the											
	To the Hospital or Attending Physician: The low within 24 burors effer death. To the Funeral Director: Atten this certificate hes completely filled in by the funeral director, page 2	edical	29a. Certifier 1 Cartifying Ph	yelcian: To the best of m	y knowledge,	, deeth o	ccurred et the tir	ne, dete end pie	ce, end due to the	cause(s) end m	enner as ste	eted.
	in 24 he F plete	B	one)	niner: On the basis of exa end manner steted	iminetion end	Wor inves	stigetion, in my o	pinion, deeth oc	curred at the time	, dete end piece,	end dua to	the cause(s)
	With To t		29b. Signeture end title of cartifier	,	0		29c. Licans	a number		29d. Dete signe	ed (Month, D	Jey, Year)
			Enst ((lavinan	11. M	D				1-21	98	
	1X	1	30. Neme end address of person who	completed cause of deeth	(tem 23e)	Type Pri	int)					
	U		ErnesTC. Clevin) (100	1,00,11		27 5	(41	S+ 12.1	+	D 21201
	Sta	10	31. Dete filed (Month, Day, Year)	32. Pegistrer's	Signature -	ALIV.	01 111		VIRENC	JI Da!	1, 1	5 61601
	Registr.	re l	IAN 0 8 100	Swiante	widow?	Pomple	22					
			DW14 0 0 199	- 11								



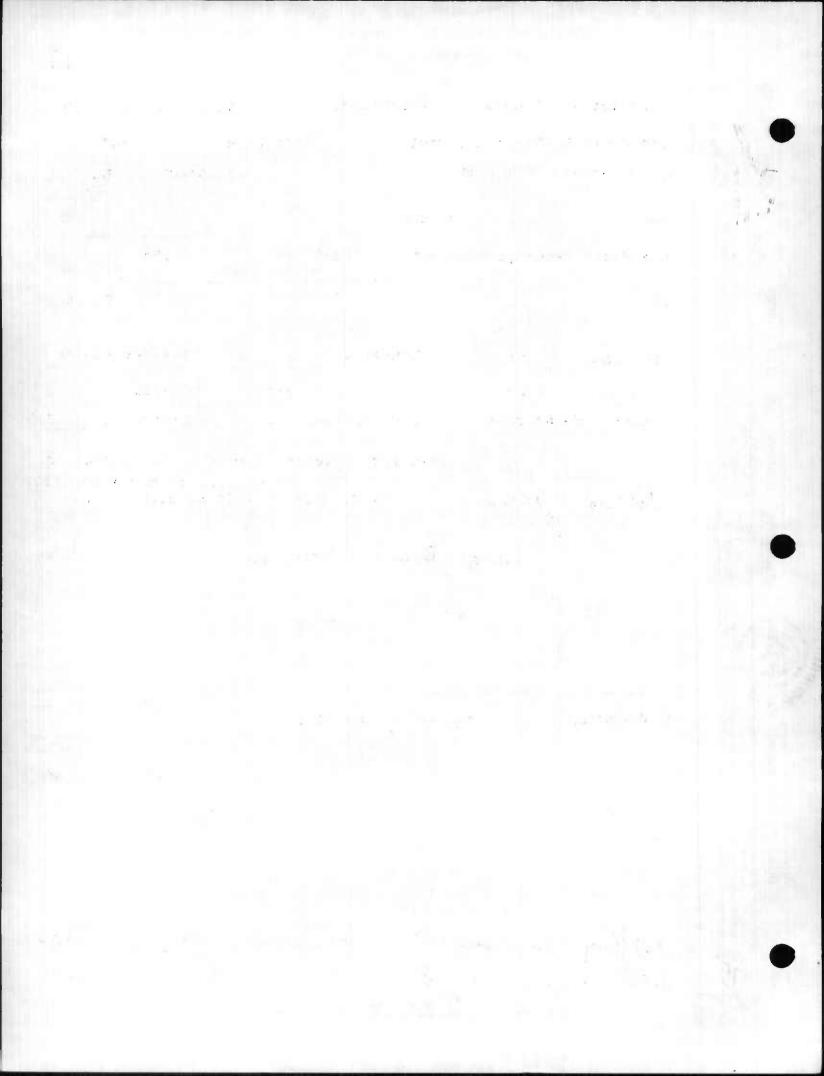
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** Henrietta Jacobs Weatherbee 98 Jan. 01 9:35pm /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street and number) 4c. County of Deeth Examiner 814 North Washington Street Baltimore NA If Under 1 Year 7. Age (In yrs. last birthdey) 5. Social Security Number 6. Sex 8. Dete of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 🕱 F Months Days Hours Min 90 Yrs. **Director** 217-01-7678A 02-04-07 NC Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 te marked other than "natural", or fems 23a or 28a-f show other traumatic event, the Medical Exampler must be notified at 1∏Yes 2□No Md. NA Baltimore Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 814 North Washington Street 21205 USA permit. Peges 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "naturat", or Items 23, any Injury or other traumatic event, the Medical Examples in page. Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No
If Yes, Giva
Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 □ Never Merried 2 □ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: P Black 3€Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) Domestic various trades 5th Grade 18. Mothar's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Be Thomas Jacobs Bertha Williams 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Weatherbee 3602 Calloway Avenue Baltimore, Md. 21215 Arthur 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crametory or other place) Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore Cemetery 01-06-98 Baltimore, Md. 22. Name and Address of Fecility 21. Signature of Funeral Service Licensee Baltimore, Maryland 21202 2 ema WM.C. MarchFH 1101 E. North Avenue moon 23a. Pert1. Enter the diseashock, or heart failure. icetions thet caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, the cause on each lina. Approximata Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final 8 days Bowe disease or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate ceusa. Entar Undarlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence ot) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by the 1 Yes 2 No 3 Probably 4 Unknown Cor o Nan ò 24b. Were autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy certificate has lirector, page 2 s 1 Yes 2 No 1 Yes 2 No Hospital or Attending Physician: funeral director, Be 25. Was cese rafarred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 A Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 2 1 Yes 2 No this 27. Mannar of Death 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: After 1 Natural 5 Pending after death. Director: Af 1 ☐ Yes 2 ☐ No investigation 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide To the Hospital o within 24 hours af To the Funerel D completely filled i 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiar edical (Check only one) 29d. Date aigned (Month, Dey, Year) 29c. License number 29b. Signature and title of certifier D00519441 January 5, 1998 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Batimore, MD Magaziter Jether 601 North Caroline 32. Registra Signature

Q Julia Davidson 31. Date filed (Mohth, Day, Year) JAN 06 1998

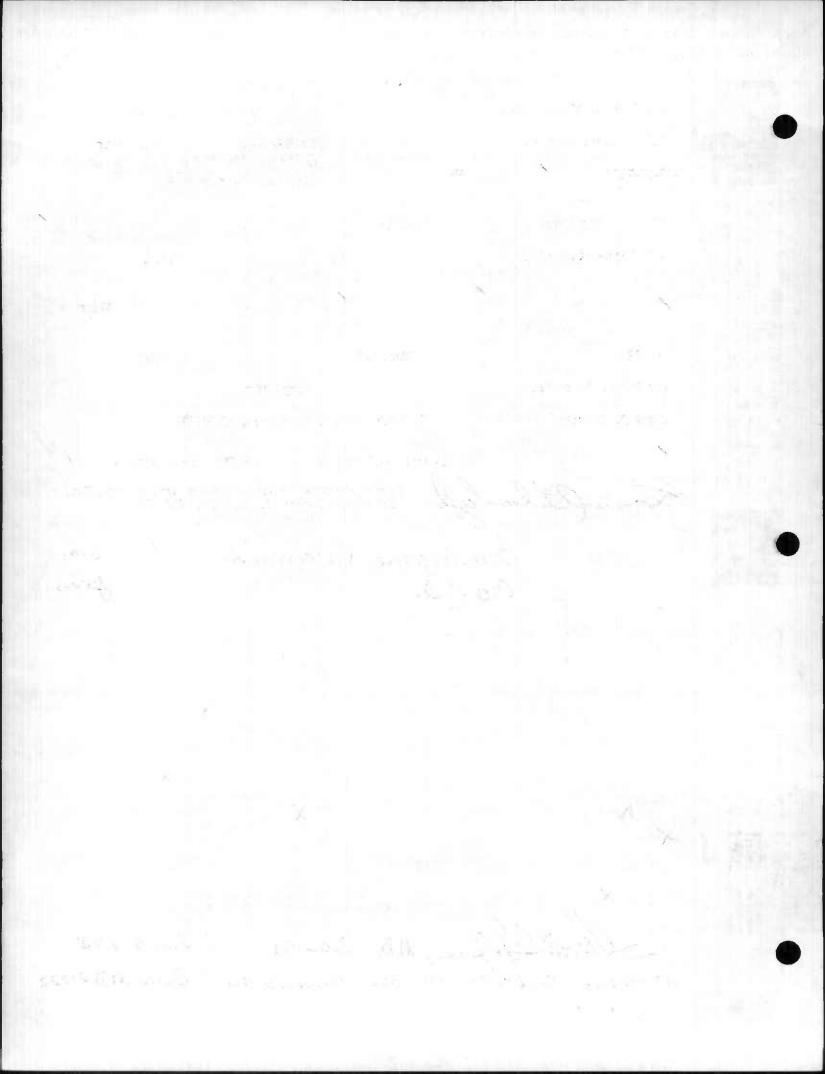
Registrar



State of Maryland / Department of Health and Mental Hygiene 8

	_	4 December 11 May 15		41								Reg. No				
Physicia	an	1. Decedent's Neme (F)									2. Dete of De Month	De		Yeer	3. Tin	ne of Death
/Medic		Charles A			mbarl				4b City To	wn orl	Januar ocation of Death				4:4	O A.M
Examin	er	1914 Willo			mber)				Dunda		ocation of Ceati	40		of Death		
uneral		5. Sociel Security Numb			7. Aga (in yrs	s. lest birthday	If Unda	r 1 Year			8. Deta of Birt	th		timore 9. Birth	_	ate or Foreig
rector		217-03-7273 Usuei Residence of Dec		ØM 2□ F	85	Yrs.	Months	Days	Hours	Min,	(Month, De Sept. 9,	y, Year)		PA	ntry)	ate or Foreig
MON			b. County		10c. C	City, Town or Lo	ocation								10d. Insid	le City Limit
a or 28a-f show the notified at	io	MD	Baltimor	e		Dunda	1k								1 🗆	Yes 2 N
67.50	Director	10e. Street end Number						p Code				10g. Cit	izen of	Whet Cou	ntry?	
23a		1914 Willo	w Spring	Rd.			2	1222				U.	S.A.			
ltams mer.m	Funeral	11. Maritel Status		12. Was Dec Armad Fo	edent Evar In I	U,S. 13.	Wes Dece	dent of l	Hispanic Original	gin? (Sp	ecify Yas or No Rican, atc.)	-		ce - Amari ck, Whita,		n,
er, o	by	1 Never Married 3 Widowed 4		1 ☐ Yes If Yes, Gi Yaar or D	2 No		1 🗆 Yes			,			Specif	y:	hite	
ont, the Medical		15.	Decedent's Ed	ducation ide completed)		16e. Dece	dent's Usu	el Occup	pation during most	e of work	ina	16b. K	ind of B	usiness/îr		
		Elementery/Seconder		College (1-4or 5+)	life.	DO NOT u	ise retire	d) most	or work	ing					
7, 12	Be	12				Ele	ctrici	an					Stee			
000		17. Father's Neme (First							18. Mothe	r's Nam	e (First, Middle,	Meiden	Sumer	me)		
	2	Charles A.							Katy							
							(Street end Number or Rural Route Number, City or Town, Stete, Zip Code) SS Dr. Baltimore, MD 21237					o Code)				
r other	-	20a. Method of Dispositi				Placa of Dispo			• Ball	LINOR				01		
		1 Burial 2 □ Cr	emetion 3 [State	cemetery, cre	metory or d	other ple		1	Date	20c. Lo	ocation -	- City or T	own, Star	8
Jury	-	4 Donetion 5 D			Ro	lling Gr					/6/98	Camp	Hi1	l, PA		
any injury o		21. Signature of Funere	Service Licer	Las	les s	// B	radley-	Asht	on-Daba	Owsk	i-Matthew Dundalk,	s Fu	nera:	l Home	, Inc	
		23e. Part1. Enter the di shock, or heart fail	sease, or com	plicetions that o	ause the dea	ath. Do not en	ter the mod	de of dyi	ng, such es	cardiac	or respiretory er	rest,	2122		Approx	lmete Between
ician		SHOOK, OF HOBIT IS	iole. Est Olly	One couse on e	out James									1	Onsat a	ind Deeth
dical	-1	Immediate Ceuse (Fine disaasa or condition	1	12	Π)										
niner				. 12	7 mch	a sena	. 6	Ca	nein	2				1	3 1	,
		resulting In deeth)		e. 18		o sem			reis	rm	201.				3 1	
5	luer	resulting In deeth)		. 18					reir	verr	26.				3 m	· · · · · · · · · · · · · · · · · · ·
Hranail	xaminer	resulting in deeth)	ons,	b. C	Due to		quenca of):	•	reiz	rm	20.				3 m	· · · · · · · · · · · · · · · · · · ·
	al Examiner	resulting In deeth) Sequentially list condition if eny, leeding to immediates. Enter Underlying Cause (Disease or Injur	ons, diate g	e. 18	Due to	O s e conse	quenca of):	•	reis	um	ra.				3 m	n.
		resulting In deeth) Sequentially list condition if eny, leeding to immedicause. Enter Underlying Cause (Disease or Injurithat initiated events resulting in death) Lest	ons, diate g	e. 18 b. C.	Due to	O s e conse	quenca of):		rais	rm	261				3 m	· · · · · · · · · · · · · · · · · · ·
ding physical se as the bur	/Medical Examiner	Sequentially list condition if eny, leeding to immediate cause. Enter Underlyin Cause (Disease or Injurithat initiated events	ons, diate gy	e. / <i>O</i>	Due to	(or es e consec	quenca of):		reiz	vin	261.				yea	in.
ding physical se as the bur	/Medical	resulting In deeth) Sequentially list condition of the condition of the cause. Enter Underlying Cause (Disease or Injurithat initiated events resulting in death) Lest	l	e. 10 b. C.	Due to ((or es e consector es e consec	quence of):			lam	261.				3 m	· ·
se as the bur	/Medical	Sequentially list condition if eny, leeding to immediate cause. Enter Underlyin Cause (Disease or Injurithat initiated events	l	b. C. d	Due to ((or es e consector es e consec	quence of):			lm	23b. Dld 1		use co	ntribute t	yea	ee of death
beached for use as the bur	Physician/Medical	resulting In deeth) Sequentially list condition of the condition of the cause. Enter Underlying Cause (Disease or Injurithat initiated events resulting in death) Lest	l	b. C. d	Due to ((or es e consector es e consec	quence of):			ven			use co		year o the care	ee of death
igned by the attending physical be detached for use as the bur	by Physician/Medical	resulting In deeth) Sequentially list condition of the condition of the cause. Enter Underlying Cause (Disease or Injurithat initiated events resulting in death) Lest	l	b. C. c. d. contributing to de	Due to ((or es e consector es e consec	quence of):			ver	23b. Did 1	Yes 2	□ No	3 ☐ Pro	y car	eee of death
igned by the attending physical be detached for use as the bur	by Physician/Medical	resulting In deeth) Sequentially list condition of the condition of the cause. Enter Underlying Cause (Disease or Injurithat initiated events resulting in death) Lest	l	b. C. d	Due to ((or es e consector es e consec	quence of):			vin	23b. Did 1	Yes 2	□ No	3 Pro	y Car	ee of death Unknow
igned by the attending physical be detached for use as the bur	by Physician/Medical	resulting In deeth) Sequentially list condition of the condition of the cause. Enter Underlying Cause (Disease or Injurithat initiated events resulting in death) Lest	l	b. C. d	Due to ((or es e consector es e consec	quence of):			2 m	23b. Did 1	Yes 2 en euto; rmed?	□ No	3 Pro	y can the cau to the c	ee of death Unknow
as has been signed by the attending physical page 2 should be detached for use as the but	Completed by Physician/Medical	Sequentially list condition of each of the cause. Enter Underlying Cause Enter Underlying Cause (Disease or Injurthat initiated events resulting in death) Lest	t conditions o	b. C. d	Due to ((or es e consector es e consec	quence of):		ven in Pert I.		23b. Did 1 1 24e. Was perfo	en eutorimed?	□ No	3 Pro	y can the cau to the c	ee of death Unknow
entricate has been supred by the attending physical actor, page 2 should be described for use as the bur	Be Completed by Physician/Medical	Sequentially list condition if any, leeding to immediate. Enter Underlying Cause. Enter Underlying Cause (Disease or Injurthat initiated events resulting in death) Lest Pert II. Other elgnificant 25. Was case referred to exeminer?	t conditions o	Hospital:	Due to ((or es e consector es	quence of): quance of): underlying o	: : : : : : :	ven in Pert I.	of Deat	23b. Did 1 1 24e. Was perfo	en eutogrmed?	□ No psy	3 Pro	o the cau-	ee of death Unknown
his centificate has been algred by the attending physical if director, page 2 should be detached for use as the bur	To Be Completed by Physiclan/Medical	Sequentially list condition if any, leeding to immediates. Enter Underlying Cause. Enter Underlying Cause (Disease or Injurthat initiated events resulting in death) Lest Pert II. Other elgnificant	t conditions o	Hospital: 1	Due to (Due to (Due to ((or es e consector es e consec	quence of): quence of): quence of): underlying o	cause giv	ven in Pert I.	of Deat	23b. Did 1 1 24e. Was perfo	en eutormed? fas 2	Psy No No 6 □Oth	3 Pro	o the cau-	ee of death Unknow
ns vennesas nas been agred by the attending physical al director, page 2 should be detached for use as the bur	To Be Completed by Physiclan/Medical	Sequentially list condition if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injurnata initiated events resulting in death) Lest Pert II. Other elgnificant 25. Was case referred to examiner? 1 Yes No. 27. Menper of Deeth	t conditions of	Hospital:	Due to ((or es e consector es	quence of): quence of): quence of): underlying o	cause giv	ven in Pert I.	of Deat	23b. Did 1 1 24e. Was perfo	en eutormed? fas 2	Psy No No 6 □Oth	3 Pro	o the cau-	ee of death Unknown
nis centrates has been signed by the attending physical si director, page 2 should be detached for use as the bur	To Be Completed by Physiclan/Medical	Sequentially list condition if any, leeding to immedicause. Enter Underlying Cause (Disease or Injurthat initiated events resulting in death) Lest Pert II. Other elgnificant 25. Was case referred to examiner? 1 Yes 2 No 27. Menger of Deeth Netural 5 2 Accident 3 Suicida 6	o medical Pending Investigation Could not be	Hospital: 1 28a. Dete	Due to (Due to (Due to (Path but not re Inpatient 2E of Injury Inth, Day Yeer)	(or es e consector es	quence of):	cause giv	26. Place	of Deat	23b. Did 1 124e. Was perfo	en euto; rmed? (as 2, me) dence	Psy No No 6 □Othry occur	3 Pro	y Care autopolicelleble pompletion deeth?	tee of death 4 Unknow Dosy findings ior to of cause 2 No
his centificate has been algred by the attending physical if director, page 2 should be detached for use as the bur	To Be Completed by Physiclan/Medical	Sequentially list condition if eny, leeding to immediate. Enter Underlying Cause. Enter Underlying Cause (Disease or Injurthat initiated events resulting in death) Lest Pert II. Other elgnificant 25. Was case referred to exeminer? 1 Yes No 27. Menger of Deeth 1 Netural 5 [t conditions of the conditions	Hospital: 1 □ 28a. Dete (Mon	Due to (Due to (Due to (Path but not re Inpatient 2E of Injury Inth, Day Yeer)	(or es e consector es	quence of):	cause giv	26. Place	of Deat	23b. Did 1 1 24e. Was perfo	en eutormed? (as 2) dence now injure	No No No Othery occur	3 Pro	y Care autopolicelleble pompletion deeth?	ee of death 4 Unknow osy findings ior to of cause 2 No
as Dynagogggges this dentificate has been signed by the attending physical year law of the funeral director, page 2 should be detected for use as the bur	Certification: To Be Completed by Physician/Medical	Sequentially list condition if eny, leeding to immedicause. Enter Underlying Cause (Disease or Injurithat initiated events resulting in death) Lest Pert II. Other eignificant 25. Was case referred to exeminer? 1 Yes No 27. Menger of Deeth Netural 5 Accident 3 Suicida 6 4 Homicide	o medical Pending Investigation Could not be determined	Hospital: 1 28a. Dete (Mon 28e. Plece buildi	Due to (Due to	or es e consector es	quence of): quenc	Cause gh	26. Place ner: 4 Nu y et rk? Yes 2 □ 1	of Deat	23b. Did 1 124e. Was perfo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en autormed? fas 2 ena) dence now injui	No N	3 Pro 24b. We expect of financial states of the states of	y Care autoportelleble pompletion deeth? Yes	tee of death Unknown by findings ior to of cause Divined to the control of t
r uners by experiment this centificate has been suned by the attending physical entry light laby fire funers! director, page 2 should be detached for use as the bur	ledical Certification: To Be Completed by Physician/Medical	Sequentially list condition of each process of the cause. Enter Underlying in death.) Lest resulting in deat	o medical Pending Investigation Certifying Ph. Medical Exam	Hospital: 1 28a. Dete (Mon. 28e. Plece buildi	Due to (Due to	or es e consector es	quence of): quenc	Cause gives 28c. Injury, office et tha tire, in my contract the contract to the contract the con	26. Place ner: 4 Nu ry et rk? Yes 2 □ t	of Deat	23b. Did 1 124e. Was perfo 1 1 N h (Check only of the Check only only only only only only only only	en eutormed? fas 2 ene) dence now injui Straet anwn, Stete ceuse(s) dete and	No Psy No GOVEN Ty occur od Numb of pleca,	24b. We expect of final states of the states	y Care autopolicelleble pompletion deeth? Yes Yes Yes Type Yes Type Typ	ee of death Unknow osy findings ior to of cause No Number,
as Dynagogggges this dentificate has been signed by the attending physical year law of the funeral director, page 2 should be detected for use as the bur	ledical Certification: To Be Completed by Physician/Medical	Sequentially list condition if eny, leeding to immedicause. Enter Underlying Cause (Disease or Injurithat initiated events resulting in death) Lest Pert II. Other eignificant 25. Was case referred to exeminer? 1 Yes No 27. Menger of Deeth Netural 5 Accident 3 Suicida 6 4 Homicide	o medical Pending Investigation Certifying Ph. Medical Exam	Hospital: 1 28a. Dete (Mon. 28e. Plece buildi	Due to (Due to	or es e consector es	quence of): quenc	cause given and the control of the time, in my control of time	26. Place ner: 4 Nu ry et rk? Yes 2 □ I	of Deat	23b. Did 1 12 24e. Was perfo 1	en euto; rmed? (as 2, one) dence now injui	No No No Other y occur od Numb) end mat pleca,	24b. We consider of Special anner as a and due to the differential anner as a final differential anner anner as a final differential anner anner as a final differential anner	o the cautorielleble properties of the cautorielleble properties o	lee of death Unknown Day findings for to of cause 2 No No Vumber,
r uners by experiment this centificate has been suned by the attending physical entry light laby fire funers! director, page 2 should be detached for use as the bur	ledical Certification: To Be Completed by Physician/Medical	Sequentially list condition of each process of the cause. Enter Underlying in death.) Lest resulting in deat	o medical Pending Investigation Certifying Ph. Medical Exam	Hospital: 1 28a. Dete (Mon. 28e. Plece buildi	Due to (Due to	OF S e consector es e	quence of): quenc	cause given and the control of the time, in my control of time	26. Place ner: 4 Nu ry et rk? Yes 2 1	of Deat	23b. Did 1 12 24e. Was perfo 1	en euto; rmed? (as 2, one) dence now injui	No No No Other y occur od Numb) end mat pleca,	24b. We consider of Special anner as a and due to the differential anner as a final differential anner anner as a final differential anner anner as a final differential anner	o the cautorielleble properties of the cautorielleble properties o	lee of death Unknow Day findings for to of cause 2 No Number,
r uners by experiment this centificate has been suned by the attending physical entry light laby fire funers! director, page 2 should be detached for use as the bur	Medical Certification: To Be Completed by Physician/Medical	Sequentially list condition of each process of the cause. Enter Underlying in death.) Lest resulting in deat	o medical Pending Investigation Could not be determined Certifying Ph. Medical Exam	Hospital: 1 28a. Dete (Mon. 28e. Plece buildi	Due to (Due to	OF S e consector es e	quence of): quenc	cause given and the control of the time, in my control of time	26. Place ner: 4 Nu ry et rk? Yes 2 □ I	of Deat	23b. Did 1 12 24e. Was perfo 1	en euto; rmed? (as 2, one) dence now injui	No No No Other y occur od Numb) end mat pleca,	24b. We consider of Special anner as a and due to the differential anner as a final differential anner anner as a final differential anner anner as a final differential anner	o the cautorielleble properties of the cautorielleble properties o	ee of death Unknow by findings ior to of cause Unknow Number,

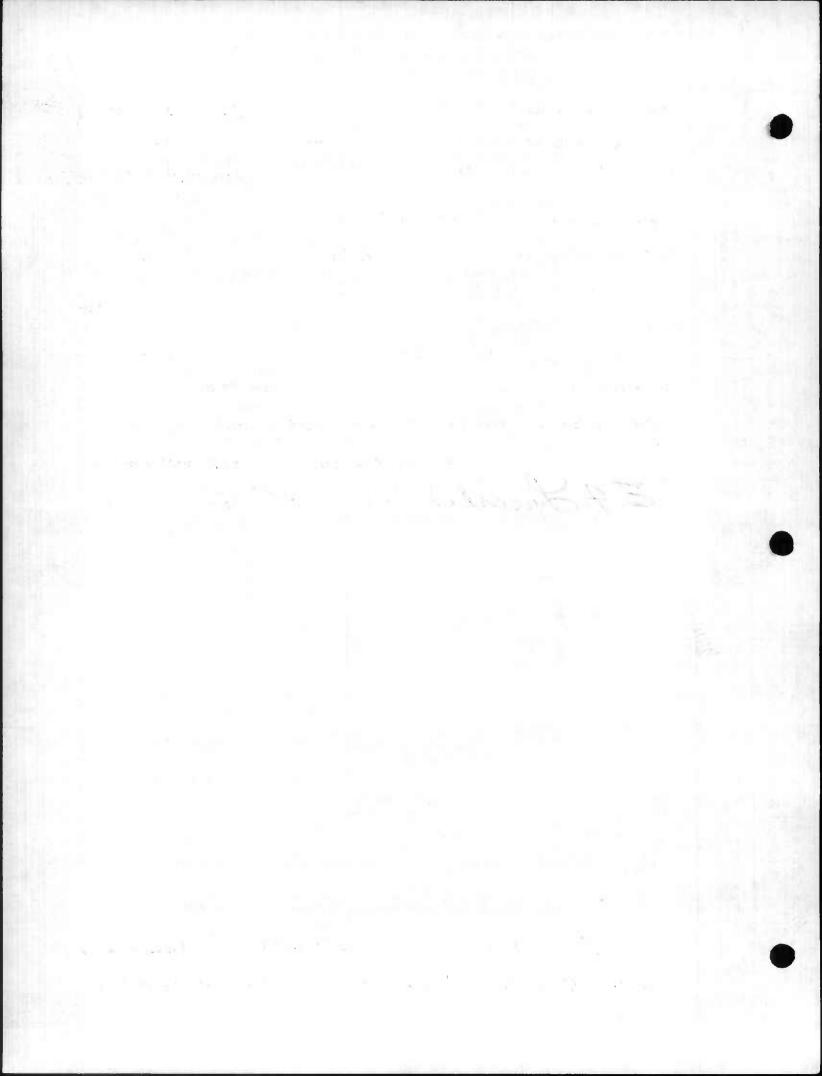
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death 5 **Physician** Month Magdalene A. Wirsing AN /Medical 4a. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Harford Mariner Nursing Home BelAir 5. Sociei Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** 10M 20 F 213-28-5382 Yrs. 84 Director July_10,1913 Baltimore, Md. Usuel Residence of Decedant the Meryland 10b. County 10c. City, Town or Location 10d. Inside City Limits tam 27 is marked other than "natural", or itsms 23s or 28s-f show other traumstic event, the Medical Exercited must be notified at 1 ☐ Yes 2 X No Maryland Harford Director Forest Hill 10e, Street end Number 10f. Zip Code 10g. Citizen of What Country? 203 Forest Valley Drive 21050 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 전 No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Introcrant: If tam 27 is merked other than "natural", or flan any Injury or other traumetic avant 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: þ 3 Widowed 4 □ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantery/Secondery (0-12) Collage (1-4or 5+) Homemaker n/a Home 17. Father's Name (First, Middle, Last) 18. Mother's Nema (First, Middle, Maiden Sumeme) Be David Deckert Madeline Reidel 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs.Madeline E.8uter (Daughter) 217 B Crocker Drive BelAir, Md. 21014 20b. Plece of Disposition (Name of cemetery, crametory or other plece) Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery 1/5/98 | Baltimore, Md. 21. Signature of Funeral Service/License 22. Name end Address of Fecility E. F. Lassahn Funeral Home 11750 Belair Road Kingsville, Md. 21087 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrast, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset and Deeth Physician /Medical Immediate Cause (Finei disease or condition rasulting in deeth) Urosepsis Examiner Due to (or as e consequence of): Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or es a consequence of): Records, P.O. Box 68760 Due to (or es a consequence of): Physician/M USB Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contribute to the cause of death? 1 Yes 2 No 3 Probably 4 □ Unknown Alzheimers by 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was en autopsy performed? Completed has certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes casa referred to medical examiner?
1 ☐ Yes 2 ☐ No Be 28. Plece of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To this 28a. Dete of tnjury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After 1 Netural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No death. investigetion 6 Could not be determined 3 Sulcide 28e. Piace of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a To the Funeral C 15 Certifying Physician: To the best of my knowledge, daeth occurred et the time, dete end plece, end due to the cause(s) and manner as stated.
2 Medical Examtner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and plece, and due to the cause(s) end menner stated. 29a. Certifler Medical (Check only one) 29b. Signeture and title of certifier 29c. License number クリン 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) B1/ Air Mary Jund 21014 2 North Avlant 31. Date filed (Month, Dey, Year) 32. Registrar's Signeture

State Registrar

ABDALENE



98-0028-005 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. wlc State of Maryland / Department of Health and Mental Hygiene CHARLES LEE Certificate of Death YOUNKER Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** Charles Lee Younker january 2, 1998 409p /Medical 4a Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner RTE. 7 North & Little gunpowder river BALTIMORE Bradshaw If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplece (State or Foreign Country) 6 Sex **Funeral** Months 100 M 20 F Deys 57 212-38-4712 Yrs Jan. 31, 1940 Director Maryland Usual Residence of Deceden the Maryland 10a State 10h Counts 10c City Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or itams 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Baltimore Baltimore Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whef Country? 4811 Variation Road 21236 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. nit. Pages 1 and 2 should be filed within 72 hours after arment of Health and Mental thygiene. ortant: if itam 27 is marked other than "naturel", or Nainluy or other traumate avent, the Maniae Estammes in Inluy or other traumate avent, the Maniae Estammes. 1 Never Married 2 Married Maryland 21215-0020 1 Yes 2 No Specify: Specify: White. þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) mentary/Secondery (0-12) Coilege (1-4or 5+) Radiology Company 12th grade Courier 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Florence Mable Weil Charles K. Younker 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 4811 Variation Road, Baltimore, MD 21236 Karen A. Younker (wife) Baltimore, 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremetion 3 ☐ Removal from State Department of important: If Green Mount Crematory 1/6/98 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Sergice Licensee 22. Name end Address of Fecility any Schimunek Funeral Homes, Inc. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervei Between Onset and Deeth Physician Intra- Oral -/Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Due to (or as e consequence of): Box 68760 Due to (or as e consequence of): **Physiciant** signed by the a 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably # Sunknown p 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? peen page 2 Yes Yes Yes 2 No 2 🗆 No certificate Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifice 25. Was case referred to medical examiner? director. Be 26. Place of Death (Check only one) Other: $_{4}\square$ Nursing Home $_{5}\square$ Residence $_{6}$ DEF her (Specify) SCENE 2 1XX es 2□ No 1 Inpatient 2 ER/Outpatient 3 DOA funeral 27. Menner of Death 28e. Date of Imjury
(Month Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 5 Pending self - inflicted shotgun 1 Netural SIZINO investigation 1 Yes 1550 2 Accident 1-2-98 6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.

28h. Coation (Street end Number or Rural Poute Number)

City or, fown, State)

But Indicated the first of the cause (s) and menner as stated.

28h. Coation (Street end Number or Rural Poute Number)

City or, fown, State)

But Indicated the first of the cause (s) and menner as stated. 3 Suicide 4 ☐ Homicide completely filled

edical

29a. Certifier

(Check only one)

29b. Signefure and title of certifier

JAN 06

30. Name and eddress of person, who completed cause of death (Item 23e) (Type, Print) Dennis J 31. Date filed (Month, Day, Year)

1998

111 Penn Street, Baltimore, Maryland 21201

29c. License number

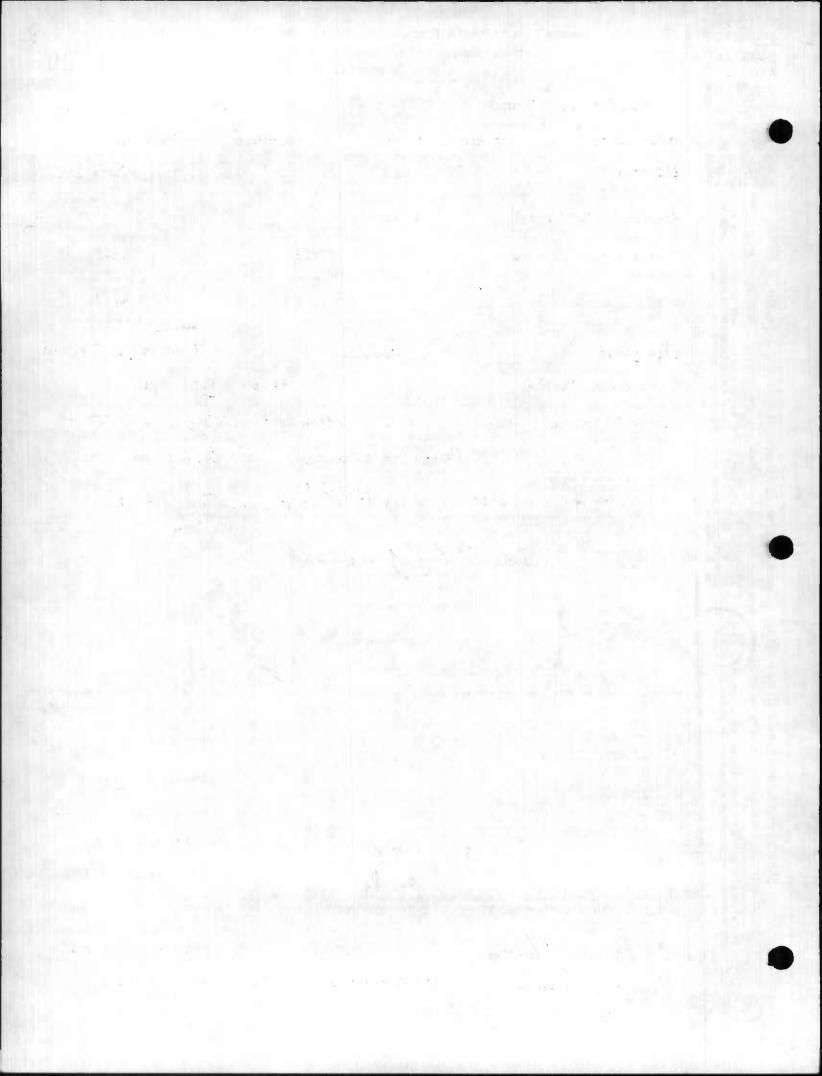
O.C.M.E.

29d. Date signed (Month, Day, Year)

January 3, 1998

State Registrar

To the I



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death 1998 Yaar Day **Physician** Adamskii Month Edward 0257 Januar/ 4 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Johns Hopkins Boyview Hedical Centor 5. Social Security Number 6. Sax 7. Aga (In vrs. last birthday) Baltimor e 7. Aga (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. Birthpiaca (Stata or Foreign Country) **Funeral** 10 M 20 F Days 213.07.1742 Yrs. Director Usual Rasidance of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumetic event, the Medical Examiner numbe notified at Baltimore 1 Yas 2 No Director WD 10e. Street and Number 10f. Zip Coda 10g. Cifizan of What Country? filed within 72 hours after death with ithyglene. 6 STREET 230 3012 USA 21224 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Orlgln? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - Amarican Indian, Black, Whita, atc. or items 1 Navar Marriad 2 Married 1 Yas 2 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1□ Yas 2 No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced "netural". Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry al Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) Welder lours. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) 12 should be fill h end Mental H ' Is marked oth Be 19b. Mailing Addrass (Straet and Number or Rutal Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) permit. Peges 1 and 2 sh Depertment of Heelth end Important: If item 27 is m eny injury or other traum once. Mary Adamsta St. Batto MD 3012 21224 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) dens of · 7.98 Bauto gnatura of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility 1222 23a. Part 1. Enter tha disease, or complications that it was detailed the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause (= ch line. 120 Dundalk Approximata Interval Between Onsat and Death Physician Immediata Causa (Final disaasa or condition rasulting in daath) /Medical 30 min failure cordiorespiratory a. Massive Examiner Dua to (or as a consaquanca of): Physician/Medical Examiner Gastrointestinal Hemorrhage Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury Dua to (or as a consaquanca of) Box 68760, 2 Dua to (or as a consequence of) rasulting in daath) Last The law requires that the death Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. been signed by 1 ☐ Yes 2 ☐ No 3 □ Probably 4 ☑ Unknown Cardiac arrhythmia Dementia by Completed 24b. Wara autopsy findings availabla prior to completion of causa of daath? 24a. Was an autopsy performed? Failure to thrive 1 Yas 20 No 1 Yas 2 No Physician: 25. Was casa ratarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 Nepatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 20 No Certification: To ä 28c. Injury at Work? 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred Affact 1 Natural 5 Panding Invastigation 1 Yas 2 No 2 Accident 6 Could not be datamined 3 ☐ Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Medical 29a. Certifiar Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

Medical Experiment On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signati and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 1-5-98 96032 30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print)

State Registrar

JAN 07 1998

Jamil Jocobs - EL, MD

31. Data tilad (Month, Day, Yaar)

32. Ragistrar's Signatura

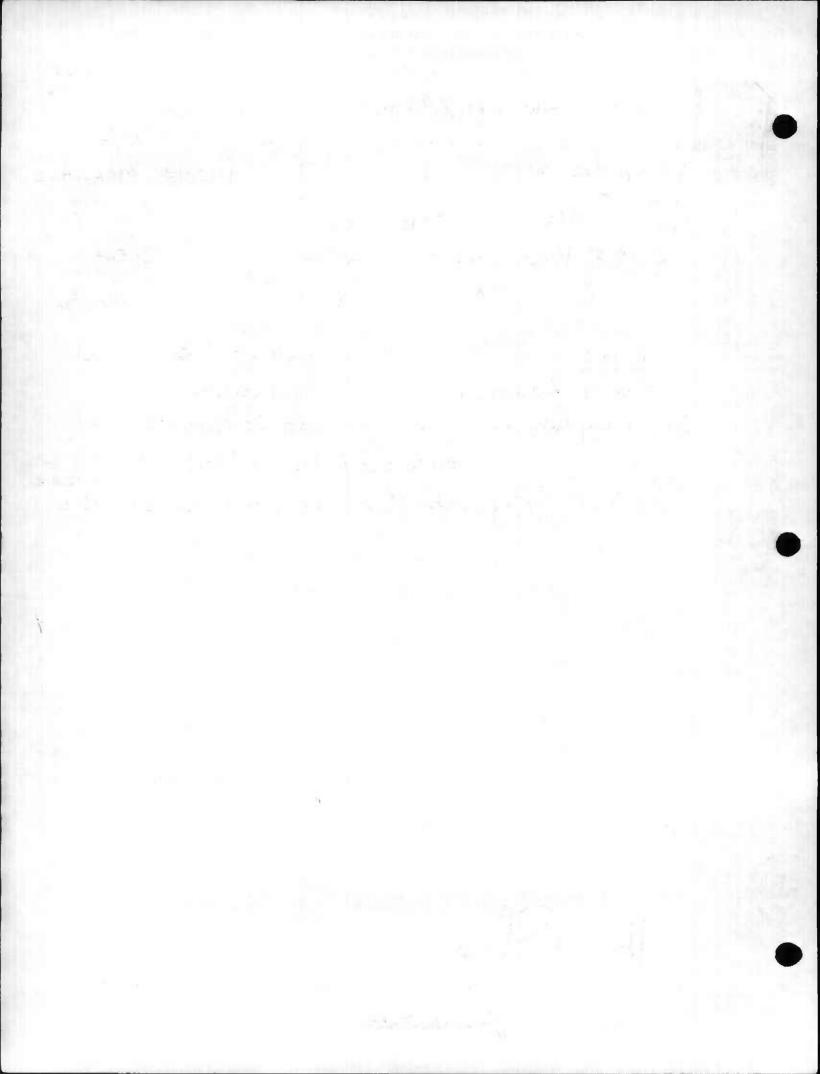
4940 Eastern Are

Boit;

21224

JHBHC

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Day Vac Marshall Anderson January 3 1998 9:35am. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltimore Johns Honkuns May View Medical Contons. Social Security Number 6.5ex 7. Age (In yrs. last birthday) If Under 24 Hrs. 8. Deta of Birth (Month, Dey, If Under 1 Year 5. Sociel Security Number 9/Birthpleca (Steta or Foreign Country) **Funeral** 12M 2DF Months Deys 2/3-28-27/5 Usuel Residence of Decedent Director mporiA, L the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic avent, the Medical Examiner must be notified at 12 Tes 2 No Director narylinc 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country 8 2905 238 21216 Funeral ner 12. Was Decedent Evar in U.S.
Armed Forces?
1 Des 2 No
If Yes, Give
Yaar or Dates: Herne 13. Wes Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Stetus American Indien, While sto Peges 1 and 2 should be filed within 72 hours after tent of Health end Mentel Hygiene.
nt: If Hem 27 is marked other than "natural", or He 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□Yes 2000 by 3 Widowed 4 □ Divorced merican Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. OD NOT use retired) 15. Decedent's Education (Spacify only highest grada completed) 16b. Kind of Business/Industry 10 museum of Elementery/Secondary (0-12) College (1-4or 5+) 610 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme, Be oh Moderson 39e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or) Department of Health er Important: If item 27 is any injury or other trau MYS, MAYSHA Md. 21216 move 20b. Place of Disposition (Nema of cematary, crametory or other pla 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ■ Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) seture of Funerel Service License Enter the offesse, or complications that causad the death. Do not enter the mode of dying, such as cerd or haunt failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel 24 hours disaase or condition resulting In deeth) Hspiration Examiner Due to (or es e consequence of): 24 hours Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceuse (Diseese or injury that initiated events resulting in daeth) Last Due to (or es a consequence of): Physician/Medical Due to (or es e consequence of) Box Hospital or Attanding Physician: The law requires that the death cert
24 hours after death.
 Yeneral Director: After this certificate has been signed by the estendin
elely filled in by the funeral director, page 2 should be defached for use. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco uee contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown þ 24e. Wes en eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 1 Tyes 1 ☐ Yes 2 No Division of Vital Be 25. Was cese referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1. Inpatient 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 ☐ Could not ba datermined 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled 29a. Certifier **Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. Medical

State Registrar

29b. Signature and title of certifian

31. Dete filed (Month, Dey, Yeer) JAN 071998

30. Neme end endress of person who completed cause of deeth (Item 23e) (Type, Print)

Johns Hopkins Bayview Medical Center 32. Registrer's Signature

29c. License number

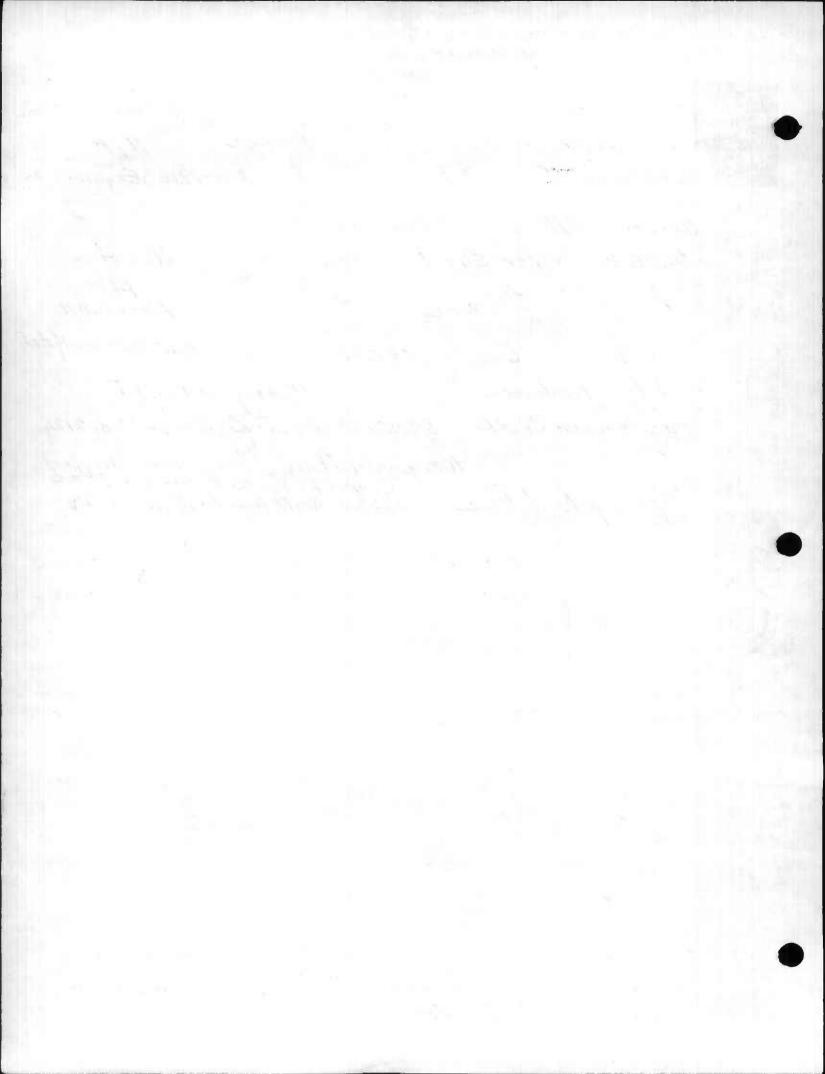
96125

Jean Wu

29d. Date signed (Month, Dey, Year)

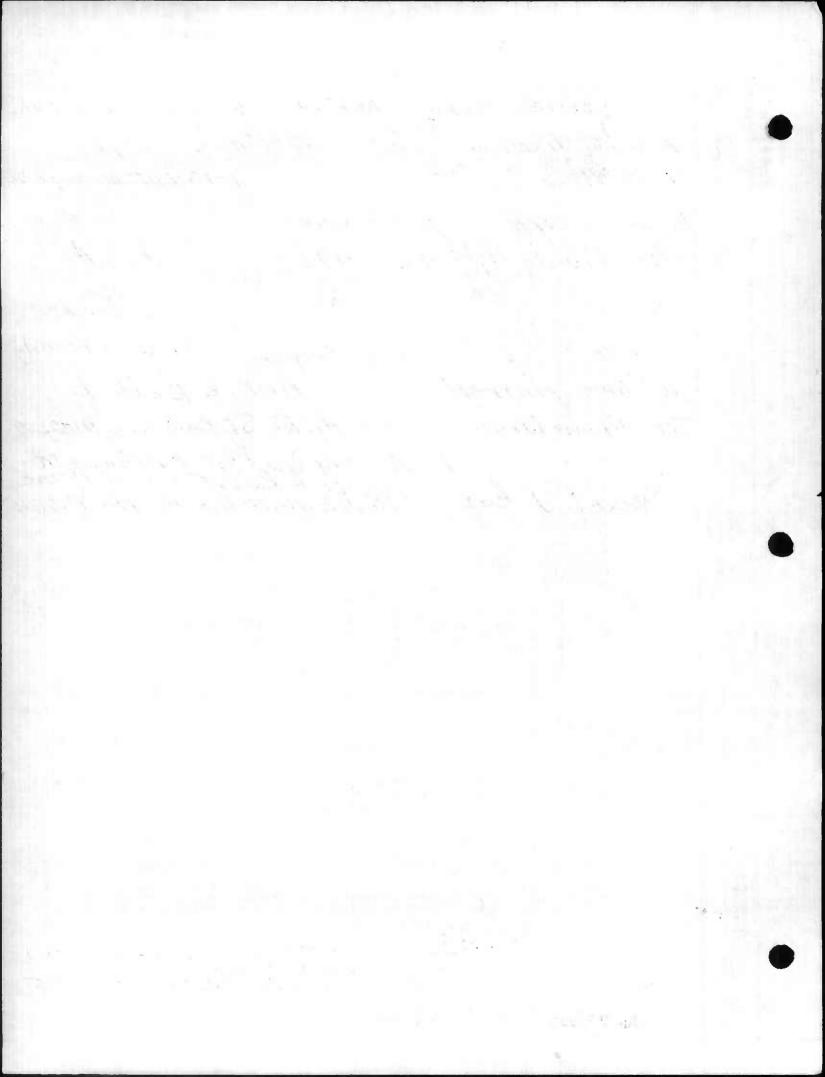
January 3, 1998

4940 Eastern Avenue Balhman MD



State of Maryland / Department of Health and Mental Hygiene 8 0123

			Certificate	of Death	Reg. I	No.	, , _ 0
Di	1. Decedent's Neme (First, Middle, L.	ast)			2. Dete of Death Month	Day Year	3. Tima of Death
Physician /Medical	101-111	E GYAY	ALS	TON	JANUARY 2	Day Year	11:20A
Funeral Director	4e. Facility Name (If not institution, gi	ve street and number) C (en Tere st birthdey) Yrs. H Under 1 Yrs.	4b. City, Town, or Lo Solution Yeer If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, Yes	4c. County of Death	hplece (State or Foreign unity)
	Usual Residence of Decedent 10a. Stete 10b. County	10c. City.	Town or Location	me)	/-/3-/	9155007	10d. Inside City Limits 1 Tes 2 No
th with the Ma 23a or 28a-1 of unit be notified.	10e. Street end Number	ty Hahts A	101. Zip Co	ode 1207	10g. (Citizen of Whet Cor	untry?
d 21215-0020 filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show nnt, the Medical Examinat must be notified at a Completed by Funeral Director-	3 N Widowed 4 □ Divorced	7. Wes Decedent Ever in U.S. Armed Forces? 1 Yes 2 No if Yes, Give Yeer or Detes:	13. Wes Deceden If Yes, specify 1 Yes 2	t of Hispanic Grigin? (Spe Cuban, Mexican, Puerto No Specify:	ocify Yes or No- Rican, etc.)	14. Rece - Amer Black, White Specify:	
121215-0020 ed within 72 hours att ygiene. you than "natural", or n, the Medical Exern Completed by F	15. Decadent's E (Specify only highest gr Elementary/Secondary (0-12)	ducation ade completed) College (1-4or 5+)	.)	Occupation fone during most of workli retired)	16b.	Kind of Business/I	E FAMily
Maryland 2 Maryland 2 g 2 should be filed fiff and Mental thygic 7 is marked other Traumatic avent, II	17. Father's Name (First, Middle, Las	Harrell	7700SE		(First, Middle, Maid	eddic	· k
Pages 1 armone, nent of Hee ant: If New Jury or other	19a. Informent's Neme/Relationship 20e. Method of Disposition 1 Buriel 2 Cremation 3 4 Conetion 5 Other (Speci	Turner Removel from State 20b. Place cerm Commonwell from State 20b. Place 20b. Place	203 S ca of Disposition (Neme netery, cremetory or othe	or place) Address of Fecility Address of Fecility	t. BAL	y or Town, Stete, Z Location - City or T BALLIA	md21229
Balt Balt Balt Balt Balt Balt Balt Balt	23a. Pauri. Enter the disease, or con	L. Russ	2225	W. North	Ave, Is	3A/10	Approximate Intervel Between Onset and Death
/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in death)	e. CELLUI Due to (or a	LIT) \(\times \tau \) is a consequence of):	rith SE	EPS15		9 DAYS
B # 5		b. CARDI	AL AR	RYTHAMI	4		UNKNOWN
X 68760 cartilizate be a ted find physician en te fire bulletim en te fire bulletim reit fire bulletim fire bull	Ceuse (Disease or Injury that initiated events resulting in deeth) Last	C. ARTERIOS	s e consequence of): SCLERO 1772 s a consequenca of):	HEART	DIST	ASE	21
O. Bo. the death of the attention hed for un	Part II. Other significant conditions	contribution to donah but not requisi	no to the condedictor second	an about a Post (DOL Did tohan	1	A. Ab
cords, P.O. Bower and the death of the attention of the a	- HYPERTE		ng in the underlying caus	se given in Pert I.			to the cause of death?
I Record The law require sate has been si page 2 should I	- CARCINOMA	LUNG Wi		45TA515	24a. Wes an eu performed?	? a	Were autopsy findings avaliable prior to completion of cause of death?
Cate The		S ME221	TUS		1 ☐ Yes	28 No 1	I □ Yes 2 □ No
Division of Vital Records, P.O. Bo To the Hospital or Attending Physician: The law requires that the death within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attended property filled in by the funeral director, page 2 should be deteched for Medical Certification: To Be Completed by Physicia	1 ☐ Yes 2Ø No	(Month, Day Year)			ne 5 Residence 28d. Dascribe how in		sify)
Division C To the Hospital or Attending Pi within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral Medical Certification:	3 Suicide 6 Could not be determined	bullding, etc. (Specify)			28f. Location (Street City or Town, Sta	ate)	
he Hospiin 24 hour in 24 hour he Funer pletely fill edical	29e. Certifier 1 (X Certifying Pi (Check only 2 Medical Example)	nysician: To the best of my knowle miner: On the basis of examination and manner steted.	edge, death occurred at to a and/or investigation, in	he time, dete and placa, a my opinion, death occurre	and due to the ceuse ad at the time, date e	(s) and menner as and piece, and due	stated. to the ceuse(s)
To th within To th comp		SOPAR	29c. Li	cense number	29d. [Date signed (Month	0. Dey, Year)
4	30. Name and eddress of person who $\mathcal{L} \cup \mathcal{L} \cup \mathcal{L} \cup \mathcal{L}$ 31. Date filed (Month, Dey, Year)	completed cause of death (Item 23	3a) (Type, Print) Li 2600 Kil	besty her	diene Co	entis.	2/2/5
State Registrar	31. Date filed (Month, Dey, Year)	32. Registrar's Signature	Rendell.			-	



Ite	em: 5 Per	r FH Film G-756 2-2	5-98RC	•	te of Death		Reg. No.	00124			
	Physician	1. Decedent's Name (First, Middla, La	le Balloll	Acres 1		2. Data of D Month JANUA		3. Time of Death 98 12:05 AM			
	/Medical Examiner	4a Facility Name (If not institution, gir	re street and number)		- Mana	own, or Location of Dea	ith 4c. County	of Death			
4		<u> </u>	Medical Cent			WSON 24 Hrs. 8 Data of B		altimore A Birtholece (State or Foreign			
9	Funeral Director	213-18-6325	1 M 2 XF	77 Yrs. Months		Min. 8. Data of B	3 1420	9. Birthplaca (Stata or Foraign Country)			
	land w	Usual Residence of Decedant 10a. State 10b. County	10c. C	ity, Town or Location				10d. Insida City Limits			
	the Marylar 28a-f show notfled at	Maryland Battin	nore TO	BUSON				1 ☐ Yas 2 🗖 No			
	with the Ma a or 28a-fs	10e. Street and Number	01	10f. Z	ip Coda		10g. Citizen of W	/hat Country?			
	fler death w	170 STURDI	12. Was Decedent Evar in L	J,S. 13. Was Dec	edant of Hispanic Or	rigin? (Specify Yas or N n, Puarto Rican, atc.)		- Amarican Indian, k, Whita, atc.			
050	0 0 5		Armed Forces? 1 Yes 2 X No If Yas, Give Year or Datas:	1 ☐ Yas			Specify:	11 1			
21215-0020	natural", urai En		ducation	16a. Decedent's Us (Giva kind of w lifa. DO NOT	ual Occupation	st of working	16b. Kind of Bu	sinass/industry			
121	withir ana.	Elementary/Secondary (0-12)	College (1-4or 5+)	OM ON	usa ratired)		han	0			
pu	tal Hygi d other event, t	17. Father's Name (First, Middla, Lasi)	T (OTTOCH	18. Moth	ar's Name (First, Midd	la, Maidan Sumami	a)			
Maryland	Man Man	2 19a, Informant's Name/Ralationship	Dennis Type Print)	19h Melling Addre	ss (Street and Num)	RY JANE per or Rural Route Num	CANO	State Zip Code)			
	1 and 2 sho Health and em 27 is m rther treum	Patricia L. W.	alter	943 Stak	bil Rd]	TOWSON, A	laculano	d 21286			
Baltimore,	80 = 5	20a. Mathod of Disposition 1 Disposition 2 Cramation 3 Disposition	Ramoval from Stata	Place of Disposition (N cematary, cramatory or	other place)	Jav. 8	20c. Location -	City or Town, Stata			
altin	교투함을 .	4 ☐ Donation 5 ☐ Other (Speci 21. Signatura of Funaral Sarvica Lice		UID KIDDL 22. Name	CPMPHRY and Address of Fadil	1998 11 EVALS	FUNDON	Chang)			
Ä	Depa Impo any i	KP1840 -	I' Woll	8 8800	Harfor	1 Rd. Bai	Himore 1	Vd 21234			
		23a. Part1. Entar tha disaase, or com shock, or haart failura. List only	plications that caused tha daa ona causa on aach lina.	th. Do not antar tha mo	oda of dying, such a	s cardiac or respiratory	arrast,	Approximate Interval Between Onset and Death			
0	Physician /Medical	Immediata Cause (Final disaasa or condition	EMPHYSEMA					YEARS			
	Examiner	rasulting in daath)	Dua to ((or as a consequence of	·):						
	executed in and ital-transit	Sequentially list conditions.	b								
,09,			С.								
68760,	in a si		Dua to (or as a consequanca of):						
Box	death cartif e attending ed for usa a		d								
P.O.	y the ached	Part II. Other significant conditions		sulting in the underlying	ceuse givan in Part		23b. Did tobacco use contribute to the cause of				
	as the grant per		ERY DISEASE			045 W		24b. Ware eutopsy findings			
Records,	200					248, 448	as en autopsy rformed?	available prior to completion of cause of death?			
- Re	The lay ata has page 2					10	Yes 2 No	1 ☐ Yas 2 ☑ No			
Vita	cartific rector	25. Was casa referred to medical axaminer?	Hospital:	7.5mm	Othor	ca of Death (Chack only		(0			
vision of Vital	or this neral di		28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injury at Work?	ursing Homa 5 Ra 28d. Describ	e how injury occurr				
isioi	thendin death. stor: At y the fu	1 Natural 5 Panding 2 Accident invastigation 3 Sulcida 6 Could not be	n oe Place of Injury. At h	М	1 Yas 2		(Street and Numb	er or Rural Routa Number,			
à	at or Attending P subtraction. After the form of the funers Certification:	4 ☐ Homicide dataminad	building, atc. (Speci	ify)	ny, onice		own, Stata)	or or reversional visition,			
(1			nyaicfan: To the best of my knominer: On the bests of axamine end mannar stated.								
/	Me de la		end mannar statad.	2	9c. Licansa number		29d. Data signed	i (Month, Day, Year)			
	Market St.	1 oxyan	. Wolfe	m.a D	41410	Ja	nurry 3	W 1848.			
1		30. Nama and address of person who	complated cause of death (Ita		ROAD, T	OWSON, MI	ARYLAND	21204			
	State · Registrar	31. Data filed (Month, Day, Year) JAN 0 7 199	32 Registrate Sign	atura Pandalla							

DHMH 16 Rev 6/95

MA SEVER BY ES TO VANDERS

remarking normal

SALAN THE WAREST CONTRACT

AMORTHO

DIRLA G

MSIS CHALLYRAN PROBABLY COLUMN TOWN THE REPORT OF RACIONARY

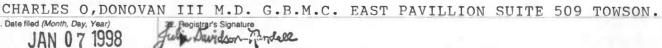
State of Maryland / Department of Health and Mental Hygiene 9 8 0 1 2 5

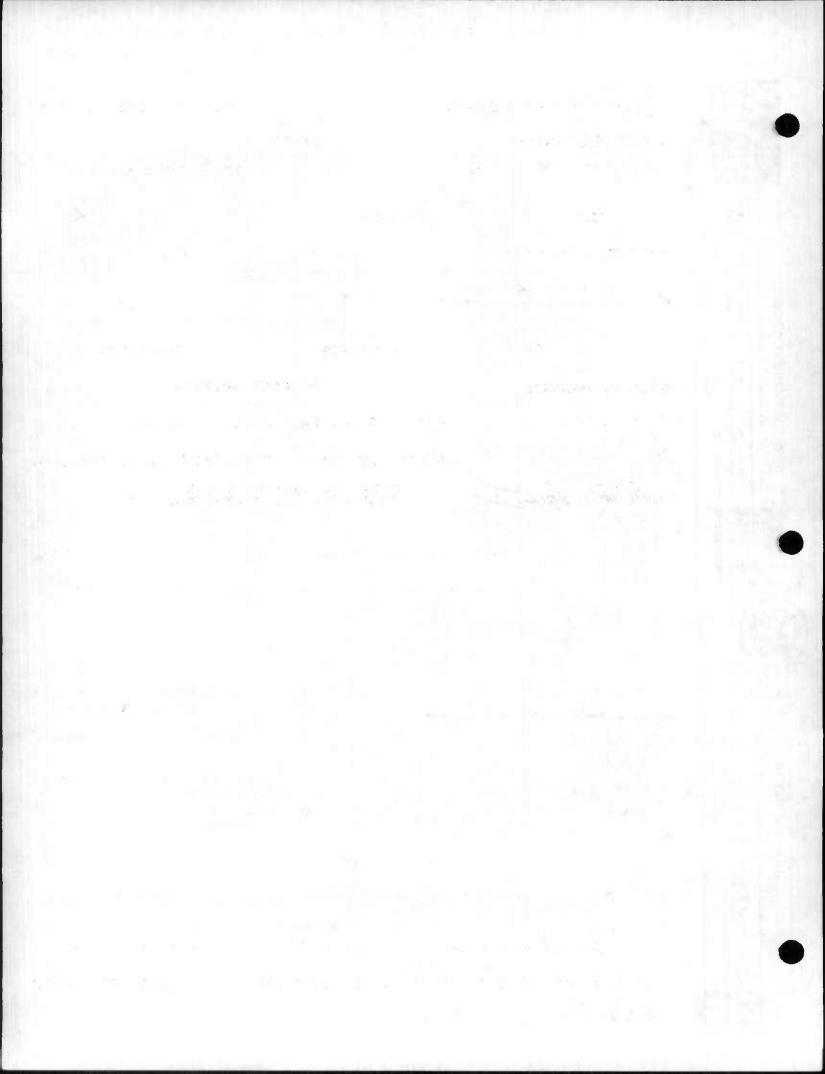
4a. Facility Name (If not is ROLAND P. 5. Social Security Number 212-10-55 Usual Residence of Dece 10a. State 10b. MD 10c. Street and Number 830 WEST 11. Marital Status 1 Never Married 23. Widowed 4 DEC (Specify on Eternentary/Secondery 17. Father's Name (First, RIGNAL W.	HOPKI nstitution, give ARK PI or 6. Se 86 1.5 edent County N/A 40TH Decedent's Eduly highest grad	STREET 12. Was Decader Armed Forces 1 Yes, Give Year or Dates cation	Age (In yrs. i 92 10c. City	Asst birthday) Yrs. y, Town or Lo BALT S. 13.1		1 Year Days	4b. City, Town, or BALTIM If Under 24 Hrs Hours Min	ORE	- 02-19 4c. County	9. Birthp	place (State or Foreign YLAND)	
4a. Facility Name (If not is ROLAND P. 5. Social Security Number 212-10-55 Usual Residence of Dece 10a. State 10b. MD 10c. Street and Number 830 WEST 11. Marital Status 1 Never Married 23. Widowed 4 DEC (Specify on Eternentary/Secondery 17. Father's Name (First, RIGNAL W.	nstitution, give ARK PI 6. Se 86 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	STREET 12. Was Decader Armed Forces 12. Yes, Give Year or Dates cation	Age (In yrs. i 92 10c. City	Yrs. y, Town or Lo BALT1	Months cation	1 Year Days	BALTIM If Under 24 Hrs	O1 - Location of Death ORE	- 02-19 4c. County	9. Birthp	I0d. Inside City Limits	
ROLAND P. 5. Social Security Number 212-10-55 Usual Residence of Dece 10a. State 10b. MD 10e. Street and Number 830 WEST 11. Marital Status 1 Never Married 2 3. Widowed 4 15. (Specify on Eternentary/Secondery 17. Father's Name (First, RIGNAL W.	ARK PI or 6. Se 86 15 sident County N/A 40TH Divorced Divorced Decedent's Eduly highest grad	ACE X ACE X ACE 7. / ACE X ACE	10c. City	Yrs. y, Town or Lo BALT1	Months cation	1 Year Days	BALTIM If Under 24 Hrs	ORE	th	9. Birthp	YLAND Od. Inside City Limits	
5. Social Security Number 212-10-55 Usual Residence of Dece 10a. State 10b. MD 10e. Street and Number 830 WEST 11. Marital Status 1 Never Married 2 3 Widowed 4 DE (Specify on Etementary/Secondery 17. Father's Name (First, RIGNAL W.	edent County N/A 40TH Decedent's Eduly highest grad	STREET 12. Was Decader Armed Forces 1 2 Yes, Give Year or Dates cation	10c. City	Yrs. y, Town or Lo BALT1	Months cation	Days	If Under 24 Hrs	. 8 Date of Bird	v. Year 1905	MAR	YLAND Od. Inside City Limits	
212-10-55 Usual Residence of Dece 10a. State 10b. MD 10e. Street and Number 830 WEST 11. Marital Status 1 Never Married 2 3 Widowed 4 0 0 (Specify on Etementary/Secondery 17. Father's Name (First, RIGNAL W.	edent County N/A 40TH Divorced Decedent's Eduly highest grad	STREET 12. Was Decader Armed Forces 1. Yes, Give Yes, Give Year or Dates	10c. City	Yrs. y, Town or Lo BALT1	Months cation	Days		8. Date of Bird Month, Date 12-2	D-1905	MAR	YLAND Od. Inside City Limits	
10a. State 10b. MD 10e. Street and Number 830 WEST 11. Marital Status 1 Never Married 2 3. Widowed 4 DE (Specify on Eternentary/Secondery 17. Father's Name (First, RIGNAL W.	County N/A 40TH Compared Divorced Decedent's Eduly highest grad	12. Was Decader Armed Forces 1 2 Yes 2 If Yes, Give Year or Dates	nt Ever in U,	BALTI	MORE					1		
MD 10e. Street and Number 830 WEST 11. Marital Status 1 Never Married 3. Widowed 4 D (Specify on Etementary/Secondery) 17. Father's Name (First, RIGNAL W.	AOTH AOTH Compared Decedent's Eduly highest grad	12. Was Decader Armed Forces 1 2 Yes 2 If Yes, Give Year or Dates	nt Ever in U,	BALTI	MORE					1		
10e. Street and Number 830 WEST 11. Marital Status 1 Never Married 3. Widowed 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40TH 2 Married Divorced Decedent's Eduly highest grad	12. Was Decader Armed Forces 1 2 Yes 2 If Yes, Give Year or Dates	3?								1 Yes 2 No	
11. Marital Status 1 Never Married 2 3. Widowed 4 C (Specify on Eternentary/Secondery 17. Father's Name (First,	P☐ Married Divorced Decedent's Edu by highest grad	12. Was Decader Armed Forces 1 2 Yes 2 If Yes, Give Year or Dates	3?	S. 13 V	10f. Zip							
11. Marital Status 1 Never Married 2 3. Widowed 4 1 (Specify on Etementary/Secondery 17. Father's Name (First, RIGNAL W.	P☐ Married Divorced Decedent's Edu by highest grad	12. Was Decader Armed Forces 1 2 Yes 2 If Yes, Give Year or Dates	3?	S. 13 V			1011		10g. Citizen of \	What Cour	itry?	
1 Never Married 2 3. Widowed 4 1 (Specify on Eternentary/Secondery) 17. Father's Name (First, RIGNAL W.	Divorced Decedent's Eduly highest grad	Armed Forces 1 Yes 2 If Yes, Give Year or Dates	3?	J. 113 1	Man Doord		1211	Specific Ven es No	USA	a Americ	on Indian	
(Specify on Etementary/Secondery 17. Father's Name (First, RIGNAL W.	ly highest grad	cation	WWIT		13. Was Decedent of Hispanlc Origin? (Specify If Yes, specify Cuban, Mexican, Puerto Rici			to Rican, etc.)	cify Yes or No- Rican, etc.) 14. Race - American Black, White, etc Specify: WHIT			
Etementary/Secondery 17. Father's Name (First, RIGNAL W.		ducation 16a. C		16a. Deced	a. Decedent's Usual Occupation				16b. Kind of Bi			
17. Father's Name (First,	, , , ,		r 5+)	(Give life. L	NOT us	k done e retire	during most of wo d)	rking				
RIGNAL W.		5+ College (1-40	- '	HEAL) MAS	STE	R		EDUCA	ATIO	N	
	17. Father's Name (First, Middle, Last)					18. Mother's Na	me (First, Middle,	Middle, Maiden Surname)				
	RIGNAL W. BALDWIN					AUGUSTA HOPK				INS		
19a. tnformant's Name/R					-		and Number or R					
RIGNAL W.	BALDV	VIN JR.	(NEPH	IEW)	1100	W.	LAKE A	VE. BAI	LTO., MI	0.21	210.	
20a. Method of Disposition 1	n mation 3 □F		20b. Pi	laca of Dispo emetery, cren DWIN	sition (Nam natory or of	ne of ther plac	ce)	Date	20c. Location -	City or To		
21. Signature of Funeral	Servica Licens	00 IL		H	IENRY	W.	ss of Facility JENKI RK RD.	NS & S(ONS			
23a. Part1. Enter the dis- shock, or heart failu	ease, or compl	cations that cause	ed the death							1212	Approximate Interval Between	
shock, of real failu	ile. List offiny of	le cause on each	mie.								Onset and Death	
Immediate Cause (Final disease or condition		CEA	Esesv	asenua	z arc	45	سا لخ				5 JANS	
resulting in death)		1										
		CELET				GROS	CLEME .				40 yec	
Sequentially list condition if any, leading to Immedia cause. Enter Underlying	ns, ate).			,	45	-					
Cause (Disease or Injury that Initiated events resulting In death) Last	1	Due to (or as a consequence of):										
Dart II Other slenitie	oonditions :	J	but met	thing by the	alaabata -		on la Dect	905 70				
					raenying ca	rase âlv	ายา พาศสก (.				the cause of death? bably 4 ☐ Unknows	
Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. I WALTENSTIEMS MACLE GWBELLENGEN.						10	149 4LINO	JAriot				
							24e. Wes perfo	en autopsy rmed?	ava	ere autopsy findings altable prior to mptetion of cause death?		
								101	res 2 No	1 [Yes 201 No	
25. Wes case referred to	medical						26. Place of De			1		
examiner? 1 ☐ Yes 2 ☑ No	F	lospital:	tient 2 1	ER/Outpatien	t 3 DO	A Oth	on /			er (Specifi	(v)	
27. Manner of Death 1 Sel Natural 5 Pending (Month, De			jury	28b. Time of Injury		Bc. Injur Wor	y at k?	Home 5 Residence 8 Other (Specify) 28d. Describe how Injury occurred				
		28e. Placa of Inbuilding, 6	njury - At ho atc. (Specify	me, farm, stre	eet, factory	, office				er or Rura	I Route Number,	
29a. Certifier 12 (Check only one)	Certifying Phys ledical Examin	ner: On the basis	of examineti	vledge, death ion and/or Inv	occurred a restigetion,	at the tir	ne, date and place pinion, death occu	, and due to the e	cause(s) and ma dete and place,	anner as st and due to	ated. the cause(s)	
29b. Signature and title of	Certifier	1 -			29c		e number		29d. Date signe	d (Month,	Day, Year)	
Sicott	Sequentially list condition of any, leading to Immediatuse. Enter Underlying Cause (Disease or Injury hat Initiated events esulting in death) Last Part II. Other significant UALTEL STR 25. Wes case referred to examiner? 1 Yes 2 No 7. Manner of Death 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 19a. Certifier (Check only one)	Sequentially list conditions, I any, leading to Immediate ause. Enter Underlying Lause (Disease or Injury hat initiated events esulting in death) Last Part II. Other significant conditions con III. Other significant condi	Sequentially list conditions, fany, leading to Immediate ause. Enter Underlying Lause (Disease or Injury hat Initiated events esulting In death) Last 2 art II. Other significant conditions contributing to deeth UALTICAL STEMS MACLE CASE 25. Wes case referred to medical examiner? 1 Yes 2 No 1 Natural symmetry landing investigation 3 Suicide 1 Hospital: 1 Inpat (Month, Disease) 28a. Date of Infunction (Month, Disease) 28b. Placa of Infunction (Month, Disease) 29c. Certifier (Check only one) 29d. Certifier (Check only one)	Due to (or CELETGEN VAC. Sequentially list conditions, I any, leading to Immediate ause. Enter Underlying cuse (Disease or Injury hat Initiated events esuiting In death) Last Due to (or d. Due to	Due to (or as a consequentially list conditions, fany, leading to immediate acuse (Disease or Injury hat initiated events esuiting in death) Last Due to (or as a consequentially list conditions, fany, leading to immediate acuse) (Disease or Injury hat initiated events esuiting in death) Last Due to (or as a consequentially list conditions) D	Due to (or as a consequence of): Sequentially list conditions, fany, leading to immediate acuse (Disease or injury hat initiated events esuiting in death) Last Due to (or as a consequence of): Due to (or as	Due to (or as a consequence of): Sequentially list conditions, any, leading to immediate ause. Enter Underlying cause (Disease or Injury hat Initiated events esulting In death) Last Due to (or as a consequence of): Due to (or as a consequenc	Due to (or as a consequence of): Due to (or as a consequence of):	Due to (or as a consequence of): Sequentially list conditions, I any, leading to Immediate Date (or as a consequence of): Due to (or as a consequence o	Due to (or as a consequence of): CELETION VACIONAL DESCRIPTION (or as a consequence of): Due to (or as a c	Due to (or as a consequence of): CELETE VACUAL ATTRIBUTES CENTER OF MACLOCAL CONTROL	

State Registrar

31. Date filed (Month, Day, Year)

JAN 07 1998





State of Maryland / Department of Health and Mental Hygiene, Item: 8 Per FH Film G-755 1-16-98RC Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** arrie B. 5:00 AM January /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner CHURCHHOME HOSPITAL BALTO If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Hours Min. (Month, Dey, Year)

OCT. 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country)
 MD **Funeral** Months 1□M 2□F 219-32-8020 61 Yrs. Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A BALTO Director MD XX Yes 2 □ No 28a-f 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9 21205 809 N. LAKEWOOD AVE U.S.A. 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Married b 1 Yes X No Specify: Specify: BLACK þ 3 Widowed 4 Divorced Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th N/A NURSING ASSISTANT HOSPITAL 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) is marked RAYMOND WILEY FRANCES GLADNEY 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 12 m DEBBIE RAMSEUR 5508 FOREST RD BALTO, MD 21206 20b. Place of Disposition (Name of BALTIMORE CEM 20a. Method of Disposition JANDet 10, 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removal from State 1998 BALOT, MD 4 ☐ Donetion 5 ☐ Qther (Specify) 21. Signeture of Funeral Servica Licansee 22. Name end Address of Fecility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 23e. Pertf. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth Physiclan /Medical Immediete Ceuse (Finel Theumonia disease or condition resulting in death) Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest use es the buriel-tran The law requires that the death certificate be exec Box 68760, Physician/Medical P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 8 Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 No 21 No 1 Yes of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA Certification: To 27. Menner of Deeth 1 Li Neturel 28e. Dete of Injury (Month, Day Year) 28c. injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and menner es steted.
2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner steted. Medical (Check only 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Will II M.D. January 6, 1998 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 100 North Broadway servae t, Wides I 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State who Davidson-Randoll

Registrar

12N 07

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #19a per FH G755 1/7/98 EW Reg. No. 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Year 98 **Physician** 29Am 1ACKWell 4a. Facility Name (If not institution, give street end number, Jan /Medical 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** SECOURS BALTIMORE If Undar 24 Hrs. 8 NA BON 5. Social Security Number 6 Sax If Under 1 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Months Days Hours Min 261-58-1988 Yrs. Director Usuel Residence of Decedent tha Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at BALTIMORE 1 Yes 2 No Director MD NIA 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a or MORE TREE

12. Was Decedant Evar In U,S.
Armed Forces?

1 | Yas 2 | No
If Yes Girc. BALTI MORE USA daath v Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 11. Marital Status 14 Baca - Amarican Indian Bleck, White, etc. Pagas 1 and 2 should be filed within 72 hours aftar 1 Nevar Married 2 Married 6 Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: naturel', Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) permit. Pages 1 and 2 should be filed within Department of Haalth and Mental Hygiene. Important: If fem 27 is marked other than any Injury or other traumatic avants. College (1-4or 5+) PHYSICIAN MEDICAL 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be JAMES MYRTLE JOHNSON AYLOR 19a. Informant's Name/Relationship (Type, Print) Husband 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BLACKWELI 2884 U. Ł 20b. Place of Disposition (Neme of BALTO. MD 21223 BALTIMORE ST. 20a. Method of Disposition Date 20c. Location - City or Town, State cematery, cremetory er other piece) 1 Burlal 2 Cramation 3 Removal from Stata 1-8-98 DWINGS MILLS, MD GARRISON 4 Donation 5 Other (Specify) +OREST 21. Signatura of Funeral Sarvica Licansee Address of Facility
C. GREENE FUNERAL SERVICE VAUGHN 23a. Part 1. Enter tha dise fur or complications that caused the death. Do not entar the mode of dying, such as cardiac or respirator shock, or heart failure. BALTO MD. 21229 Approximete Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaasa or condition resulting in death) **Examiner** Examiner umoura The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last attanding physician and for use as the burief-tran Due to (or as a consequence of): P.O. Box 68760, Physician/Medicai tha Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 6 2 X No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of causa of death? page 2 should Be Completed 24a. Was an autopsy Renal Acuta 1 Yes cartificate 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: 25. Was cese referred to medical examinar? 26. Place of Death (Check only one) Hospital: 2 ER/Outpatient 3 DOA t ☐ Yes 2x No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To rs efter da... 27. Manner of Deet 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide filled in To the Hospital
within 24 hours a
To the Funeral C Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.

2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) and manner stated. Medical

State

31. Date filed (Month, Day, Yaar)

29b. Signature and title of certifier

(Check only one)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
BICH DUONG, MB 1940 W. BA JAN 071998

sul Tourns, mo

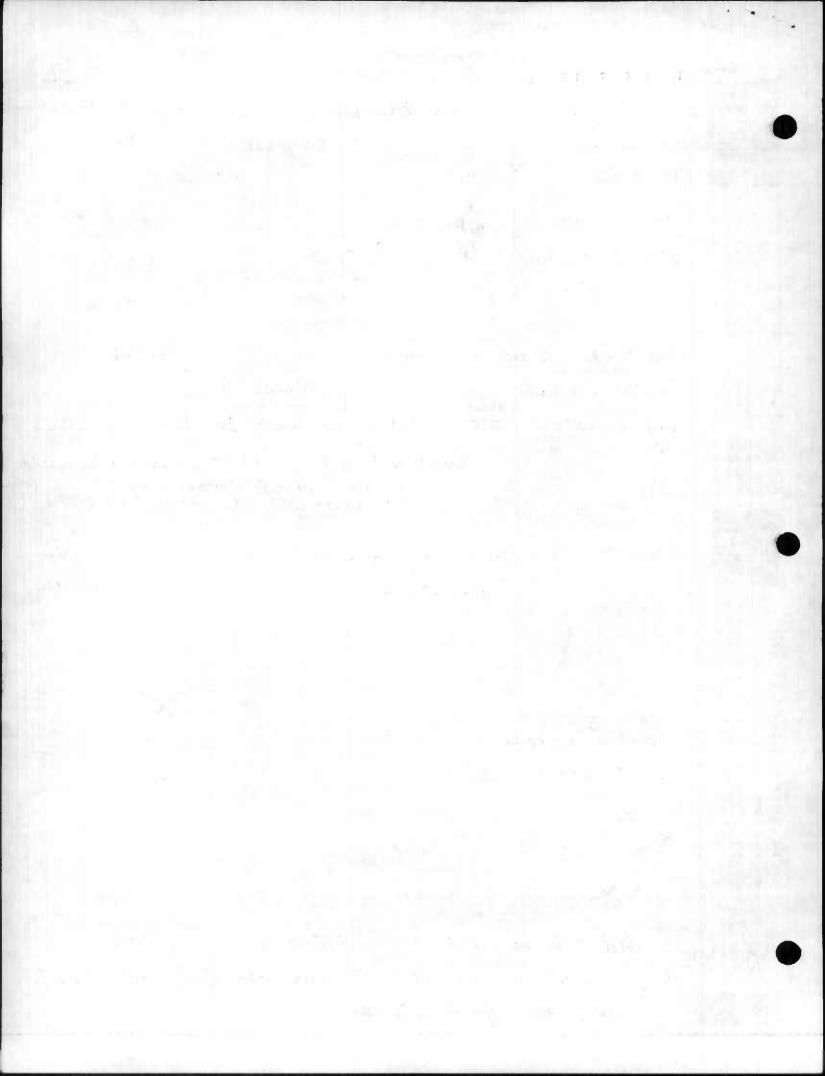
29c. License number

D26256

29d. Date signad (Month, Day, Year)

etimore St Balt MD 21223

Registrar



State of Maryland / Department of Health and Mental Hygiene 98 00128

	-10-				5,500	Certifica	te of	Death			Reg. No.		0120
	Dhuaisi		Decedent's Name (First, Middle, Last	2		Mary Co.	A A	70.00		2. Date of De Month		Voor	3. Time of Death
	Physici /Media		LENA Mas	Dlyther						Moriai	Day 5	Yaar 98	12:45 PM
	Examir		4a. Facility Nama (If not institution, giva	street end number)				4b. City, To	own, or Lo	cation of Deat	4c. Count		
			1768 Chesaco	AVE.				C	Balt	more	/	VIA	
	Funeral		5. Social Security Number 6. Se	x 7. Age (/	In yrs. lest birti		ar 1 Yaar	If Under	24 Hrs.	8. Date of Bir (Month, De	th	9. Birthr	olaca (State or Foreign
	Director	8	214 - 44 - 8433	3M 2NF 5	1	rs. Months	Days	Hours	Min.	(MONIN, DE	y, rear)	Cour	Md
b	P .		Usual Residence of Decedent										
	show thow		10a. State 10b. County	10	Oc. City, Town							1	10d. Inside City Limits
	the Marylar 28a-f show notive at all	cto	Md N/A	har to the	Balt	LIMOTE							1 ☐ Yes 2 No
	or 2	Director	10e. Street and Number			10f. Z	p Code			- 3 -	10g. Citizen of	What Cour	ntry?
	death with the Maryland ms 23a or 28a-f show		1768 Chesaco	AVE			212	37			45	A	
		Funeral		12. Wes Decedent Eve Armed Forcas?	er in U,S.	13. Was Dec	edent of H	lispanic Ori	igln? (Spe	cify Yes or No Rican, atc.)	- 14. Ra	ce - Amaric	
0	72 hours after natural', or its		1 Never Married 2 Married	1 Yas 2 No		1 ☐ Yes				nican, atc.)		ick, White,	
90	0 5-	l by	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:		1 1 105	ZYNO	Specify:			Specil	w.Bla	LCK
5-0020	i within 72 hours liena. r than "netural",	Completed	15. Decedent's Edu (Specify only highest gred	cation	16e.	Decedent's Usi (Give kind of w life. DO NOT	al Occup	ation	t of working	20	16b. Kind of B	usiness/In	dustry
21	C . W	nple	Elementary/Secondery (0-12)	College (1-4or 5+)				d)	I OF WORK	19	DEPar	smtw	NT OF
21	e filed within I Hygiena. other than	Co	12 #			Cleru	cal				10-01	130	=EN3E
Pu	d all the	Be	17. Father's Nama (First, Middle, Last)	1 4				18. Moth	ar's Name	(First, Middla,	Maiden Sumai	ne)	
yla	should be nd Mental merked o	1º	LEVANT Wrig	ht sr				78	5N3	200	#		
Maryland	s 1 and 2 should be filed f Health and Mental Hyg Item 27 Is marked other other traumatic event,		19a. Informant's Neme/Relationship (Ty	rpe, Print)	19b.	Mailing Addres	s (Street	end Numb	er or Rure	Route Numb	er, City or Town	, Stete, Zip	Code)
	f Health frem 27 other tr		LONNIE 13/1	1+hEL	174	sches	aco	AVE	Bal	tomor	E, Md	2	1237
ore	of He		20e. Method of Disposition		20b. Placa of cemeters	Disposition (Ne	me of			Date	20c. Location	- City or To	own, State
altimore,	Pages nant of int: If he ury or o		1 Bunal 2 □ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify)		Crowns	11.	V.A	CEM		-8-97	Crowns	BILLYS	Mg
a	pemit. Pa Departman Important: any injury once.		21. Signature of Funeral Service License	99 /		22. Name a	nd Addre	ss of Fecili	ty UN.	th Fun	enal Hor	ne	WILE IN
m	Dep den den de		111.00 5	Honor	10 TI	108	W. N	outh	AUL	11			
_			23a. Part1. Enter the disease, or compli	ications that caused the	e death. Do n	ot enter the mo	de of dvir	ng, such as	cardiac o	r respiratory a	rrest.	- 1	Approximate
Ų,	Physician		shock, or heart feiture. List only or	te cause on each line.									Interval Between Onset and Death
	/Medical	- 2	Immediate Ceuse (Final	0	1.	11_		- 6	0	3951			
1	Examiner		disease or condition resulting in death)	Conge Cons	stive	He	in			ue		1	
ᆫ		Je.		0	e to (or as a co	onsequence of		1	1				
/	ansit	Examine	Demonstrate the second			9	-	a	ne	ase		-	
i-	a a a	Еха	Sequentially list conditions, if any, leading to immediate	Due	6 10 (01 as a C1	onsequenca of							
87 50,	le be	Cai	cause. Enter Underlying Cause (Disease or Injury that Initiated events	D.,									
89	To de la	P	resulting in deeth) Last	Due	e to (or as a co	ensequence of)							
X	5 6 9	N/u		1			314						
m	atta	Physician	Part II Other elections conditions and	stribution to doubt but a	at secution to	Ab A- A d				1 005 DIA			
0	t tha de by the tached	hys	Part II. Other significant conditions con	imputing to death but h	iot resulting in	tne underlying	cause giv	en in Pert i					o the cause of death?
٥.	es that igned to be date	by P	Conorany Aut	en Bypa	un Se	ungan	1 :	Hypes	uten	on 1	Yes 22 No	3 Proi	bably 4 ☐ Unknown
Vital Records,	requires that tha reen signed by th hould be datache							//			en eutopsy	24b. W	ere eutopsy findings
00	_ D 09	Completed	Turnlin Dopert	est Dia	belle	hellie	E			perfo	rmed?	CO	ailabla prior to impletion of causa
Re	The law ate has b paga 2 s	m	0 1 . 0		0								death?
Ta	certificate rector, pag		Very pheral	Vazcula	- X	year	2			1	Yes 20 No	11	Yes 2 No
=	Physician: this certific ral director,	o Be	25. Was case referred to medical examiner?	łospitai:			OA Oth	or:		(Check only o			
of	Physician: 'this certifica		1 ☐ Yas 2 No	1 ☐ Inpatient 28a. Date of Injury	2 ER/Out	patiant 3 D	OA Injur	4 1110			dence 6 Oth		y)
0	h. After funar	tion	1 □ Natural 5 □ Pending	(Month, Day Ye		jury M	Wor	k? Yes 2□		.00. 00301100	10W IIIJuly Occu	100	
Si	Attending or death.	lica	3 ☐ Suicide 6 ☐ Could not be	28e. Plece of Injury	At home for			100 20		9f Location /	Street and Num	her or Pun	al Route Number,
Division	of Attandir after death. Director: Af d in by the fu	ertification:	4 ☐ Homicide determined	building, etc. (S	Specify)	ii, siieet, racto	y, omce		-	City or To	vn, Stete)	Del Ol Mula	i noble Mulliber,
-	ours eral filled	O	29e. Certifier 1 Certifying Phys	lcien: To the best of a	w knowledge	dooth cocur	ot the ti-	no dete	d also	nd due to the			and a second
	To the Hospital or / within 24 hours after To the Funeral Direction of	edical		alcien: To the best of m nar: On the basis of exa and manner stated	amination end	or Investigation	n, in my o	plnion, dea	th occurre	d at the time,	date and place,	and due to	the cause(s)
	o the	M	29b. Signature and title of cartifier	wite inginier stated		29	c. Licans	e number			29d. Date signe	ed (Month	Day, Year)
	ms#0/		D4 80	6	- 1	25	DI	7/4	01		1/ -1	100	
	X		30 Name and address of	moleted and	b (11000 000 100	7)	yı	3 70			4 11	70	
	0		30. Name and address of person who co				10 10	00	70	17,	1,-	ha h	21237
	Sta	to	7. H SHERROU 31. Date filed (Month, Dey, Year)	32. Registrar's	Squature	FRANK	14	J. CK	XIL	. '>/	1240	The Contract of the Contract o	-1231
	Sla		In a Co	40001 E	Julia Jan	Acres Bre	200						

BIA SONTERD BOTH 在是Yahan \$15 a lozuiledi JUAN CHEST SO MAIL DKO SELD TEST IN A CONTRACT OF ENGLISH SAFE of all series in set was and and and

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Defe of Death 3. Time of Deeth COATES Month ABRAHAM 11:57 P.M. 98 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death If Under 1 Year | If Under 24 Hrs. | 8. Date of (Months | Deys | Hours | Min. | (Months | Months | Mon Har bor 5. Social Security Number 6. Sex 1DM 2□ F 8. Date of Birth. (Month, Day, Year) 9 4/2 3 7. Age (In yrs. last birthday) 9. Birthpleca (State or Foreign Country) Months Yrs 578-16-6111 TEXAS Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 Yes 2 □ No MARYland BALTIMORE 10e. Street end Number 10g. Citizen of What Country? 21202 1213 STREET USA Was Decedenf Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marifel Stetus 14. Race - American Indien, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 M No If Yes, Give Year or Dates: 1 ☐ Yes 2 No 3 ☐ Widowed 4 Divorced Specify: WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) WAITER RESTAURANT UNKNOWN 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Shelby J. COATES 19b. Meiling Address (Street and Number of Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) 20b. Place of Disposition Mame of cametery, cremetory or other place) Date 20c. Locati Shelby CoAtes /BROTHER 20a. Method of Disposition 20c. Location - City or Town, State metro, cremerory of the control of t 1 ☐ Burial 2 Cremetion 3 ☐ Removel from State 1/8/98 BALTIMORE, 4 □ Donetion 5 □ Other (Specify) 21. Signature of Funeral Sertice Licensee 11 PARK Heights 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediete Cause (Final graio Vascular lerotiz disease or condition resulting in deeth) ten Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings evallable prior fo completion of cause of deeth? 24e. Was an autopsy performed? 2/2/10

Physician /Medical Examiner

Physician

/Medical

Examiner

10e. State

Funeral

Director

"natural", or items 23s or 28s-f show

permit. Pages 1 and 2 should be filed within 72 hours efter death Depertment of Health end Mental Hygiene. Important: if item 27 is merked other than "natural", or theme 23 any injury or other traumatic event, in Mental Earner man

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

P.O. Box

Records,

Division of Vital

Hospital

The law requires that the deam sate has been signed by the a or Attending Physician:

þ Completed Be 10

After this certificate filled in by the funeral Medical Certification: efter death. To the Hospital within 24 hours e To the Funeral C

Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lesf

1 Natural

2 Accident 3 Sulcide

4 Homicide

1 ☐ Yes 3 ☑ No

25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatienf 2 ☐ ER/Outpatient 3 NOA 27. Manner of Death 28d. Describe how injury occurred

28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, State)

1 Yes

29a. Certifier 18 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the ceuse(s) end menner stated. 29b. Signature and fitle of certifier

5 Pending investigation

6 Could not be

29c. License number 15503

30. Neme and address of person who completed cause of death (item 23a) (Type, Print) Dolphin street, Baltimore

I Amatun W. Macem M.D

AMATUN N NAFEM 501

State Registrar 31. Dete filed (Month, Dey, Year) JAN 07



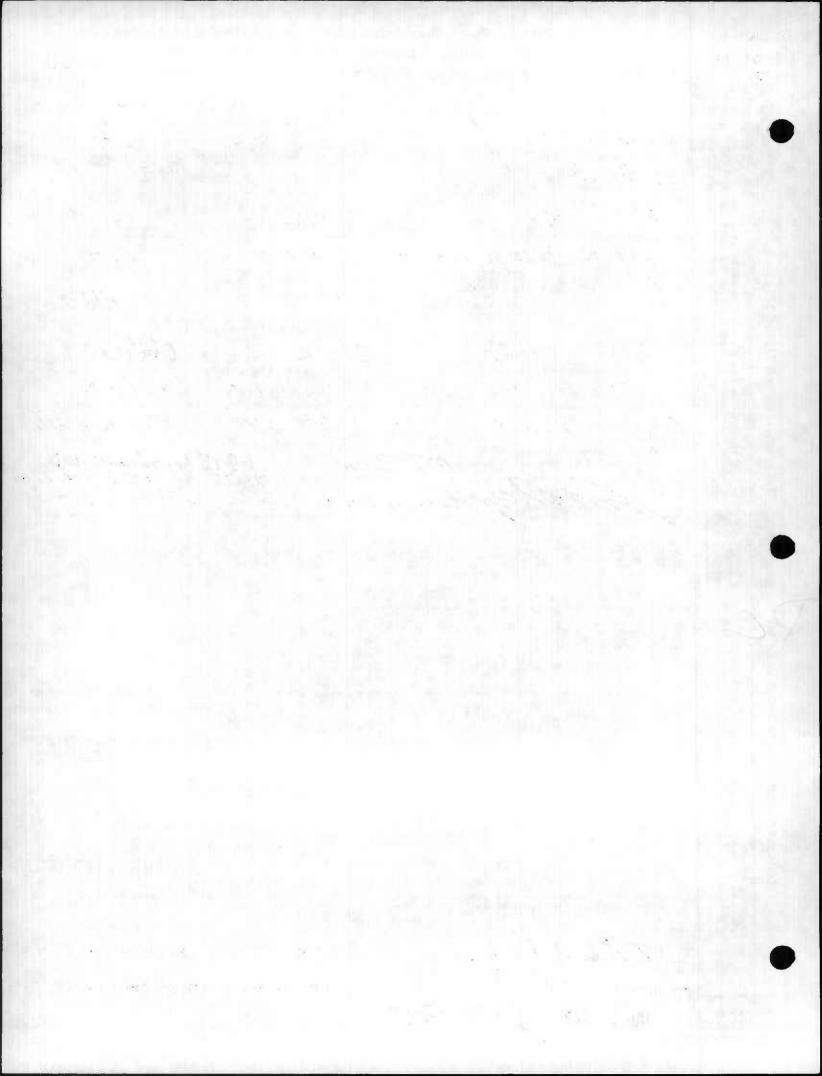
TO SEE A COMPANY OF THE Sharing Courses married MANAGE THE SALE OF THE PARTY OF

98-0008-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

Flease Type of Fillt III black illuelible lik. Assure All Copies Are Legible.
State of Maryland / Department of Health and Mental Hygiene Q

CAMILLA CAREV Items		G-755 1/14/98 di Certificate of		Reg. No.	0130
	Decedent's Name (First, Middle, Last)	2 1 5 = /	2. Date of D		3. Time of Death
Physician /Medical	CAMILLA	CAREY	JANUAR	Y 1, 1998	7:00P.M.
Examiner	4a Facility Name (If not institution, give street of UNIVERSITY HOSPITAL	and number)	4b. City, Town, or Location of Dea BALTIMORE	th 4c. County of Deat	1
Funeral	5. Social Security Number 6. Sex	7. Age (In yrs, lest birthday) If Under 1 Year	Under 24 Hrs. 8 Date of B	irth 9. Birt	hplace (State or Foreign
Director	063-46-1657 1DM 2	VF 42 Yrs. Months Days	Hours Min. (Month, D	3y, Year) 4/55 Co	puintry) //
pu »	Usual Residence of Decedent 10a. State 10b. County	10c. City, Town or Location	///	'/	10d. Inside City Limits
Maryle Maryle Lor	MD NA	0 1	ORE		1 Yes 2 No
020 ours effer death with the Maryland eli, or items 23a or 28a-f show Examiner must be notified at by Funeral Director	10e. Street and Number	10f. Zip Code		10g. Citizen of What Co	ountry?
23a c	618 N. CARK	COLLTON ST	21217	US	A
ofter death volter	Arr	is Decedent Ever in U,S. In the specific of th	Hispanic Origin? (Specify Yes or N an, Mexican, Puerto Ricen, etc.)	o- 14. Race - Ame Black, White	
5-0020 72 hours efter naturel; or its	#1	es, Give 1 ☐ Yes 2 ☐ No ar or Dates:	Specify:	Specify: E	3/ACK
	15. Decedent's Education (Specify only highest grade comp	16a. Decedent's Usual Occu (Give kind of work done	pation during most of working	16b. Kind of Business/	Industry
within within then the Man		llege (1-4or 5+)	(d) V	offic.	0
id 212 filled with Hygiene ont, treat	17. Father's Name (First, Middle, Last)	CIEV	18. Mother's Name (First, Middle	a, Meiden Sumeme)	
yland ould be fill Mentel Harked out auto ever	ROGERS CA	REY	MARION	Cour	VS
Nore, Maryland 21215-C ges 1 and 2 should be filed within 72 h t of Health and Mentel Hygiene. If item 27 is marked other than "nature or other traumatic event, the Marical To Be Completed	19e. Informent's Name/Relationship (Type, Pri	int) QUUS/N 19b. Meiling Address (Stree	t end Number or Rural Route Num	ber, City or Town, Stete, 2	Zip Code) 2/2/7
1 and 1 health Health om 27 orther tr	BERNARD DENI 20a. Method of Disposition	20b. Place of Disposition (Neme of	ARROLLTON D	20c. Location - City or	TOWN State
Baltimore, Mesomit. Pages 1 and 2 a Department of Health ar mportant: If flow 27 is any injury or other treusing.	1 ☑ Burial 2 ☑ Cremation 3 ☑ Remova	cometeny cremetory or other old	(ce)	1 1.	
Baltim permit. Pag Department Important: any injury c	21. Signature of Funeral Service Licensee	22. Name and Addr	ess of Facility ALBERT	P. WYIIF I	UNFRAC HA
Depa Depa any is	1/1/1/1/	138 N C	FILMOR ST A	39270 NP 2	12.17 PA
	23a Part1. Enter the disease, or complications shock, or heart failure. List only one card	smat ceused the death. Do not enter the mode of dy se on each line.	ng, such as cerdiac or respiratory		Approximate Interval Between
Physician / /Medical	Immediate Cause (Final				Onset and Death
Examiner	disease or condition resulting in death) e	NARCOTIC INTOXICATION			
je je		Due to (or es a consequence of):			
n and instrument	Sequentially list conditions,	Due to (or as a consequence of):			
	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events				
G876	resulting in death) Last	Due to (or as a consequence of):			
P.O. Box at the death cert of by the attending stached for use.	d				
the des ty the an tached is	Part II. Other significant conditions contributing	ng to death but not resulting In the underlying ceuse g	ven in Part I. 23b. Did	l tobacco use contribute	to the cause of death?
E 3 0			1	Yes 2 No 3 P	robably 40 Unknown
Division of Vital Records, to Attending Physician: The law requires the after death. Director: After this certificate has been signed in by the funeral director, page 2 should be directfication: To Be Completed by			24e. Wa	s an eutopsy 24b.	Were autopsy findings available prior to
aw require bean 2 should			per		completion of cause of death?
Vital Record ician: The law requir certificate has been a reptor, page 2 should			X	KYes 2□No	Yes 2□ No
Vita iclan: pertitions rector.	25. Was case referred to medicel exeminer?	1 0	28. Plece of Death (Check only		
Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Physic Ph	IA THE ZUNO	Date of Injury 28b. Time of P 28c. Inju	4 Nursing Home 5 Hes	sidence 6 Other (Spe how Injury occurred	city)
Division of standing P is after death. In Director: After sed in by the funer certification:	1 □ Natural 5 □ Pending investigation 1/		rk?]Yes 2100 unknown		
Division of Attendants after death binector; it in by the fertification of the certification	3 ☐ Suicide 6 🕅 Could not be determined 28e	. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)	281. Location City or To	(Street and Number or Rown, Stete) 1010 W.	Baltimore St.,
Deltai constant del Ce		und on street	Baltimore and due to the		o etated
Div To the Hospital or # within 24 hours after To the Funeral Dire completely filled in the Medical Certif	(Check only 2 Medical Examiner: Or	To the best of my knowledge, deeth occurred et the to the basis of examinetion and/or investigetion, in my d manner stated.			
To the troit of th	29b. Signature and title of certifier	29c. Licen	se number	29d. Date signed (Mont	th, Dey, Year)
The second second	Thesland him	0.	C.M.E.	JANUARY 2,1	998
		d duni of death (Item 23a) (Type, Print)			
State	1. Date filed (Month, Dey, Year)		nn Street, Balt:	more, Maryl	and 21201
Registrar	JAN 07 1998	32. Registrar's Signature			



State of Maryland / Department of Health and Mental Hygiene 98

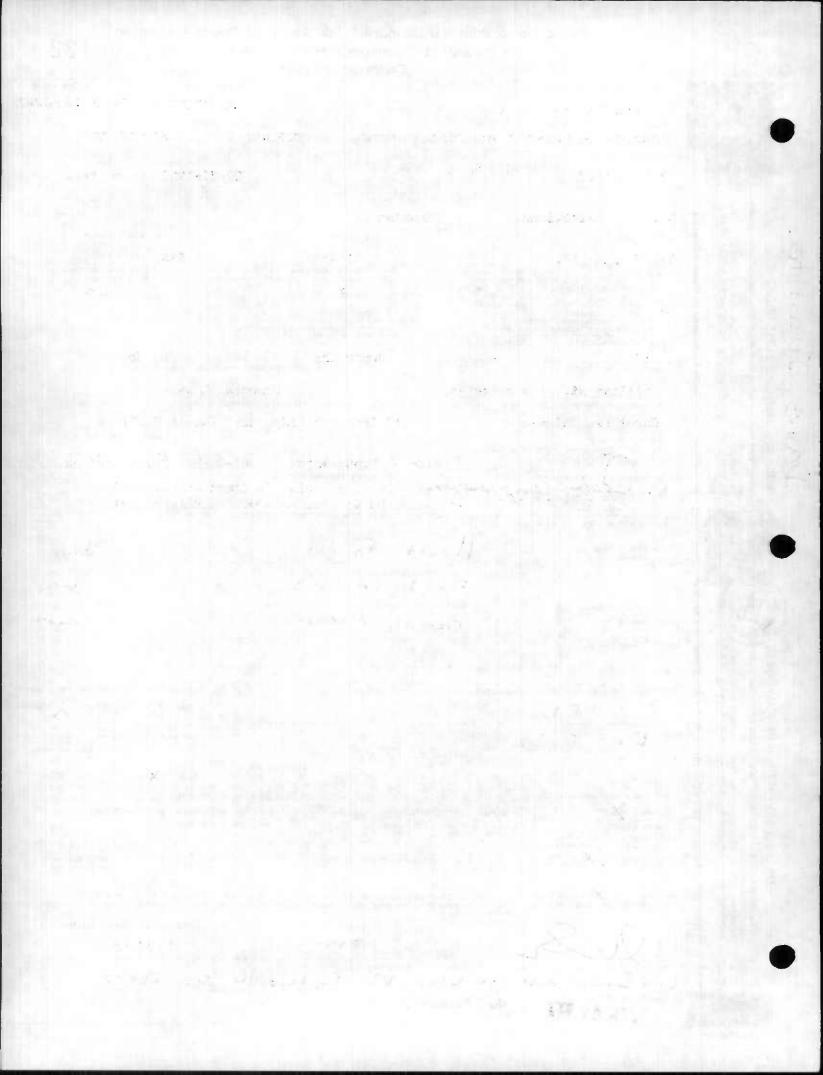
Figure F				Certificate of	Death	Reg. No.	00131
Residence Resi	Physician	Decedent's Name (First, Middle, Last)					3. Tima of Death
EASTPOINT NURSING HOME Funeral Director Directo							12:20 An
Social Security Number 0.5 Sex 21 3 3 4 - 8667 1	Examiner		- 100		4b. City, Town, or Location of D	eath 4c. County of	Death
DIRECTO The Control of Control o					Transfer of the second second		
17. Fathar's Name (First, Middle, Least) 18. Monther's Name (First, Middle, Medicine, Medici	Director	213-34-8667 1DM 2	le	Months Days	Hours Min. (Month	, Dey, Year)	Birthplace (State or Foreign Country) MARYLAND
17. Fathar's Name (First, Middle, Least) 18. Mother's Name (First, Middle, Medicine, Medicin	yłano	10a. State 10b. County	10c. City, Tow	n or Location			10d. inside City Limits
17. Fathar's Name (First, Middle, Least) 18. Mother's Name (First, Middle, Medicine, Medicin	the Mar 28a-f et norfled		BA			10c Citizen of Who	XXYea 2 □ No
17. Fathar's Name (First, Middle, Least) 18. Monther's Name (First, Middle, Medicine, Medici	3a o	325 ELRINO STREET			224		
17. Fathar's Name (First, Middle, Least) 18. Monther's Name (First, Middle, Medicine, Medici	deeti deeti	11. Marital Status 12. Was	Decedent Evar In U.S.				
17. Fathar's Name (First, Middle, Least) 18. Monther's Name (First, Middle, Medicine, Medici	ours after rel', or its Example	1 ☐ Navar Merried 2 ☐ Married 1 ☐ if Ye if Year	Yes 2 X No es, Give			Specify:	
17. Fathar's Name (First, Middle, Least) 18. Mother's Name (First, Middle, Medicine, Medicin	72 h 72 h natu natu	15. Decedent's Education	16a.	Decedent's Usual Occup	ation	16b. Kind of Busin	ness/Industry
17. Fathar's Name (First, Middle, Least) 18. Monther's Name (First, Middle, Medicine, Medici	ithin Men.	Elementary/Secondary (0-12) Colin	ege (1-4or 5+)	life. DO NOT use retired	during most of working		
20. Method of Disposition 1/2 Burial 2 Cremation 3 Ramoval from State 20. Disposition (Neme of complete) 21. Signature of Furnifical Service (Seperity) 22. Name and Address of Facility CHARLES S. ZEILER & SON INC. 6224 EASTERN AVENUE, BALTO., MD. 2122 23. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches a consequence of); 24. Physician (Medical Examiner) 25. Physician (Medical Examiner) 26. Part II. Other elgolitics. 26. Part II. Other elgolitics. 27. Part II. Other elgolitics. 28. Part II. Other elgolitics. 29. Disposition (Neme of Complete) 29. Dis	od w	8	D:	ISBURSEMEN			ORE CITY
20. Method of Disposition 1/2 Burial 2 Cremation 3 Ramoval from State 20. Disposition (Neme of complete) 21. Signature of Furnifical Service (Seperity) 22. Name and Address of Facility CHARLES S. ZEILER & SON INC. 6224 EASTERN AVENUE, BALTO., MD. 2122 23. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches a consequence of); 24. Physician (Medical Examiner) 25. Physician (Medical Examiner) 26. Part II. Other elgolitics. 26. Part II. Other elgolitics. 27. Part II. Other elgolitics. 28. Part II. Other elgolitics. 29. Disposition (Neme of Complete) 29. Dis	d out						
20. Method of Disposition 1/2 Burial 2 Cremation 3 Ramoval from State 20. Disposition (Neme of complete) 21. Signature of Furnifical Service (Seperity) 22. Name and Address of Facility CHARLES S. ZEILER & SON INC. 6224 EASTERN AVENUE, BALTO., MD. 2122 23. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches a consequence of); 24. Physician (Medical Examiner) 25. Physician (Medical Examiner) 26. Part II. Other elgolitics. 26. Part II. Other elgolitics. 27. Part II. Other elgolitics. 28. Part II. Other elgolitics. 29. Disposition (Neme of Complete) 29. Dis	Ould Menke						
20. Method of Disposition 1/2 Burial 2 Cremation 3 Ramoval from State 20. Disposition (Neme of complete) 21. Signature of Furnifical Service (Seperity) 22. Name and Address of Facility CHARLES S. ZEILER & SON INC. 6224 EASTERN AVENUE, BALTO., MD. 2122 23. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches a consequence of); 24. Physician (Medical Examiner) 25. Physician (Medical Examiner) 26. Part II. Other elgolitics. 26. Part II. Other elgolitics. 27. Part II. Other elgolitics. 28. Part II. Other elgolitics. 29. Disposition (Neme of Complete) 29. Dis	2 sh 1 end 1 is m						
Spring S	E = O F						
CHARLES S. ZEILER & SON INC. 6224 EASTERN AVENUE, BALTO., MD. 2122 Physician Medical Examiner Physician Medical Examiner Sequentially list conditions, if any, leeding to finned resulting in death) Sequentially list conditions, if any, leeding to finned resulting in death) Due to (or as a consequence of):	of the second	I a control of the co	a a secondario	t Disposition (Neme of ry, cremetory or other plea	Date	20c. Location - Cit	ty or Town, Stete
CHARLES S. ZEILER & SON INC. 6224 EASTERN AVENUE, BALTO., MD. 2122 Physician Medical Examiner Physician Medical Examiner Sequentially list conditions, if any, leeding to finned resulting in death) Sequentially list conditions, if any, leeding to finned resulting in death) Due to (or as a consequence of):	men. ment: lury	4 Donation 5 □ Other (Specify)		LAWN CEMET	ERY 1/7/98	BALTIMO	DRE, MD.
Cause (Disease or injury the Initiated events resulting in death) Last Due to (or as a consequence of): Athor Construction Part If. Other eigniffcant conditions contributing to death but not resulting in the underlying cause given in Part f. 1 Yee 2 No 3 Probably 4 Probably 4 Property of death? 25. Was case referred to product of death? 1 Yes 2 No 2 N	Physician /Medical Examiner	Immadiate Cause (Finel disease or condition resulting in death)	Due to for as a Dua to for as a dual to for	6224 EAS not enter the mode of dyin the Council consequence of:	TERN AVENUE, g, such as cardiac or respirator	BALTO . , MI ry arrest,	Approximate Interval Between Onset and Death
24e. Wes an eutopsy performed? 24e. Wes an eutopsy performed? 24b. Were eutopsy available principle of completion of death? 1 Yes 2 No	n/Medical	triet initiated events		consequanca of):			lyr.
24e. Wes an eutopsy performed? 24e. Wes an eutopsy performed? 24b. Were eutopsy available prince complation of death? 1 Yes 2 No	he et he et led for selc!	Part If. Other eigniffcant conditions contributing	to death but not resulting in	n the underlying cause give	en in Part f. 23b. I	old tobacco use contri	bute to the cause of death?
1 Yes 2 No 1 Yas 2 No 1 Yas 2 Yas		Crastrointestinal	Bleedi	ng	1	□ Yee 2 No 3	□ Probably 4 □ Unknown
1 Yes 2 No 1 Yas 2 Yas	aw requires be been size 2 should			,	24e. V		24b. Were eutopsy findings available prior to complation of causa of death?
25. Was case referred to pedical exeminer? 1 Yes 2 No Hospitel: I Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residence 6 Other (Specify) 27. Mannayof Deeth 1 Matural 5 Pending investigation 2 Accident 2 Accident 2 Accident 3 Suicide 4 Homicide 4 Homicid	The pege				1	Yes 2 No	1 ☐ Yas 2 ☐ No
A continue Continu	an: rtifica stor,	25. Was case referred to medical			26. Place of Death (Check or	nly one)	
27. Manne of Deeth 1 Product all 5 Pending investigation 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury 28b. Tima of Injury 3 Suicide 4 Homicide 28a. Date of Injury 4 Deeth 1 Product all 5 Pending investigation 3 Suicide 4 Homicide 28a. Date of Injury 28b. Tima of Injury 4 Deeth 1 Product all 5 Pending investigation 3 Suicide 4 Homicide 28a. Place of Injury - At home, farm, street, factory, office 28b. Tima of Injury at Work? 1 Pending 28c. Injury at Work? 1 Pending 28c. Injury at Work? 28b. Tima of Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Date of Injury - At home, farm, street, factory, office	is ce direction	Hospital	1 ☐ Inpatient 2 ☐ ER/Ou	tpatient 3 DOA Othe	er: 4 Nursing Home 5 R	esidence 6 Other (Specify)
Solution Street and Number or Rural Route No. St	nding Ph ath. r: After th he luneral		Date of injury (Month, Dey Year) 28b. 1		at 28d. Descri		
	al or Atte	determined 288. F	Place of Injury - At home, fa puilding, etc. (Specify)	rm, street, factory, office			or Rural Route Number,
29a. Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29a. Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year	and The second	(Check only 2 Medical Examiner: On t	he basis of examination and	, death occurred at the tim d/or investigation, in my op	ne, date and piece, and due to to pinion, deeth occurred at the tin	the cause(s) and manne ne, dete end piece, and	er as stated. I due to the cause(s)
29b. Signature and title of certifier Parell Druff 29c. License number 29d. Date signed (Month, Day, Year Druff Druff 29d. Date signed (Month, Day, Year	Toth within Com	. 0 . 2				29d. Date signed (A	Month, Day, Year)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Bobert C. Durt 11- 901 E. Fort the. Baltimore WD 21230	0		cause of death (Item 23a) (Type Print)		N) 2123	0
State Registrar 31. Date filed (Month, Day, Year) 32. Registrar's Signature Sub-Davidson—Randale		31. Date filed (Month, Day, Year)	R. Registrar's Signature				

21421 STULE FOR SHOWING I - my of the of the without the bridge produce the production of the attends attacked

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 8 0 1 3 2 Certificate of Death

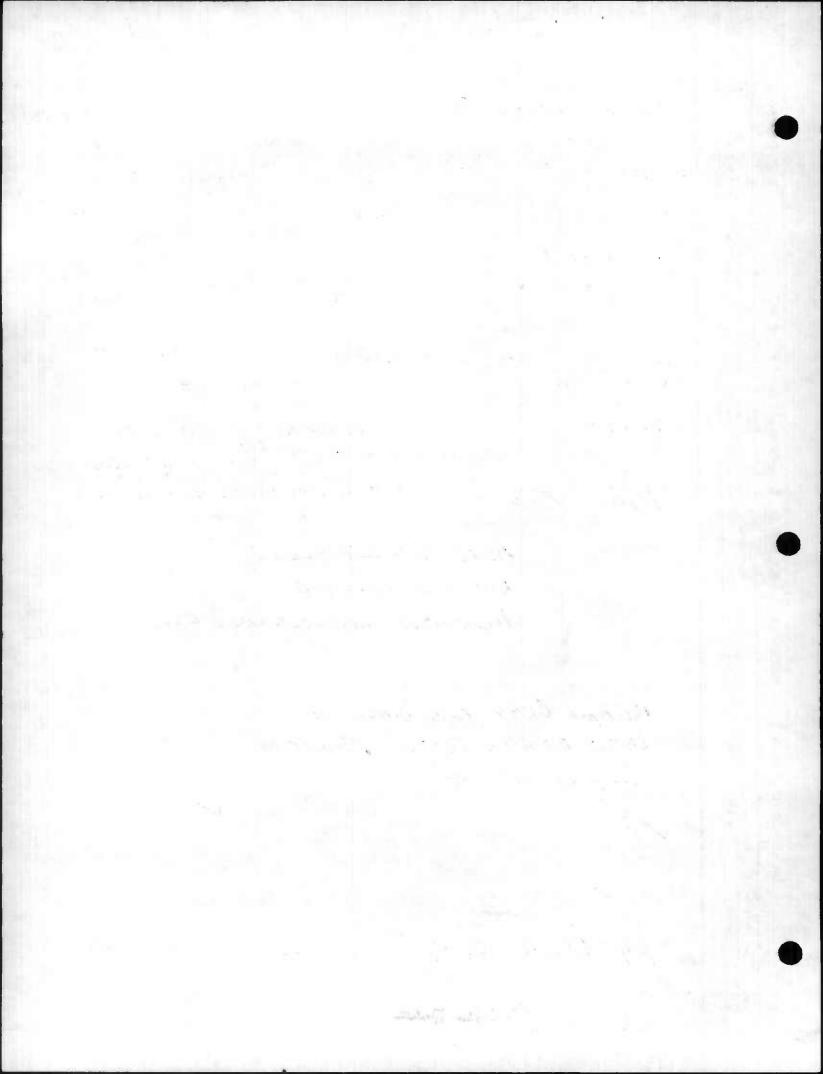
						erunc	ale ui	Dealli		Reg. No.		
Physician /Medical	Juai	nita Ma	e Davi							ARY Day		
Examiner		If not institution, g			AL CEI	NTER		4b. City, Town, o	or Location of De ON		County of D ALTI.	
Funeral Director	5. Social Security 1		. Sex 1 □ M 2 💢 F	7. Age (In y 88	rrs. last birthde Yrs.	Mont	hs Deys	If Under 24 H Hours Mi			1	Birthplece (State or Foreign Country) ew York
D	Usuel Residence of								- V.J			
ylen	10a. Stete	10b. County		10c.	City, Town or	Location						10d. Inside City Limits
with the Meryland as or 28af show the notified at Director	MD.	Balti	more		Timoni	Lum						1□Yes 2∏No
or 2	10e. Street and Nu	mber				10f.	Zip Code			10g. Citiz	en of Whe	t Country?
The 23s		gate Rd.					21093			USA		
there are the control of the control	11. Meritel Stetus			cedent Ever in Forces?	n U,S. 1.	Was De If Yes, s	specify Cubi	tispanic Orlgin? an, Mexicen, Pu	(Specify Yes or I erto Rican, etc.)	No- 1		Americen Indien, Vhite, etc.
V 020	3√□ Widowed	ried 2 Married 4 Divorced	d 1 □ Yes If Yes, C Yeer or	27 No Give V Detes:		1 ☐ Yes	s 2 No	Specify:			Specify:	White
121215-00 ed within 72 hour system. natural rt. tra Medical E.	(Spe	15. Decadent's	Education	1)	16e. De	cedent's U	suel Occup	during most of w	vorking	16b. Kin	d ot Busine	ess/Industry
within the Man	Elementery/Sec			(1-4or 5+)	life	e. DO NO	T use retired	d)				
d 2 d d 2 d d 2 d d d d d d d d d d d d		/Final Adiabella de		-		Hou	sewif		leme (First, Midd		n Home	2
C diaby										ne, Marcell	oumame)	
arylan should be not Mental marked or umatic eve		iam Nick		haefer						owery		
Mar Pand	19e. Intormant's N								Rural Route Nun			
V (Wealth Health Health Health out 27 I		Lee Tol	zman	lea-				n Ridge		wson l		
Move, Maryle Pages 1 and 2 should rent of Health and Mer nit if from 27 to marke ny or other traumatic	20a. Method of Dis		□Removel from		 b. Piece of Discemetery, or 	crematory	or other pla	ca)	Dete	20c. Loc		or Town, State
Pa Pa	4 Donation	Cremetion 3	city)	E	Balto-W				01-04-	98 R	La La	andy Spring
Baltimore, Memil. Pages 1 and Department of Health Important: If them 27 and Memily or other to page.	21. Signeture of F	Actor	Cens	rarel &	Zu.			ess of Fecility onia Rd.	Timoni	um Md	. 210	93
	23a. Pert1. Enter shock, or her	the disease, or co		caused the d	eeth. Do not	Lem enter the r	mon Fr	uneral H	Home of liec or respiratory	Dulane arrest,	ey Va	Approximete Intervel Between
Physician	snock, or nea	art tallure. List or	nly one cause on	eech line.								Onset and Deeth
/Medical	Immediate Ceuse disease or condition			He	eart	F.	relin	- 2				days
Examiner	resulting in death)		θ	Due to	o (or es e con	sequence	ot):					
्रिल्डी अंडे	1		- h	£1	7:9	02	erlo	.7				days
[[F / [8]/ [3]-1]] Z	Sequentielly list or	onditions,			o (or es e con	1						
in the second se	Dadge, Litter One	erlying r injury	c	C	Jegias	2	1:20 %	(Dr				Years
68876	resulting in deeth)	Lest		Due to	o (or es e cons	sequence	of):					
Centil ding			d									
P.O. Be et the death of by the atta stached for	Pert II. Other signi	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobac									use contril	oute to the cause of death?
or the by the tache	Real Failure								11	☐ Yes 2[□ No 3[Probably Unknown
S, F as the be de be de		14.1	316						- 1			^
Drd equiring sen si outd	F: "	cr F.	arel. s						24e. W	as an eutop	sy 2	4b. Were autopsy findings evallable prior to
The law requir									-			completion of cause of death?
The The Page Cor									1[□Yes 2ζ	No	1 ☐ Yes 2 ☐ No
/ita	25. Was case rete	rred to medical							Death (Check on)	y one)		
hysto his contidire			1	-	ER/Outpa		DUA		Home 5□ Re		-	Specify)
ng P	27. Manner ot Dee 1 □ Natural	5 Pending		e ot Injury on <i>th, Day Year</i>	28b. Time Injur	ry	28c. Inju		26d. Describ	a how injury	y occurred	
Sio Seath the f	2 ☐ Accident 3 ☐ Sulcide	investigation for the could no	t he			М		Yes 2 No		(0)		B -1B- 1 N -1
Division of Vital Records, P.O. Box is after death. In low Attending Physician: The law requires that the death ceres after death. In Director: After this certificate has been signed by the attending of in by the funeral director, page 2 should be detached for use Certification: To Be Completed by Physician A.	4 ☐ Homicide	determin	ad Coo. Fla	ce of Injury - A ding, etc. (Spe	t home, farm, ecify)	, street, fac	ctory, offica		City or	(Street and Town, Stete)) Number (or Rural Route Number,
Paris Paris Control of the Control o		4 Constitutes	Dharatalan Taut	a black of mark	lancada da estada e		and at the Air	ann data and ala	an and due to the	(a)	and mann	or as stated
Division of Vital Records, P.O. Bo To the Hospital or Attending Physician: The law requires that the death within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attent completely filled in by the funeral director, page 2 should be datached for the Medical Certification: To Be Completed by Physician	29e. Certifier (Check only one)	2 ☐ Medical Ex	aminer: On the	ne best of my l basis of exam inner stated.	knowledge, de linetion and/or	r investiga	tion, In my c	opinion, deeth oc	ece, and due to the courred at the time	e, date and	place, and	er es stated. due to the cause(s)
To the within complete Me	29b. Signardre and	title ot ce flier					29c. Licens	se number				fonth, Day, Year)
->=0	1 /	12	5				747	429		11	2/97	3
7-	30. Name end add	ress of person wh	no completed ca	use ot death (Item 23a) (Typ	pe, Print)			11			
\0	LISA S	AVOIE		10 0			Co	ckeysu	ille 1	10	2109	7
State	31. Dete filed (Mor	oth, Day_Year)	Q 32	Registrat's Si	enature 7	معاشا						
Registrar	JA	ממוט א	0	•								

Registrar



		1. Decedent's Name (First, M					tificate of		2. Dete of De		5	3. Time of Death
Physic		CHARLES	DIXC	· W	SK.				Month JAN	Dey	Yeer	F 45 DW
/Medi Exami		4e. Fecility Neme (If not instit						4b. City, Town, or L		4c. Cou	98 nty of Deeth	5:45 PM
		3510 EDGE	WOOD RI					BALTO			N,	/A
Funerai		5. Social Security Number	6. Sex		ge (in yrs. le	st birthdey)	If Under 1 Yeer Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De	th Vegri		plece (State or Foreigntry)
Director		248-32-4082	₩ M 2	LJ F	71	Yrs.	World Days	TIOUIS WIII.	MAR 2		26	SC
* *		Usuel Residence of Decedent 10e. Stete 10b. Co.			10c. City	Town or Lo	cation					IOd. Inside City Limit
f show	JO.	MD	n?A		roo. Oxy		ALTO					XXYes 2 N
28a-f	Funeral Director	10e. Street end Number					10f. Zip Code			10g. Citizen	of Whet Cou	ntrv?
3a or		3510 EDGEWO	OD					21215			S.A	
Rems 2	ner	11. Marital Stetus	12. Wa		t Ever in U,S	. 13. V	Was Decedent of H	Ilspanic Origin? (Spen, Mexican, Puerto	pecify Yes or No		lace - Americ	
9 0	by Fu	1 Never Married 2 X 3 Widowed 4 Divo	Married 1 K	ned Forces Yes 2□ es, Give ar or Detes:	No No		Yes 2XXIV		rican, etc.)	Spe	leck, White,	ACK
"natural",	Completed	15. Dece	dent's Education	de to di		16e. Deced	lent's Usuel Occup	etion during most of work	li in m	16b. Kind of	Business/In	dustry
than "r	nple	Elementery/Secondary (0-1	ghest grade comp (2) Col	verea) llege (1-4or	5+)	life. L	DO NOT use retire	during most or world)	king	- 4	100	
	Co	10th	N	/A		PIPE:	FITTER				OCIT	Y
end Mental Hygi s marked other sumatic event, I	Be	17. Fether's Neme (First, Mid EARNETT DI						18. Mother's Nem			eme)	
Mental Marked or natic eve	10								ER THO			
2 2 5		19e. Informent's Neme/Relat	ionship (Type, Prii	nt)				end Number or Ru				
Heal om 2 ther		ROSA DIXON 20e. Method of Disposition			20b. Ple	3510	EDGEWO	OD RD B	ALTO,	MD 2	1215.	own State
nent of I int: if Ite iry or o		1 Buriel 2 Cremati		from State	GAR	RISON	N FORES	T VA	AN 9	200. Locatio	iii - Oity Oi 10	JWII, State
Departmer Important: eny injury once.		4 Donetion 5 Other						ess of Fecility BE'	1000	ONTINO		LID . ("III
Department of Important: If I eny injury or once.		1//	9	,		1	129 N.	CAROLIN	E ST B.	AT.TO .	MD 21	213
		23a. Pert1. Enter the disease shock, or heart feilure.	or complications	that cause	d the death						10 21	Approximete
ysician Medical aminer	ner	Immediete Ceuse (Finel disease or condition resulting in deeth)	е		_	A. A. C. C.		ALURE US				
ician and buriel-transit	edicai Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	6	. 1	Due to (or	es e conseq	uenca of):			1117		
physician s the burie	cai	Cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	c	149/	ustern.			DIO SCHUL	RETIC	CVD	-	
g phys		resulting in deeth) Lest			Due to (or e	es e consequ	dence or):					
attending for use ea	N/VI		d									
e atte	sicia	Pert II. Other significant con-	ditions contribution	a to deeth l	but not result	ting in the ur	nderivina ceuse aix	ven in Pert I.	23b. Dld	tobacco usa	contribute t	o the cause of deat
ed by the attendin detached for use	Physician/N		-						1 🗆	Yes 2 N	o 3□Pro	bably 4 Unkno
been signed t should be det	leted by	Chronic	AYRIA	Fibi	ellar	ion	, Gh	A HOCHA	24e. Wes	en eutopsy ormed?	ev	ere eutopsy findings relieble prior to empletion of cause
ate hes page 2	Completed	SIEZU	IRE D	ISKA	SE				10	Yes 250 No		déath? ⊒Yes 2⊡No
certificate rector, pag	Be	25. Wes case referred to med exeminer?	dicel					26. Place of Dee	th (Check only	one)		
this di	2	1 ☐ Yes 21 No 27. Menne of Deeth	Hospitel	1 L Inpat	ient 2 E			4 LI Nursing H	ome 5 Nesl			(y)
After funer	Ion	1 Neturel 5 □ Pe	nding estigetion	Dete of inj (Month, D	ay Yeer)	28b. Time of injury	28c. Injui Woo	ryet rk? Yes 2 □ No	28d. Describe	how injury oc	curred	
ctor: y the	Certification:	3 □ Sulcide 6 □ Co	uld not be	Place of In	iury - At hon	ne ferm stre	eet, fectory, office	765 2 140	28f. Location (Street end Nu	mber or Run	ei Route Number,
in b	ert	4 Homicide del	ermined 286.	building, e	tc. (Specify)	10, 101111, 5114	set, rectory, office		City or To	wn, Stete)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or route runnon,
9 - 70	edical C	29a Certifier 1 Certific Chack of 2 Medi	cat Examiner: On	To the best the basis of d menner s	of exeminetic	edge, deeth on end/or inv	occurred et the tir estigetion, in my c	ne, dete end pleca, ppinion, deeth occur	end due to the red et the time,	ceuse(s) end date end plac	menner es s e, end due t	steted. to the cause(s)
Funeral C	0	29b. Signature and title of cert	^		_ A		29c. Licens	se number		29d. Dete sig	ned (Month,	Dey, Year)
ompletely filled	2		F 1		1011	_	1	~			Her I a market	
within 24 hours and death. To the Funeral Director: After this certific completely filled in by the funeral director,	Σ	Totale 1	ACKILLON	mil	XI		/) F	105%	>	1_	. 6 -5	18
\	×	30. Name and address of par	Parliller son who complete	uul d cause of	deeth (Item)	23a) (Type I		2057		/-	6-5	18
\	2	30. Name end eddress of pers	son who complete	d cause of	deeth (Item 2	23a) (Type, I		12057		/-	6-5	18

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death **Physician** 12:28 P.M. JAMLARY **GEORGE** WILLIAM GAUNIEL /Medical 4e. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Glen Burnie

If Undar 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Anne Arunde Arunde, 5. Sociel Security Number If Undar 1 Yaar 7. Age (In yrs. lest birthday) Birthpleca (Steta or Foreign Country) **Funeral** 1⊠M 2□ F Months Deys 212-46-2174 Yrs. 52 Director 30 1945 MARYLAND Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylar nent of Health and Mental Hygiene. snt: If Ifem 27 is marked other than "natural", or items 23e or 28e-1 show ury or other treumatic event, the Medical Examiner must be notified as 1 Yas 2 No Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 209 HARTFORD ROAD 21060 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detas: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Reca - American Indien, Black, Whita, atc. 1 Never Merried 2 Married 1 ☐ Yes 2 X No Specify. Completed by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 6th College (1-4or 5+) FORK LIFT OPERATOR CONTAINER CO. 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be PAUL GAUNIEL MARGARET GEISLER 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 209 Hartford Road Glen Burnie, Maryland 21060 Carolyn M. Gauniel 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify) Department o Important: If i any Injury or once. METRO CREMATORY INC Jan 6,1998 Baltimore Maryland 22. Nema and Addrass of Facility
STALLINGS FUNERAL HOME P.A. 21. Signeture of Fjuneral Service Liber 3111 MOUNTAIN ROAD PASADENA, MARYLAND 21122 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heer feilure. List only one ceuse on each line. Onset and Deeth **Physician** /Medical Immedieta Cause (Finel diseese or condition resulting in death) DISEASE CE PONARY Examiner Due to (or es e consequence of) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): edical Due to (or as e consequence of): Physician/M Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No Division of Vital Records, by should be 24b. Were autopsy findings aveilable prior to complation of cause of deeth? Completed 24a. Wes an autopsy performed? certificate Hospital or Attending Physician: 25. Wes case referred to medical axaminar? Be 28. Plece of Deeth (Check only one) Hospitel: Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Mennef of Death 28d. Describe how Injury occurred 28b. Time of 28c. fnjury et Work? After 1 Naturel
2 Accident 5 Pending efter death. 1 Tyes 2 No Investigetion 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) illed in by 4 Homlcide within 24 hours e To the Funeral D ts Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, and due to the cause(s) end menner as steted.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) and menner steted. 29e. Certifier To the 29b. Signatura and title of certifier 29c. Licensa number 29d. Dete signed (Month, Dey, Year) mD

ENE, GEN BURNUS.

30-Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

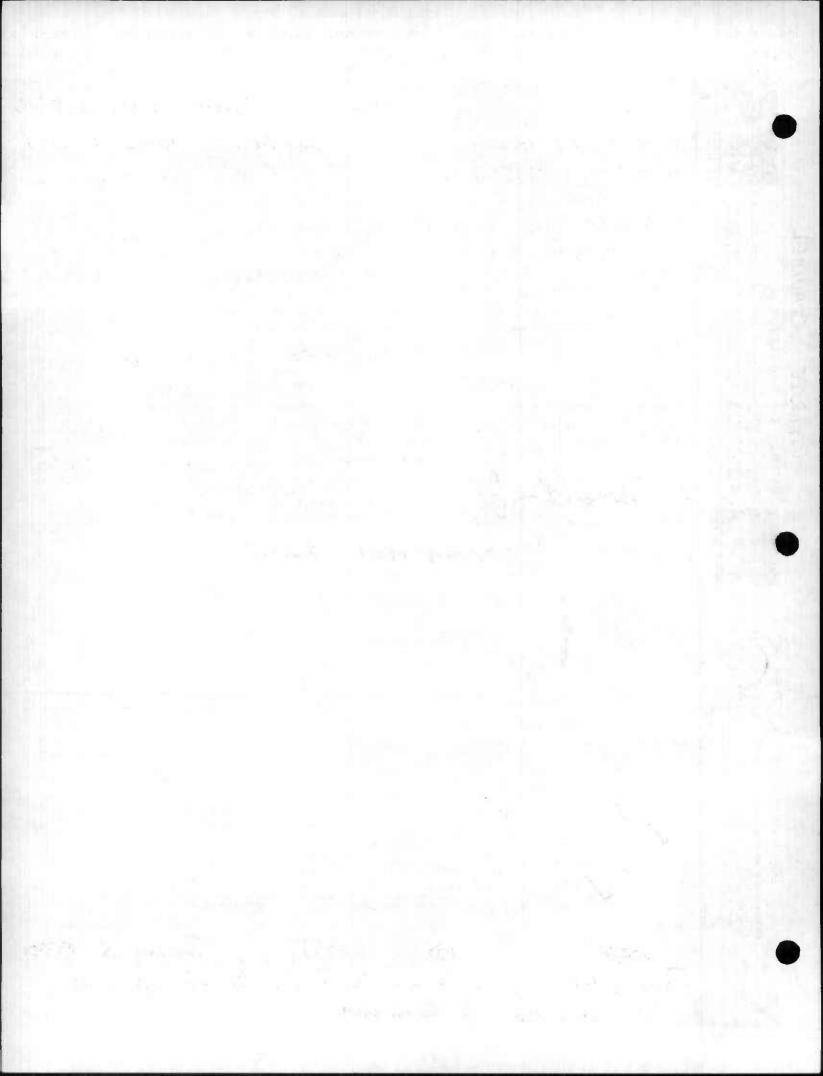
31. Deterfiled (Month, Day, Year)

301 Hospita

32. Registres Signeture

DHMH 16 Rev 6/95

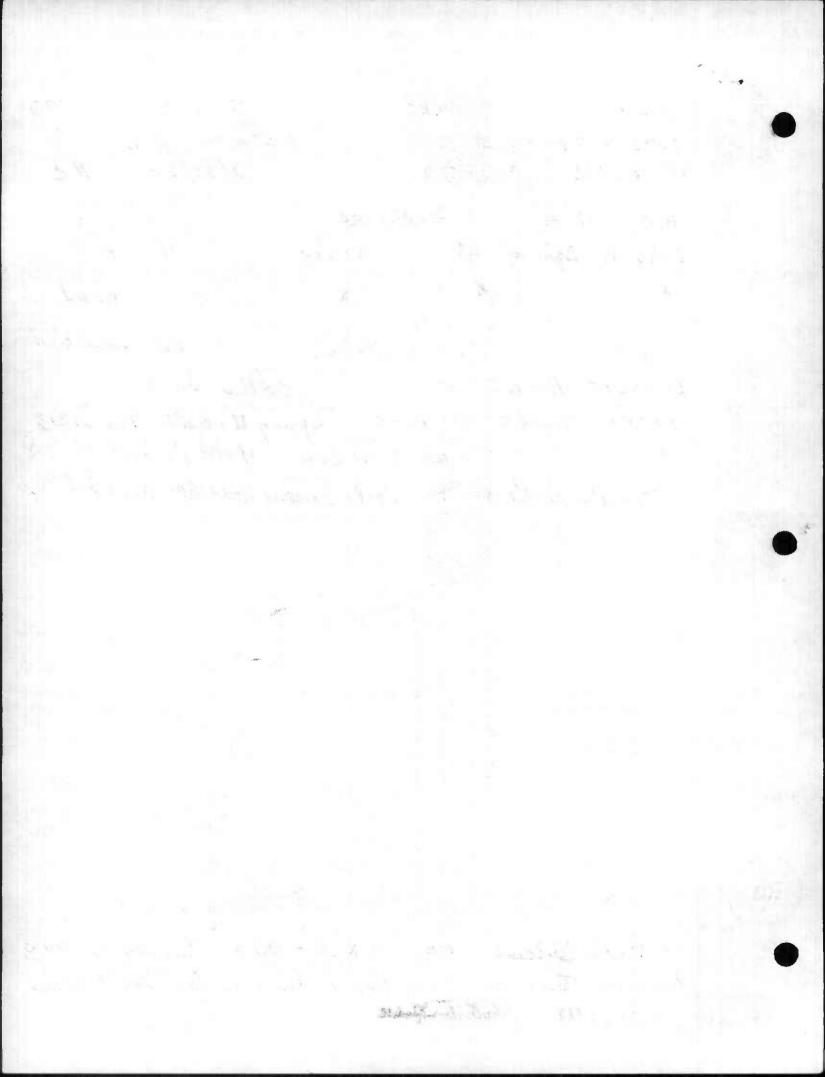
State Registrar



Please Type or Print in Black indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8 0 1 3 5

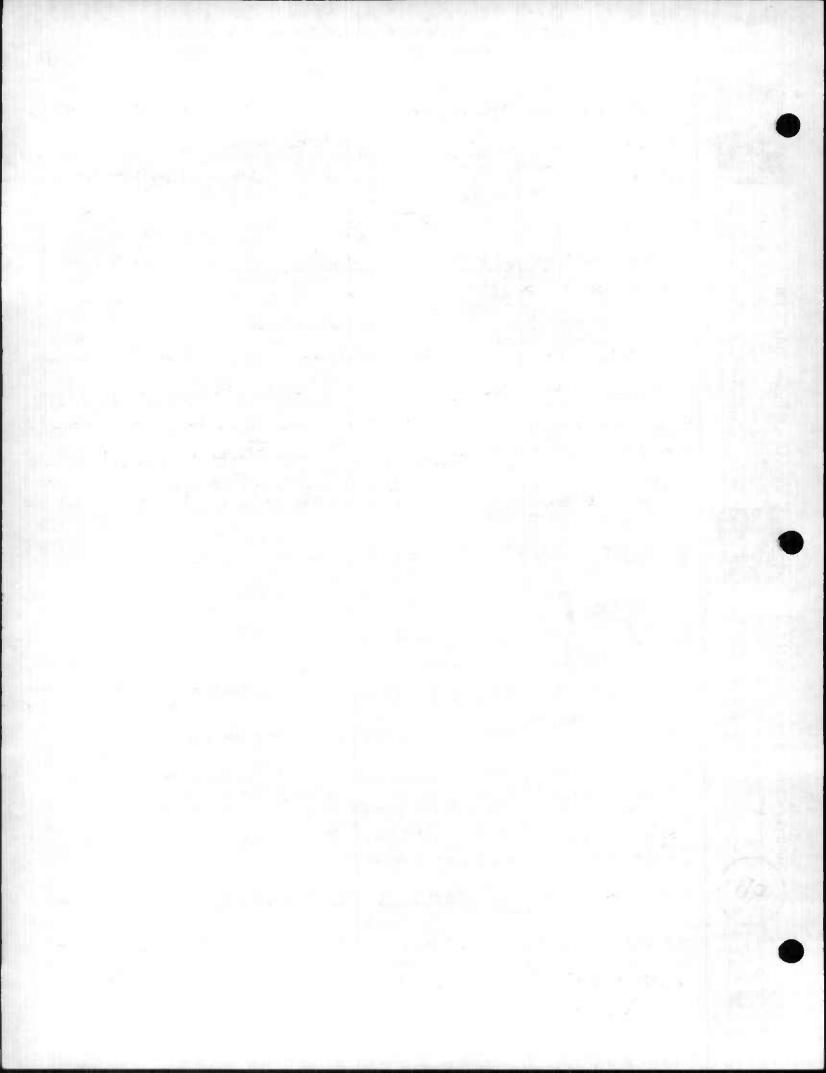
Provided the control of the control			*		,	(ertificate of	Death	Re	g. No.	00	100
Examiner ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stably News (First instance), pins stored and number) ### Stable Specific Stable Sp	r	Physic	ian	1. Decedant'a Nama (First, Middla,		,			2. Data of Death)	Year	•
First Call	6			JULIA		ICKS			JANUARY		998	0400
Social Science Control		Exami	ner	A STATE OF THE PARTY OF THE PAR	and a					4c. County	of Death	
Difference of Street and Number (1992) State of Street and Street (1992) S	H	Eumaral		10 11 11		rrs. last birtho	(av) If Under 1 Yaar			11.	9 Birthole	aca (Stata or Foreign
To State 100 County 100 of State 100		Director		2.17 18 5392			Months Dave	Hours Min.	-Morith, Day.	y6ar) 5-	Count	N.C.
The comments was marginal control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was the control (type		yland			10c.						10	d. Insida City Limits
The comments was marginal control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was the control (type		Ba-f s	ctor	Md N.	A	Bal	TIMORR					1 Yas 2 □ No
The comments was marginal control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was the control (type		th with th	al Dire	10e. Street and Number 1643 N . Ap	ving Dt			13	10	4		ry?
The comments was marginal control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was the control (type	020	ours after dea all, or items Examiner in	by	1 Nevar Marriad 2 Married	Armed Forces? 1	n U,S.			ecify Yas or No- Rican, atc.)	Bla	ck, Whita, a	
The comments was marginal control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was the control (type	5-0	72 ho natur dical	eted	15. Decedant's	Education grada completed)	16a. D	ecedant's Usual Occup	pation during most of work	ina 1			
The comments was marginal control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was marginal to the control (type Print) The comments was the control (type	121	within the.	mpi			The state of the s				Balto	Dolu	al Sugar/8
The Informatic Name/Raisinship (Type, Print) The Informatic Name/Rai		Hygie ther ther		17. Fathar's Nama (First, Middla, La	st)	1 (ma one		a (First, Middla, M			V
A Consideration of Disposition A Construction A Con	lan		o B		1 4 4 4 4			Bont				
20. Main of O'Disposition 10 Date 20 Canadian of Disposition 11 Date 20 Canadian of Disposition 12 Date 20 Canadian of Disposition 13 Date 20 Canadian of Disposition 14 Date 20 Canadian of Disposition 15 Date 20 Canadian of Disposition 16 Date 20 Canadian of Disposition 17 Date 20 Canadian of Disposition 18 Date 20 Canadian of Disposition 19 Date 20 Canadian of Disposition 19 Date 20 Canadian of Disposition 19 Date 20 Canadian of Disposition 10 Da	ary	and Man	-	19e. Informant's Name/Raletionship	(Type, Print)	19b. N	laliing Address (Street	and Number or Run	al Routa Number,	City of Town,	Stata, Zip (Code)
Physician Miles 2 Caramistan 3 Paramoval from Stata A Done and State State State A Done and State State A Done and State A		and 2 eaith a n 27 li		HAZEL M	OORC	16	43 h.	Spring	IT, Ba	eto.	md	21213
Physician (ModelCall Examiner) Physician (ModelCall Examiner)	more			1 Buriai 2 ☐ Cramation 3	☐Ramoval from Stata	b. Place of D cematary,	crematory or other pla	1		1		
Physician (Medical Examiner) Part Comment Comment	Balti	permit. Departru Importa any Inju		21. Signatura of Funarai Sarvica Lic	ensaa Locko.	for	22. Nama and Addre	ass of Facility	Home 13	04 h	. Cen	hal ax
Physician (Medical Examiner) Part Comment Comment				23a Part . Enter the disease, or co	mplications that caused tha d	eath. Do not	enter tha moda of dyi	ng, such as cardiac	or respiretory arra	st,		Approximeta /
State Sexaminer Sexaminer	N			The state of the s	y one outse on each mile.							Onset and Death
Due to (or as a consequence of): Sequentially list conditions, a larry, leading to immediate any leading to immediate				disaasa or condition	a. DEH	YDRAT	TON				2	2 weeks
Course (Disease or injury to the course of injury to t			ē	and the second				•			1	-
Course (Disease or injury to the course of injury to t		uted d ansit	F	Convention to the second	b			sease				yeurs
d	oʻ	an an		if any, laading to immediata causa. Enter Undarlying	Dua II	Of as a col	isequarice oi).				!	
d	876	safe be shysici the bu	dica	that initiated events	c. Dua to	(or as a con	sequance of):					
1 Yas 2 No		ding p			d							
1 Yas 2 No	Bo	d for u	ciar	Dart II Other significant conditions	and the standard by a sec	an a collaboration also also			005 0044-6			
1 Yas 2 No	0	by the	hys	Part II. Other significant conditions	contributing to death but not	rasulting in tr	a undariying causa gr	van in Perti.				
1 Yas 2 No		gned be de								-)4.10		
1 Yas 2 No	ord	plnot plnot							24a. Was an	autopsy ed?	ava	liable prior to
State Stat	3ec	law r	npie		<u></u>						of de	pletion of causa eath?
State Stat	al F	E # 4							1 ☐ Ya	s 2 No	10	Yas ZX No
Color Colo	N.	certifi		axaminar?	Hospitai:		_ 0#	ner				
2 Accident 3 Sulcide 4 Homicide 28a. Place of injury - At homa, farm, street, fectory, office 28f. Location (Street and Number or Rural Routa Number, building, atc. (Specify) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signatura and title of cartifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated cause of daath (itam 23a) (Type, Print) MIRE (SHELON, TOWER 110 TOH WE HOPK INT HOST (TAL BATIMORS, MARTIANA) 31. Data filed (Month, Day, Year) 31. Data filed (Mont	of	Phy r this	 -		1 Linpatient 2		Ment 3D DOA	4 LI Nursing no				
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signatura and title of cartifiar 29c. Licensa number 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed cause of daath (Itam 23a) (Type, Print) Mire. Grasson, Toward 110 Johns Horking Horking Street 31. Data filed (Month, Day, Year) 31. Data filed (Month, Day, Year)	ion	offing th.: Afte	ation) Inju				,		
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signatura and title of cartifiar 29c. Licensa number 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed cause of daath (Itam 23a) (Type, Print) Mire. Grasson, Toward 110 Johns Horking Horking Street 31. Data filed (Month, Day, Year) 31. Data filed (Month, Day, Year)		affer Ar	ertifica	3 ☐ Sulcida 6 ☐ Could not	d 28a. Place of injury - A	t homa, farm	, street, fectory, office		28f. Location (Str. City or Town,	eet and Numl State)	per or Rural	Routa Number,
29b. Signature and title of cartiflar 29c. Licensa number 29d. Data signed (Month, Day, Year) 29c. Licensa number 29d. Data signed (Month, Day, Year) RES - OOD Jauvary 3, 1998 30. Nama and addrass of person who completed cause of death (item 23a) (Type, Print) MIRE GIBLON , TOWER 110 JOHNE HOPKING HOSTITAL BALTIMORS, MARTIANA State 31. Data filed (Month, Day, Year) 33. Data filed (Month, Day, Year)	R	Hodolis Puneral stely filled		(Check only 2 Medical Ex	iminar: On the basis of axam	knowledge, d ination end/o	eath occurred at tha til r invastigation, in my o	ma, data end place, opinion, daath occurr	end due to the ca red at tha tima, da	use(s) and me ta and piaca,	enner as ste and dua to	ited. tha cause(s)
Wike Cobkour MD RES - OOD January 3, 1998 30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print) Mire Gibson, Tower 110 Johns Hopking Hospitals Baltimore, MARTIANS State 31. Data filed (Month, Day, Year) 33. Data filed (Month, Day, Year)	-	vithin Fo the	Me		and marmar stated.		29c. Licens	sa number	29	d. Data signe	d (Month, D	Pay, Year)
State 31. Data filed (Month, Day, Year) 32. Registrate Statement		- > - 0		Vieva G	bear.	MA	RSS	= - 00	0 7	QUIDA	11 12	3 1990
State 31. Data filed (Month, Day, Year) 32. Registrate Statement					complated causa of death (i	tam 23a) (Ty	pe, Print)	()	- 0		7 -	1.
State 31. Data filed (Month, Day, Year) 32. Registrate Statement					WER 110	OH NE	HOPKIN3	HOSTI	TAC. BO	TIMO	R2, 1	MARYLAND
			_	IAN 07 199	Julia Baris	ma Ba	AM					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 98 0013

Physician /Madical		 Decedent's Name (First, Middle, L 	ast)	1 1 1 1			2. Date of De	Reg. No.	3. Time of De
		HAZZOL	R Hal	1 12	ā		Month	Day	Yeer
/Medical		e. Fecility Name (If not institution, g	ive street and number	1,04	14.	4b. City, Town, or	1 ACU		110 1.101
Examiner				2100		A		4c. County	or Death
		4302 MARK 5. Social Security Number 6.	Sex 7. Ac	ge (In yrs. lest birt	hday) if Under 1 Y		JORE OF	eth.	0 Dish-i (04-1
uneral irector		31814 3883 Usuai Residance of Decedent	1 ⊠ M 2□ F			eys Hours Min	. (Month, D	A 23 1902	9. Birthplace (State or F Country)
M III	_	10a. State 10b. County		10c. City, Town	or Location			,	10d. Inside City
4 show	5 6	JARYLAN		an.	Limors				The Yes 2
be notified	3	10e. Street end Number		04	10f. Zip Co	1e		10g. Citizen of W	What Country?
0 0	5	0 .	0 0					1 1	C O
era	5 .	4302 TARK	12. Was Decadent	Ever in IIS		1206	Specify Vec or N	14 Page	- American Indian.
item 27 is marked other than "natural", or itema 23a or 28a-f show other traumetic avant, the Medical Examinet must be notified at To Be Completed by Funeral Director		1 Never Married 2 Married 3 Widowed 4 Divorced	Armad Forcas?	No	if Yes, specify	of Hispanic Origin? (S Cuban, Mexican, Puel No Specify:	to Rican, etc.)	Biac Specify.	k, Whita, atc.
tural pa		15. Decadent's E		正とら	Decedent's Usual O	anunation.		10h Kind of Bu	WHILE
nt the Medical It, the Medical Completed		(Specify only highest g		108.	(Give kind of work di	ccupation one during most of wo stired)	orking	16b. Kind of Bu	siness/industry
ant, the M		Eiamentary/Secondary (0-12)	Collage (1-4or	5+)	ISPATE!			TENA	1,0.00
o atte		7. Fether's Name (First, Middle, Las	st)		ISPAIC	-	me (First, Middle	, Malden Surnem	
atic avar To Be		TELLON	R. HALZ	0.2			^		
metic a		19a. informant's Name/Relationship			Malling Address (Or	GRA		RWOOD	21 21
raum traum	1.		(Type, Print)			reet end Number or R	O	per, City or Town,	Stare, Zip Code)
Ther Ther		HAOSS METHOD LEADS HE	1750	30h Plans of	Disposition (Name of	KWOOD	HIVE . I	MILLA	2457 1 1845 T
ten la	1	Burial 2 Cramation 3	☐Removal from State	cameter	y, crematory or other	pleca)	JAN.B.	20c. Location -	City or Town, State
lury .		4 Donation 5 Other (Spec	ity)	GARK		FAITH	1603,	1505501	ALE MARYL
Important: I any injury o once.		21. Signature of Funeral Service Lice	ansee		22. Name and A	ddress of Facility CHAPIL IARFORD	F MICE	108:31	1 212:
5 9 9		Charles to No	6		SAMIR	COCHERO	6.00	-Park	511- Mag
		23e. Pert1. Enter the disease, or cor shock, or heart failure. List only		the deeth. Do n	ot enter the mode of	dying, such as cardia	c or respiratory a	irrest,	Approximate Interval Between
sician		Shock, or heart lallure. List only	y one case on each ii	na.		0	,		Onset end Dea
edicai		mmediate Causa (Final	to	to 1 st	40-10	VIII		2	
miner		disease or condition resulting in daath)	a. / acc	Duo to for an an		Luci	all		
je				Dua to (or as a c	onsequence on.				
n and ial-transit Examiner									1
		Sequentially list conditions	b	Due to /or as a c	onsequence of/-				
ial-tr		Sequentially list conditions, fany, leading to immediate seuse. Enter Underlying	b. ———	Due to (or as a c	onsequenca of):				
		Sequentially list conditions, frany, leading to immediate beuse. Enter Underlying Cause (Disease or Injury hat Initiated events	b. ————————————————————————————————————						
ha bur		Sequentially list conditions, fany, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury hat initiated events esulting in death) Lest	b	Due to (or as a c					
ng physicia s es tha bur Medical		nat initiated events	c						
trending physicial or usa es tha bur lan/Medical		nat initiated events resulting in death) Lest	d	Due to (or as a co	onsequenca of):				
trending physicial or usa es tha bur lan/Medical		nat initiated events	d	Due to (or as a co	onsequenca of):	e given in Part i.			itribute to the cause of c
trending physicial or usa es tha bur lan/Medical	F	nat initiated events resulting in death) Lest	d	Due to (or as a co	onsequenca of):	e given in Part i.			itribute to the cause of c
igned by the attending physicia be deteched for usa es tha bur be deteched for usa es tha bur by Physician/Medical	F	nat initiated events resulting in death) Lest	d	Due to (or as a co	onsequenca of):	e given in Part i.	1 🗆	Yes 28 No	3 Probably 4 □ Un
igned by the attending physicia be deteched for usa es tha bur be deteched for usa es tha bur by Physician/Medical	F	nat initiated events resulting in death) Lest	d	Due to (or as a co	onsequenca of):	e given in Part i.	1 🗆		3 Probably 4 Un 24b. Were autopsy find available prior to
has been signed by the attending physicia pa 2 should be deteched for usa es tha bur pa 2 should be deteched for usa es tha bur mpleted by Physician/Medical	F	nat initiated events resulting in death) Lest	d	Due to (or as a co	onsequenca of):	e given in Part i.	1 🗆	Yes 28 No	3 ☐ Probably 4 ☐ Un 24b. Were autopsy find
rate has been signed by the attending physicial, paga 2 should be deteched for use as the bur. Completed by Physician/Medical	F	nat initiated events resulting in death) Lest	d	Due to (or as a co	onsequenca of):	e given in Part i.	1 🗆 24a. Was perf	Yes 28 No	3 Probably 4 Un 24b. Were autopsy find available prior to completion of caus
enfillicate has been signed by the attending physicia meter, paga 2 should be deteched for usa es tha bur Be Completed by Physician/Medical	F	resulting in death) Lest Part ii. Other significant conditions 25. Was casa raferred to medical axaminer?	dcontributing to death b	Due to (or as a co	onsequenca of):	28. Placa of Da	1 🗆 24a. Was perf	Yes 28 No	3 Probably 4 Un 24b. Were autopsy find available prior to completion of caus of death?
The cartificate has been signed by the attending physicial direction, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical	F	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1 Yes 1. No	contributing to death b	Due to (or as a country of the coun	onsequenca of): the undertying ceuse	28. Placa of Da Other: 4□ Nursing I	24a. Was perfe	Yes ⊅8 No is an autopsyomed? Yas ⊅8 No one) idenca 6 □Othe	3 Probably 4 Un 24b. Were autopsy find available prior to completion of caus of death? 1 Yas 2 No
The cartificate has been signed by the attending physicial direction, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical	F	resulting in death) Lest Part ii. Other significant conditions 25. Was casa raferred to medical axaminer?	contributing to death b	Due to (or as a country of the count	patient 3 DOA jury	28. Placa of Da Other: 4 □ Nursing I njury at Work?	24a. Was perfe	Yes 28 No an autopsy pmed? Yas 28 No one)	3 Probably 4 Un 24b. Were autopsy find available prior to completion of caus of death? 1 Yas 2 No
The cartificate has been signed by the attending physicial direction, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical	F	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1 Yes No 17. Manner of Death 1 Natural	Hospital: 1 inpatie 28a. Date of Inju (Month, Da)	Due to (or as a country of the count	patient 3 DOA jury	28. Placa of Da Other: 4□ Nursing I	24a. Was perfe	Yes ⊅8 No is an autopsyomed? Yas ⊅8 No one) idenca 6 □Othe	3 Probably 4 Un 24b. Were autopsy find available prior to completion of caus of death? 1 Yas 2 No
The cartificate has been signed by the attending physicial direction, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical	F	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1	Hospital: 1 inpatie 28a. Date of inju (Month, Da) 28e. Piece of inju 28e. Piece of inju	Due to (or as a count of the co	patient 3 DOA jury	28. Piaca of Da Other: 4 ☐ Nursing I njury at Work? 1 ☐ Yas 2 ☐ No	24a. Was perfect the second of	Yes ⊅⊠ No an autopsy prmed? Yas ⊅⊠ No one) denca 6 □Othe how injury occurre Street and Number	3 Probably 4 Un 24b. Were autopsy find available prior to completion of caus of death? 1 Yas 2 No
centilizate has been signed by the attending physicia rection, page 2 should be deteched for use as the bur Bourselow page 2 should be deteched for use as the bur section.	F	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1 Yes Mo 27. Manner of Death 1 Natural 5 Pending Investigatic 3 Suicide 6 Could not	Hospital: 1 Inpatie 28a. Date of Inju (Month, Da	Due to (or as a count of the co	patient 3 DOA ime of jury M	28. Piaca of Da Other: 4 ☐ Nursing I njury at Work? 1 ☐ Yas 2 ☐ No	24a. Was perfu	Yes ⊅⊠ No an autopsy prmed? Yas ⊅⊠ No one) denca 6 □Othe how injury occurre Street and Number	3 Probably 4 Un 24b. Were autopsy find available prior to completion of caus of death? 1 Yas 2 No or (Specify)
in Director: Aller this certificate has been signed by the attending physicial or if the furnism director, page 2 should be detected for use as the bur certification: To Be Completed by Physician/Medical	F	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1	Hospital: 1 inpatie 28a. Date of inju (Month, Da 28b. Piece of inju building, etc.)	Due to (or as a continuous contin	patient 3 DOA ime of jury M 28c.	28. Piaca of Da Other: 4 □ Nursing I njury at Work? 1 □ Yas 2 □ No ice e time, date end piace	24a. Was perful 24a. Was perful 1 ath (Check only) Homa 5 Resi 28d. Dascribe 28f. Location (City or To	Yes 28 No an autopsyormed? Yas 28 No one) denca 6 □Othe how injury occurre (Street and Number wn, Stete) cause(s) and mer	3 Probably 4 Un 24b. Were autopsy find available prior to completion of cause of death? 1 Yas 2 No or (Specity) ed
in Director: Aller this certificate has been signed by the attending physicial or if the furnism director, page 2 should be detected for use as the bur certification: To Be Completed by Physician/Medical	F	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1	Hospital: 1 inpatie 28a. Date of inju (Month, Da 28b. Piece of inju building, etc.)	Due to (or as a country of my knowledga, i examination and	patient 3 DOA ime of jury M 28c.	28. Piaca of Da Other: 4 □ Nursing I njury at Work? 1 □ Yas 2 □ No ice e time, date end piace	24a. Was perful 24a. Was perful 1 ath (Check only) Homa 5 Resi 28d. Dascribe 28f. Location (City or To	Yes 28 No an autopsyormed? Yas 28 No one) denca 6 □Othe how injury occurre (Street and Number wn, Stete) cause(s) and mer	3 Probably 4 Un 24b. Were autopsy find available prior to completion of caus of death? 1 Yas 2 No or (Specify) ed
The cartificate has been signed by the attending physicial direction, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical	F 2 2	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1	Hospital: 1 Inpatie 28a. Date of Inju (Month, Da) 28e. Piece of injuiding, etc. hysicien: To the best of miner: On the best of miner:	Due to (or as a country of my knowledga, i examination and	patient 3 DOA ime of jury M 28c. m, street, factory, off	28. Piaca of Da Other: 4 □ Nursing I njury at Work? 1 □ Yas 2 □ No ice e time, date end piace	24a. Was perful 24a. Was perful 1 ath (Check only) Homa 5 Resi 28d. Dascribe 28f. Location (City or To	Yes 25 No an autopsy ormed? Yas 25 No one) denca 6 Othe how injury occurre (Street and Number win, Stete) cause(s) and med data and place, a	3 Probably 4 Un 24b. Were autopsy find available prior to completion of cause of death? 1 Yas 2 No or (Specity) ed
the Furthernorder Attentions certificate has been signed by the attending physician plant of the function, page 2 should be detected for use as the burder of the function of	F 2 2	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1	Hospital: 1 Inpatie 28a. Date of Inju (Month, Da) 28e. Piece of injuiding, etc. hysicien: To the best of miner: On the best of miner:	Due to (or as a country of my knowledga, i examination and	patient 3 DOA ime of jury M 28c. m, street, factory, off	28. Placa of Da Other: 4 Nursing I njury at Work? 1 Yas 2 No ice e time, date end place ny opinion, daath occur	24a. Was perfect the perfect of the	Yes 28 No an autopsy primed? Yas 28 No one) denca 6 □Othe how injury occurre (Street and Number win, Stete) cause(s) and met data and place, a 29d. Date signed	3 Probably 4 Un 24b. Were autopsy find available prior to completion of cause of death? 1 Yas 2 No or (Specify) ed er or Rural Route Number nner es stated. and dua to the cause(s)
the Furthernorder Attentions certificate has been signed by the attending physician plant of the function, page 2 should be detected for use as the burder of the function of	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1	Hospital: 1 inpatie 28a. Date of Inju (Month, Da) 28e. Piece of inju be 28e. Piece of inju unitaring, etc. hysicien: To the best of and manner sta	Due to (or as a control of the contr	patient 3 DOA import Months of Jury	28. Placa of Da Other: 4 Nursing I njury at Work? 1 Yas 2 No ice e time, date end place ny opinion, daath occur	24a. Was perfect the perfect of the	Yes 28 No an autopsy primed? Yas 28 No one) denca 6 □Othe how injury occurre (Street and Number win, Stete) cause(s) and met data and place, a 29d. Date signed	3 Probably 4 Un 24b. Were autopsy find available prior to completion of cause of death? 1 Yas 2 No or (Specify) ed er or Rural Route Number nner es stated. and dua to the cause(s)
the Furthernorder Attentions certificate has been signed by the attending physician plant of the function, page 2 should be detected for use as the burder of the function of	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Part ii. Other significant conditions 25. Was casa raferred to medical axaminer? 1	Hospital: 1 inpatie 28a. Date of Inju (Month, Da) 28e. Piece of inju be 28e. Piece of inju unitaring, etc. hysicien: To the best of and manner sta	Due to (or as a control of the contr	patient 3 DOA import Months of Jury	28. Placa of Da Other: 4 Nursing I njury at Work? 1 Yas 2 No ice e time, date end place ny opinion, daath occur	24a. Was perfect the perfect of the	Yes 25 No an autopsy ormed? Yas 25 No one) denca 6 Othe how injury occurre (Street and Number win, Stete) cause(s) and med data and place, a	3 Probably 4 Un 24b. Were autopsy find available prior to completion of cause of death? 1 Yas 2 No or (Specify) ed er or Rural Route Number nner es stated. and dua to the cause(s)



State of Maryland / Department of Health and Mental Hygiene 8 0137

				State of Ivial		Certifica			Weiner 11	Reg. No.	UU	131
ı	Physici	an	1. Decedent's Nama (First, Middia, Last,						2. Data of Do	eath Day	Yaar	3. Tima of Death
	/Medi		Volney +	liggins					1	4/ 10	198	4:55 P.M
	Examir	er	4a. Facility Nama (If not institution, giva	street and number)				4b. City, Town, or	Location of Dea	th 4c. County	of Death	
			Dinai Huse			Killed	r 1 Yaar		roce		Fimo	
	Funeral Director		5. Social Security Number 6. Sa: 10 -94 - 8216 Usual Rasidance of Decedant		n yrs. last birth	Months				inn ay, Year) 7/1912	9. Birthpi Count	iaca (State or Foreign fry)
	Maryland f show	or	10a. Stata 10b. County	11	Oc. City, Town	or Location	0				10	0d. Inside City Limits
	the 128a	Director	10e. Street and Number		Sair		p Code			10g. Citizan of V	What Count	trv?
	h with 23a or	al Di	2902 Violet	Ave			121	5		Jama		.,
Maryland 21215-0020	be filed within 72 hours after death with the Maryland tal Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Marriad 3 Widowed 4 Divorced	12. Was Decedant Eva Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas:	ar in U,S.	13. Was Dece If Yas, sp 1 \(\text{Yas} \)		Hispanic Origin? (ean, Maxican, Pua Specify:	Specify Yas or N rto Rican, atc.)	o- 14. Rac Blac Specify	e - America ck, Whita, a	
5-0	natur	Completed	15. Decedent's Edu (Specify only highast grade		16a. C	Decedant's Us Giva kind of w	al Occu	pation during most of we	orking	16b. Kind of Bu	usinass/Ind	lustry
121	filed within Hyglene. Ather than "	ршр	Elementary/Secondery (0-12)	Collage (1-4or 5+)		armes		od)		Agrica	Mur	e
P	Hygie other	Be C	17. Fathar's Nama (First, Middla, Last)			50.10.01		18. Mothar's Na	ama (First, Middle	a, Meiden Sumen	10)	
ylar	Mental Mental arked o	To B	Henry Higgin	S				Helen	~ Ros	e		
lan	and and and		19e. Informant's Name/Reletionship (Ty		19b. I	Mailing Addras		4 - 1	Rural Route Numl	ber, City or Town,	Stata, Zip	Code)
	1 and Heelth em 27		Ida Higgins	(wife)		2 Vial.		Ave BJ	himore,	1 101/	215	
Ore	t of H If Ite		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ R		20b. Placa of I cematary	Disposition (Na , crematory or	othar pla	ice)	Data	20c. Location -	City or To	wn, Stata
ţ	artmen ortant: injury		4 □ Donation 5 □ Othar (Specify)		Woodlan				1/9/98	Baltimo	J iss	1d.
Baltimore,	permit. Peges 1 and Department of Heelth Important: If item 27 any injury or other to 2005.		21. Signatura of Funeral Samiou License	. Jan	~	The Oc		ass of Facility	S FHI	M.	1 21	1215
	AWS		23a. Part1. Entar tha disaasa, or compli shock, or haart feilura. List only or	cations that housed the	a daath. Do no	ot antar tha mo	da of dy	ng, such as cerdia	ac or raspiratory	arrest,		Approximata Intarval Between
	Physician /Medical Examiner		Immediata Cause (Final disaasa or condition rasulting in daath)	SEF							(onsat and Death
	ms. district	Examiner	Sequantially list conditions, if any, leading to Immadiata cause. Enter Undarlying	Du	umoni a to (or as a co	nsequence of):				1	
X 6976	certificate and individual physicial sections of the Desire and th	/Medical	Causa (Disaasa or Injury that Initialed evants resulting in death) Last	Du	SPIRATO a to (or as a co		*					
Вох	death de etten	cian										
0	the y th	Physician/M	Part II. Other eignificant conditions con	tributing to death but n	ot rasulting in t	the underlying	ceusa gi	van in Part I.		Aug.		the cause of death?
۵.	signed b	by P							. 1	Yee 2 No	3 Prob	eably 4 Unknown
Records,	aw requ	Completed t							24a. Was	s an autopsy formed?	con	ra autopsy findings allable prior to applation of ceusa death?
	0 - 0	Com							1□	Yes 20 No	1 🗆	Yas 2□ No
/ita	certificete rector, pag	Be	25. Was cesa referred to medicel exeminer?						eth (Check only	ona)		
of	Physician: r this certific rral director,	L L	1 ☐ Yas 2 No	ospital:	2 ER/Outp		UA		1	idence 6 Oth)
O.	After funer	tion:	27. Manner of Deeth 1 Natural 5 Panding 2 Accident Invastigation	28a. Data of Injury (Month, Dey Yo	gar) 28b. Tir Inj	ma of ury M	28c. Inju Wo	ryat ∉k?]Yas 2 ⊡No	28d. Dascribe	how Injury occur	red	
Division of Vital	To the Hospital or Attanding I within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	Certification:	2 Accidant Invastigation 3 Suicida 6 Could not be 4 Homloide datamined	28a. Place of Injury building, etc. (S	- At home, fam Specify)				28f. Location City or To	(Street and Numb own, Steta)	per or Rurai	Routa Number,
	To the Hospital or within 24 hours efter To the Funeral Director Completely filled in	edicai C	29e. Cartifiar (Check only one) 1 Certifying Physical Check only one) 2	Ician: To the best of mer: On the basis of ax and manner stated	amination and/	daeth occurred or Invastigetio	d at tha ti	ma, date and plac opinion, daath occ	e, and dua to the curred at tha tima	e ceuse(s) and ma , data and place,	innar as sta and dua to	ated. tha ceusa(s)
	Within To the	Me	29b. Signatura and titla of certifiar			25	c. Lican	sa number		29d. Data signe	d (Month, L	Day, Year)
	/		Durant O D	Miller		1	52	902321		Tanza	9111 4	1998
	5		30. Neme and address of person who co	mplated ceusa of daati		ype, Print)				Janua	"5"	1
			JWIGHT C. M 31. Data filed (Month, Day, Year)	1LLER 32 Registrate		NAI	110	SPITAL				
	Sta Registr	-	IANI 0 7 1000 4	32. Registrar's	Pandell							

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day **Physician** EUGENIA CALVERT HOLLAND JANUARY 6,1998 2:00 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ROLAND PARK PLACE BALTIMORE 5. Social Sacurity Number if Under 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** Days Months 1 M XX F Hours 215-09-2664 Yrs 88 Director MARYLAND Usual Residence of Decedant permit. Peges 1 and 2 should be filled within 72 hours aftar deeth with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Itema 23e or 28a-1 show any Injury or other traumatic event, the Madical Estimate. 10a. Stata 10c. City, Town or Location 10d. Inside City Limits MD. BALTIMORE CITY Director XX Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 830 WEST 40th. STREET 21211 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas A2 ☐ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status XX Never Married 2 Married Maryland 21215-0020 1 ☐ Yas XXNo Specify: WHITE þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry MARYLAND Etamantary/Secondery (0-12) Coltega (1-4or 5+) CORPERATE SECRETARY HISTORICAL SOCIETY YEARS 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumema) Be WILLIAM WEST HOLLAND ROSALIE **EUGENIA** CALVERT 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) 21212 19a. informant's Name/Raletionship (Type, Pnint) G.DAVID CALVERT (COUSIN) 6401 PINEHURST ROAD, BALTIMORE, MARYLAND, Baltimore, 20b. Place of Disposition (Name of cemetary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta XIXBuriai 2 Cramation 3 Ramoval from State GREEN MOUNT CEMETERY 01/10/98 BALTO., MD., 21202 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvica Licensas HENRY W.JENKINS AND SONS COMPANY 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 Kett 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer feilure. List only one ceuse on each line. Approximata Interval Batw **Physician** /Madical Immadiata Cause (Final 40415 disease or condition rasulting in death) Examiner Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Diseasa or injury that Initieted avants rasulting in daeth) Last Dua to (or as a consequence of): " ... Box 68760, The law requires that the death certificate be ex physician Physician/Medical the th Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.0. pege 2 should be deteched 23b. Did tobacco use contribute to the cause of death? signed by Dementia 1 Yes 2 No 3 Probably 4 Unknown Alzheimer Type Division of Vital Records, by Completed 24a. Wes en eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? peed this certificata 1 ☐ Yas No director, Be 25. Was casa refarred to medical 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Home XX Rasidence 6 Othar (Specify) 1 Yas X X No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Data of Injury (Month, Day Year) 27. Mennar of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Vatural 5 Panding 1 | Yas 2 | No Investigation 2 Accidant

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29d. Date signed (Month, Day, Year) **JANUARY 7,1998**

or Attending Physician: Aftar s effer decrei Afr filled in by To the Hoapital of within 24 hours of To the Funeral D completely filled is

> State Registrar

Medical

31. Data filed (Month, Day, Year)

3 Suicide

29a. Certifiar

29b. Signetura and

4 Homicida



28a. Place of Injury - At homa, ferm, street, fectory, office building, atc. (Specify)

XXCertifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and manner steted.

29c. Licansa number

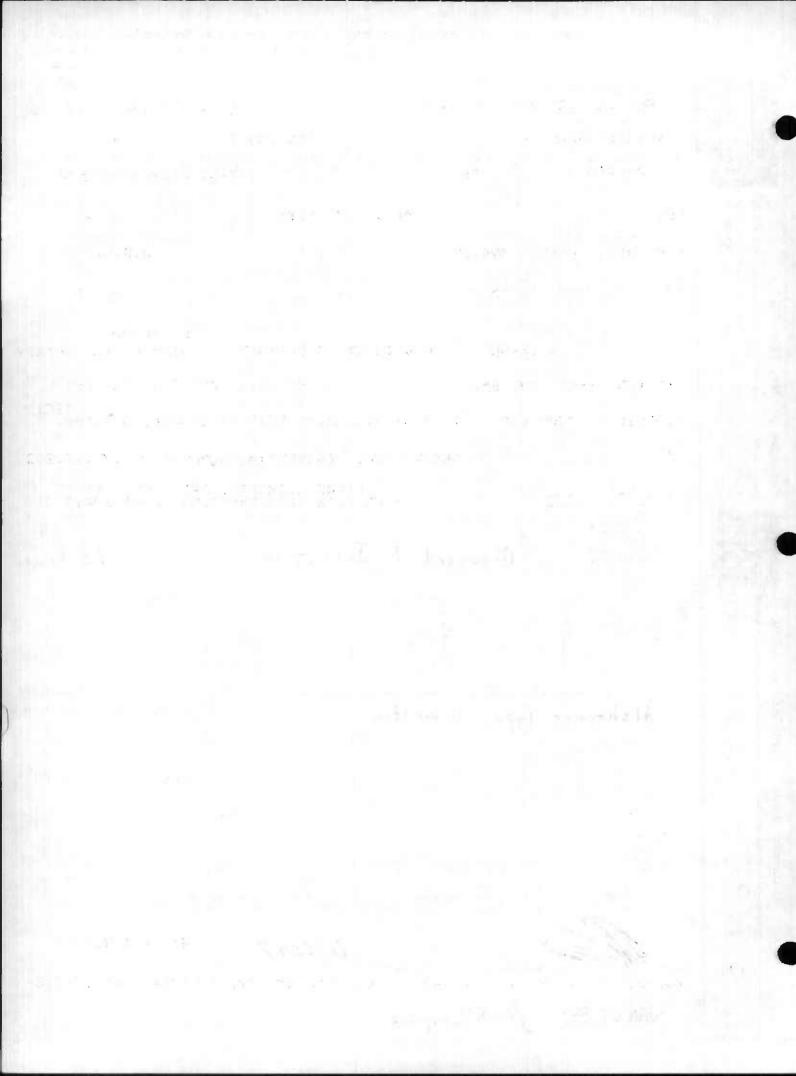
J. VISSING, M.D., 4300 N. CHARLES STREET, BALTIMORE, MD., 21218

D33897

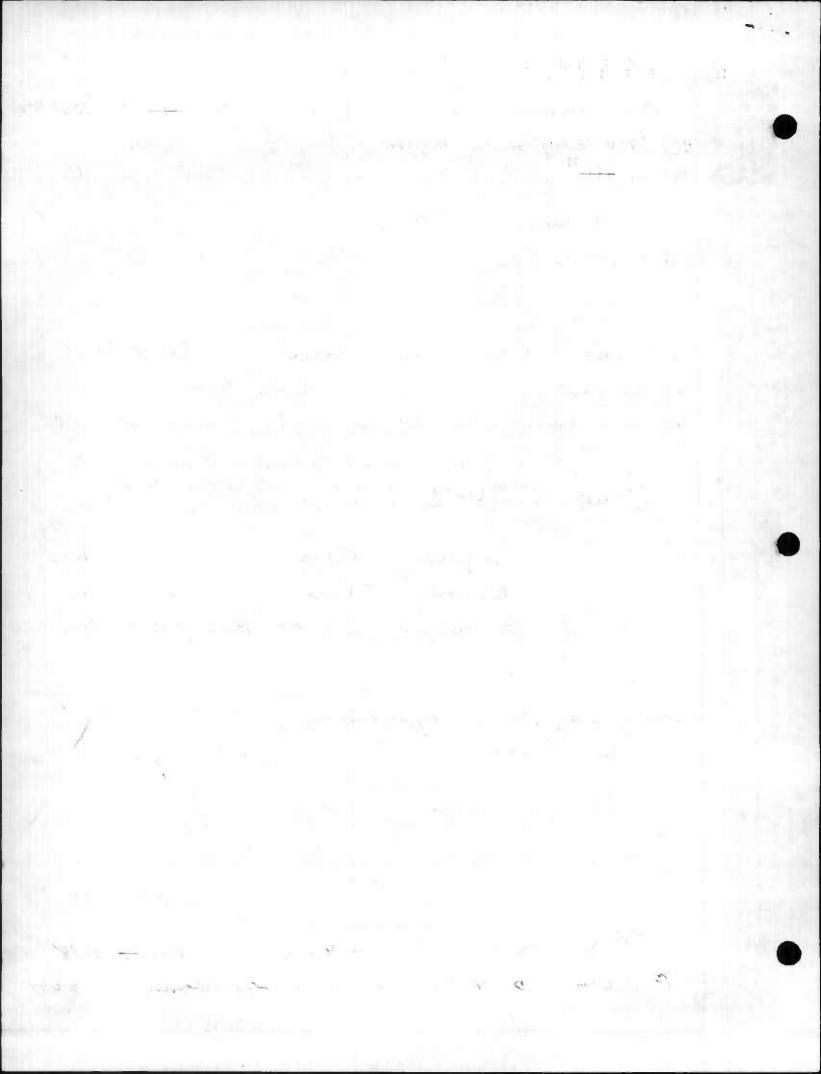
JAN 07 1998

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)

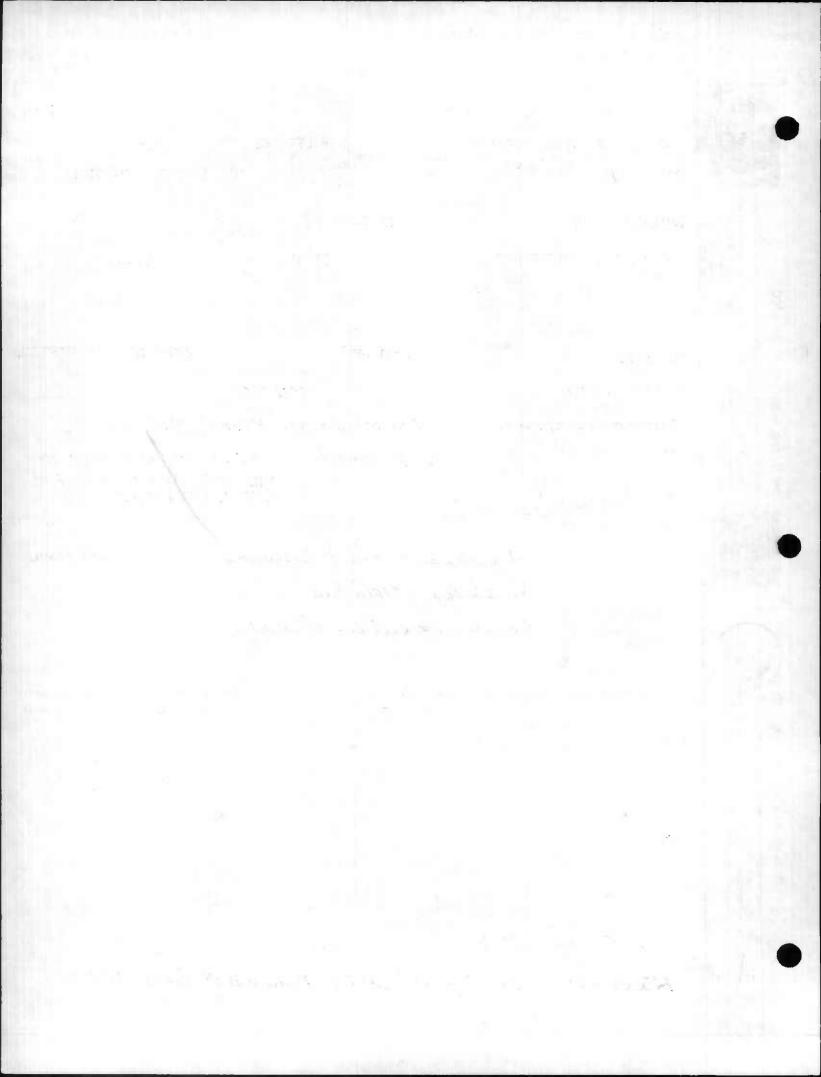
6 Could not be determined



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item #29d per FH G755 1/21/98 EW #2 Item #5 perFH G755 1/21/98 EW Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** Clara Hinton -5 98 5:55 AM Jan /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4ç. County of Death Examiner NA County Huspaito/ Coen eral HOWARD Social Security Number 997 If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) **Funeral** 9. Birthplace (State or Foreign Country) 10 M 20 F Months Days Hours Min Director Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location show 10d. Inside City Limits ns 23a or 28a-f shortman at Director 1 Yes 2 No HOWARD NA 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2941 BROOKWOOD 21042 USA Funeral HOAD Harma Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cyben, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. 11. Meritel Status th end Mentel Hygiene. 7 is marked other than "natural", or itam traumatic event, the Mentel Examine. Peges 1 end 2 should be filed within 72 hours after 1 Never Married 2 Married 1 Yes 2 No þ Specify: BLACK 3 ☑ Widowed 4 ☐ Divorcad Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) SCHOOL LEACHER GRADE Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) BARRON BABER WILLIAM ALLENA 19a. Informent's Name/Relationship (Tyge, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Heelth e If Item 27 is or other tra Ko COLUMBIA HINTON-LEE)AUGHIER BROOKWOOD Baltimore, 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Depertment of important: If any injury or GARDEN 1-10-98 CARROLLION, MS 4 ☐ Donetion 5 ☐ Other (Specify) CMC MEMORIAL 21. Signature of Funeral Service Libensee VAUGHN C. GREEUE FUNERAL SERVICE 5151 BALTO. NATL PIKE BALTO 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) hours Examiner bue to (or as e consequence of): The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last P.O. Box 68760, Heart Ferline Physician/Medicai Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, Be Completed by 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24e. Wes an eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No this certificate Division of Vital Attanding Physician: 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA filled in by the funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. tnjury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After 1 Natural 5 Pending Investigation Injury death. 1 Yes s efter death 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 8 To the Hospital o 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the cause(s) and manner as steled.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the ceuse(s) and menner stated. 29a. Certifier Medicai 296. Signature a with of og 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Frint) 10724 Little Deteor Parladay Colverbia, 31. Date filed (Month, Day, Year) Signature State JAN 07 Registrar



				State o	f Maryla	nd /		rtment o tificate		lealth ar Death	nd Mer	ital Hy	giene Reg. No."	8 6	00	140	
Physician /Medical	ı.		ARA	Α.	H00E)						Dete of De Month	Dey 05		ear	Time of Deeth	
Examiner Funeral Director		603 GE0 5. Social Security No. 223-20-11	RGE STRI	200100000000000000000000000000000000000	m <i>ber)</i> T #3 7. Age (In yrs	. last b	irthday) Yrs.	If Under 1 \ Months D	E		ORE C	on of Deat	th 4c. (N/A 9.		o (State or Forei	gn
ylend	- 1-	Usuel Residence of 10e. Stete	Decedent 10b. County		10c. C	ity, To	wn or Loc	ation							10d.	Inside City Limi	ts
with the Meryland a or 28a-f show to notif at at		MARYLAND	N/A				BA	LTIMO		CITY						XYes 2□N	0
		10e. Street end Nun		REET APT	3			10f. Zip Co		21201			10g. Citiz	en of Whe	ot Country?		
hours after death v hursi', or items 23e Exemine man	1	11. Marital Stetus 1 Never Merric 3 Wildowed	ed 2 💢 Married	12. Was Dece Armed Fo	edent Ever in larces? 2000 2000	J,S.		/as Decedent Yes, specify	t of I-	Ilspenic Origin an, Mexican, F Specify:	n? (Specify Puerto Rica	Yes or No in, etc.)		4. Rece - / Bleck, V	American I White, etc.		
21215- 3 within 72 jiene. r than "nai	3	(Special Elementery/Second Sthanger 1973)		Education rade completed) College (1	-4or 5+)	16		ent's Usuel C ind of work of O NOT use r		petion during most of d)	of working				ess/Indust	HOSPIT	AL
re, Maryland 2 st and 2 should be filed f Health and Mental Hygi tem 27 is marked other other traumatic event. It is Be Co	3	17. Fether's Neme (i WILLIAM 19a. Informent's Ne	MANNING	•		40	h Maille	Address (C			WES]				. 7. 0		
	-	Margare Margare Method of Disp X Buriai 2 C	t Grooms osition Oremetion 3	Daughte	20b.	Pleca cemet	200 of Dispos		sle of or ple		Rich	mond ete	, Vir	ginia ation - City	a 232 y or Town,	31 Stete	
Baltimo		4 ☐ Donetion 21. Signeture of Fur		1	0.4		-				WILLI			WN CON	MMUNI	RYLAND TY F/H	
Physician /Medical Examiner particular (Application of the particular of the physician of t		Immediate Ceuse (F disease or condition resulting In deeth) Sequentielly list con if eny, leeding to immoduse. Enter Under Cause (Disease or Inthet Initiated events resulting in deeth) Li	nditions, mediete tying njury	b. Oca c. Cer	abete Due to (or as e	1	elli's	tu	- Sise s disc					2	4 Year	1
P. O. Box that the desired and by the attended detached or and Physician		Pert II. Other signific	cent conditions	contributing to de	eath but not re	sulting	in the un	derlying caus	se giv	ven in Pert I.			tobacco u Yes 2	-		cause of deat	
ecords, aw requires to the sear signal sear signal sear signal sear signal sear signal sear sear sear sear sear sear sear sear												24a. Wes	en eutops ormed?	ву 2	avelleb	outopsy findings ble prior to ation of cause th?	
= F # 0				T								10	Yes 2	S No	1 🗆 Ye	s 27 No	-
- K 50 D		25. Was case referre exeminer? 1 Ves 2		Hospitel:	npetient 2	ER/O	utpetient	3□ DOA	Oth	26. Plece of her: 4 \(\subseteq\) Nursli	f Deeth <i>(Cl</i> Ing Home			□Other (3	Specify)		
After fune		27. Menner of Deeth 1 Neture1 2 Accident 3 Sulcide 4 Homicide	5 Pending Investigeti 6 Could not determine	on be 28e. Pleca	of Injury h, Dey Year) of Injury - At t ng, etc. (Speci	nome, f	Time of Injury arm, stre	М		yet k? Yes 2⊡No	28f.	Location (how Injury Street end wn, Stete)		or Rurel Ro	oute Number,	
Division To the Hospital or Attendibility within 24 hours efter dealt to the Funeral Director: completely filled in by the Medical Certifical		29a. Certifier (Check only one)	Certifying F	thysician: To the iminer: On the ba	isls of examina	owledg ation er	e, deeth nd/or inve	occurred et the estigation, in	he tir my o	ne, date end p pinlon, deeth	olece, end occurred a	due to the	cause(s) e dete end p	end manne plece, end	er as steted due to the	d. cause(s)	
To within to the common of the		29b. Signeture and	1200/	M.	D			DI	161	e number			1-	6-9	77		
H		Name and addre	UALD	O · CR	o of deeth (Ite DS/EY egistrar's Sign	MI	(Type, P	rint) /235	F	. Mone	umen	187	Bai	lto 1	111 2	1202	
State Registrar			JAN 07		Julia D	wide	on-R	indess.									



	Decedent's Name (First, Middle.	EO G-755 1/15/	98 dh	Certific	cate of	Death	2. Dete of De	Reg. No.		2 Time of David
ian ical	Derrick L	1.1	irci	ım			JANUA I	Day	Yeer 998	3. Time of Death 9:56PM
er	4a Fecility Name (If not institution, JOHNS HOPKINS HO 5. Social Security Number 212-80-3793 Usual Residence of Decedent	SPITAL E.R.	37		Inder 1 Yeer oths Days	BALTIMOF	s. 8. Dete of Bi (Month, D		9. Birthple	ice (State or Fore
	10a. State 10b. County		10c. City	, Town or Location	1		-		10	d. fnside City Lim
	md		Ba	altimor	e					12 Yes 2 1
	10e. Street end Number				. Zip Code			10g. Citizen of		γ?
		FF Mau S	5+.	0 40 141-05	annelant of	Diamento Origina	(Canally Man or N		US-A	n Indian
	11. Marital Stetus 1 Mever Married 2 Marrie 3 Widowed 4 Divorced	Armed Forces?			specify Cut	Hispanic Origin? Den, Mexican, Pue Specify:	orto Rican, etc.)	Specify	ck, White, e	
	15. Decedent's (Specify only highest			16a. Decedent's	f work done	during most of w	rorking	16b. Kind of B	usiness/Indi	istry
	Elementary/Secondary (0-12)	College (1-4or 5	+)	life. DO N	OT use retire	9d)		2011	0.1.	,
	12 grade 17. Father's Name (First, Middle, La	ast)		Coustr	ucti	T	ame (First, Middle	balt. Maiden Sumen	ne)	
						Bren	da H	lawki	ns	
١	19a. Informant's Name/Relationshi	ip (Type, Print)		19b. Mailing Ad	dress (Stree	t and Number or	Rural Route Numi			Code)
	Emmanuel	Price	1	3319	Sha	MON	Drive	Balt.	md	
	20a. Method of Disposition 18 Burial 2 ☐ Cremation 3	3 □Removal from State	20b. P	lece of Disposition emetery, cremator	(Neme of or other pla	ace)	Date	20c. Location	- City or Tov	m, Stata
	4 ☐ Donetion 5 ☐ Other (Spe 21. Signeture of Funeral Service Li		Vo		Nem.	Garden ess of Facility	1-8-98	Dundo	UK	Md
	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to (or	r as a consequencer as a consequencer as a consequence	a of):					
	Part II. Other eignificant condition	e contributing to death bu	it not resu	ulting in the underly	ing cause g	iven in Part I.	23b. Dfc	i tobacco uee co	entributa to	the cause of dea
I	CIRRHOSIS OF LIVE	ER					1	Yes 2 No	3 Prob	ably 4 Unkn
							24e. Wa	s en eutopsy formed?	com	e autopsy finding lable prior to pletion of cause eath?
ı							12	Yes 2□No	10	Yes 2□ No
1	25. Was case referred to medical				10	26. Place of D	eath (Check only	one)		
	exeminer?	Hospital:	2 2	ER/Outpatient 30	J DOA	4 Li Nursing	Home 5 Res	idenca 6 Oth how Injury occur		
	exeminer? 1 🖫 Yes 2 🗀 No 27. Manner of Death 1 □ Naturel 5 □ Pending 2 □ Accident Investiga	tion -	Year)	28b. Time of Pinjury	Wo	ork? Yes 2000No	unknown			
	exeminer? 1	28a. Dete of fnjur (Month, De)	Y Year) /98 Iry - At ho	28b. Time of P	10	Yes 2000		(Street and Numbown, State) 409		Route Number, llington A
	exeminer? 1 X Yes 2 No 27. Manner of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier 1 Certifying	28a. Dete of fnjur (Month, De) tot be led 28a. Plece of Injur 28a. Plece of Injur building, etc	/ Year) /98 liry - At ho . (Specify ling of my known exeminet	28b. Time of Injury M	1 Coctory, office	Yes 2 XXNo	28f. Location City or To Baltimore ca, and due to the	e, Marylan e ceuse(s) end m	id anner as sta	ted.
	exeminer? 1	28a. Dete of Injunction ation at be led 28a. Plece of Injunction found: 1/2 28e. Plece of Injunction found: dwe1 Physician: To the best of the best of the properties of the	/ Year) /98 liry - At ho . (Specify ling of my known exeminet	28b. Time of Injury M	nctory, office	Yes 2 XXNo	28f. Location City or To Baltimore ca, and due to the	e, Marylan e ceuse(s) end m	anner as sta and due to ed (Month, C	ted. the cause(s)
Medical Certification: To Be Completed	exeminer? 1	28a. Dete of fining (Month), Dey found: 1/2 28e. Plece of Injudicing, etc found: dwe 1 Physician: To the best of examinar: On the basis of and manner sta	/year) /98 Iny - At hoc. (Specify) I ing If my know exeminet ted.	28b. Time of Pinjury M me, ferm, street, for y) wledge, death occur ion end/or investig	rred at the tetion, in my 29c. Licen O.C	ime, dete end pla opinion, death oc	28f. Location City or To Baltimore ca, and due to the curred et the time	e, Marylan e ceuse(s) end m n, date and place, 29d. Date signe	anner as sta and due to ed (Month, E	the cause(s) lay, Year)

ALC: CALL MARTINE LINE BENEFIT HER

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Day Month Year KAISHA **JOHNSON** JAN. 01, 1998 2:20 pm 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death MERCY MEDICAL CENTER BALTIMORE CITY If Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) 5. Social Security Number Birthplaca (State or Foreign Country) 10M 20x Months Days Hours NONE 0 Yrs 01, 1993 MARYLAND Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☐ No MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3418 SPELMAN ROAD 21215 U.S.A. 12. Was Decedant Evar In U,S. Armed Forcas? 14. Raca - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Nevar Married 2 Married 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1□ Yas 2ENo **NEGRO** 3 ☐ Widowed 4 ☐ Divorced 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) N/A N/A NONE NONE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) SEAN **JOHNSON** ALISIA BRENDA RAWLINGS 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) ALISIA B. RAWLINGS CR 3418 SPELMAN ROAD BALTO MD 20c. Location - City or Town, State cematary, cramatory or other place) / MOTHER 20a. Mathod of Disposition 1 ₺ Burial 2 □ Cramation 3 □ Ramoval from Stata MT. ZION CEM. 4 □ Donation 5 □ Other (Specify) JAN. 9, 1998 Balto, Md. 21. Signature of Funeral Service License 22. Nama and Addrass of Facility CALVIN B. SCRUGGS FUNERAL 1412 E. PRESTON ST. BALTO, math. Do not antar the mode of dying, auch as cardiac or respiratory arrest, 21213 Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that cause shock, or heart failure. List only one cause on as a limit Immediata Causa (Final disaasa or condition rasulting in daath) PREMATURITY Dua to (or as a consequance of): Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

Director

Funeral

þ

Completed

2

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or learn 23a any injury or other traumatic event, the Medical Examples 2006.

Baltimore, Maryland 21215-0020

with the Maryland

USB

P.O. Box 6876 ed by the at detached for been signed by t should be detach Records, page 2 has certificate Division of Vital after death.

Director: After this certifica funeral

25. Was casa rafarred to medical 27. Mannar of Death Certification: Natural

axaminar?

2 Accident

3 Sulcida

29a. Certifiai

4 Homicide

(Check only one)

1 Yas 2 No

Examiner Physician/Medical à

Completed Be 2

> completely filled in by To the Hospital of within 24 hours at To the Funeral D Medical

State Registra

31. Data filed (Month, Day, Year)

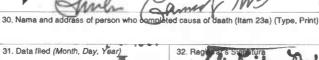
29b. Signatura and titla of certifiar

JAN 07

5 Panding

Invastigation

8 Could not be datarmined



28a. Data of Injury (Month, Day Year)

and manner stated.

1 Certifying Physician: To the best of my knowledga, death occurred at tha time, date and place, and dua to tha cause(s) and manner as stated.

Under the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29c. Licensa number 29d. Data signed (Month, Day, Year)

Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify)

28d. Dascribe how injury occurred

26. Placa of Daath (Chack only ona)

2 NO

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

2D No

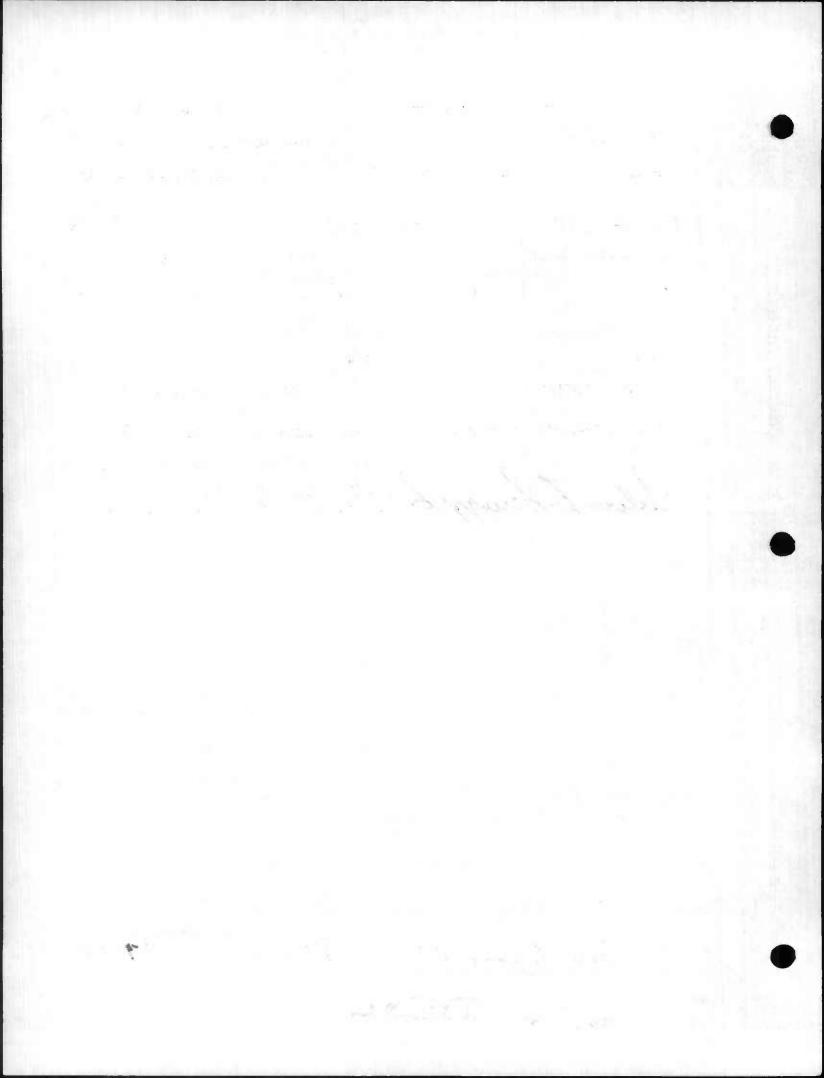
1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Place of Injury - At home, tarm, streat, factory, offica building, atc. (Specify)

28b. Time of

28c. Injury at Work?

1 ☐ Yas 2 ☐ No



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death . 1998 JAN. 01, KATYA **JOHNSON** 2:23PM 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death MERCY MEDICAL CENTER BALTIMORE CITY 5. Sociei Security Number If Under 1 Yeer | if Under 24 Hrs. 7. Age (In vrs. last birthday) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dev. Year) Deys 1□M 20 F 0 Yrs. JAN. 01, 1998 MARYLAND

10d. Inside City Limits

24b. Were autopsy findings available prior to completion of causa of death?

1 ☐ Yes 2 No

10g. Citizen of Whet Country?

1 ☐ Yes 2 ☐ No

10c. City. Town or Location

BALTIMORE CITY

10f. Zip Code

Funeral Director the Mandand 28a-f show must be notified at ŏ

Physician

/Medical

Examiner

NONE

MARYLAND

10e. Street and Number

10a. Stete

Usuei Residence of Decedent

10b. County

NONE

Items 23a death

Director 3418 SPELMAN ROAD 21225 U.S.A. Funeral Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indien, Bieck, White, etc. permit. Pagas 1 and 2 should be filed within 72 hours aftar c Department of Haalth and Mental Hygiane. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Mental Examinates. Never Merried 2 Merried 1 Yes 2 No If Yes, Give Yeer or Detes: Specify: NEGRO Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) NONE NONE N/A N/A 17 Father's Name /First Middle Last) 18. Mother's Neme (First, Middle, Melden Surname) Be SEAN JOHNSON ALISIA RAWLINGS 19e. informent'a Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3418 Spelman RD.

20b. Place of Disposition (Name of cametery, cremetory or other place) ALISIA RAWLINGS / MOTHER BALTO, MD. 20e. Method of Disposition Dete 20c. Location - City or Town, Stete t ⊠ Buriei 2 □ Cremetion 3 □ Removel from Stete MT. ZION CEM. 4 □ Dopation 5 □ Other (Specify) JAN. 9, 1998 Balto. Md. 21. Signature of Funeral Service License 22. Neme end Address of Fecility CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213 le deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23a. Part1. Enter the disease, or confidentions that shock, or heert feilure. List only one cause on each Physician tmmediate Cause (Final disease or condition resulting in death) PREMATURITY Examine Due to (or es e consequence of) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Physician/Medical E 68760 Due to (or es a consequence of): P.O. Box Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Nunknown Records. Aq cata has been sig. Completed 24e. Wes an autopsy performed? cartificata of Vital Hospital or Attending Physician: director, Be 25. Was case referred to medical 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No P Aftar this filled in by the funaral 28c. Injury at Work? 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred Division 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No death 2 ☐ Accident after death 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours Medicai 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the bests of exeminetion and/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and menner steted. 29e. Certifier To the Hosp within 24 hou To the Fune completely fi 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

32. Re is tar's Senature 31. Dete filed (Month, Day, Year) **JAN 07**

State

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month 9:11p.m. Regina V. Kirk Januaru 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death H Under 1 Year | H Under 24 Hrs. 8. Date of Healthcare Agnes Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Yaar) 5. Social Security Number 7. Aga (In yrs. last birthday) Days Hours 1□ M 2 F 216-14-8636 Yrs. 74 23, 1923 Nov. Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore City 1 ¥ Yas 2 □ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1421 Andre Street 21230 United States 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 1 ☐ Yas 2 ☑ No if Yes, Giva Yaar or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: Specify. 3 Widowed 4 □ Divorcad White 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Cleaning Lady Cleaning 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Victor J. Maszko Mary Wayne 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Thomas V. Kirk / Son 1421 Andre Street, Baltimore Maryland 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata XX Burial 2 Cramation 3 Ramoval from Stata Cedar Hill Cemetery January 8,1998 4 ☐ Donation 5 ☐ Other (Specify) Baltimore City 21. Signatura of Funeral Sarvice LicanseeVictor P. Doda, Jr. 22. Nama and Addrasa of Facility Charles L. Stevens Funeral Home, Inc 1501 East Fort Avenue, Baltimore, MD 21230 23a. Part1. Entar tha disaase, or complications that cause of shock, or heart failure. List only one cause on each line seath. Do not enter the mode of dying, such as cardlac or respiratory arrest, Immediata Causa (Final Prevmonia 3 days disaasa or condition resulting in death) Dua to (or as a consequence of): Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting in daath) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Cerebrovascular Accident -1 Yee 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Dementia Diabetes Mellitus 1 Yas 20 No 26. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Other (Specify) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of

aug physician s the buria on of Vital Records, P.O. Box 68760 Physician/Medical 흅 signed by the This certificate a To

Physician

/Medical

Examiner

MD

Director

Funeral

by

Completed

Be

Funeral

Director

death with the Maryland

pemit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any follory or other traumatic event, the Mostes Example mail to m

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

27. Manner of Death 1 Naturat 2 Accidant 3 Sulcide

25. Was casa raferrad to medical axaminar?

1 Yas 2 No

5 Pending invastigation 6 Could not be determined 4 Homicida

28a. Data of Injury (Month, Day Yaar)

1 ☐ Yas 2 ☐ No 28a. Placa of Injury - At homa, farm, streat, factory, offica building, etc. (Specify)

28f. Location (Streat and Number or Rural Route Number, City or Town, Stata)

(Check only one) 2 Medical Examinar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar

29a. Cartifian

29c. Licansa number

🗺 Certifying Physician: To tha best of my knowledge, death occurred at tha tima, data and placa, and dua to tha causa(s) and manner as stated.

29d. Data signed (Month, Day, Year)

Duke Crane, M.D 30. Nama and address of person who complated causa of death (Item 23a) (Type, Print)

Avenue, Baltimore, Maryland

January 5, 1998

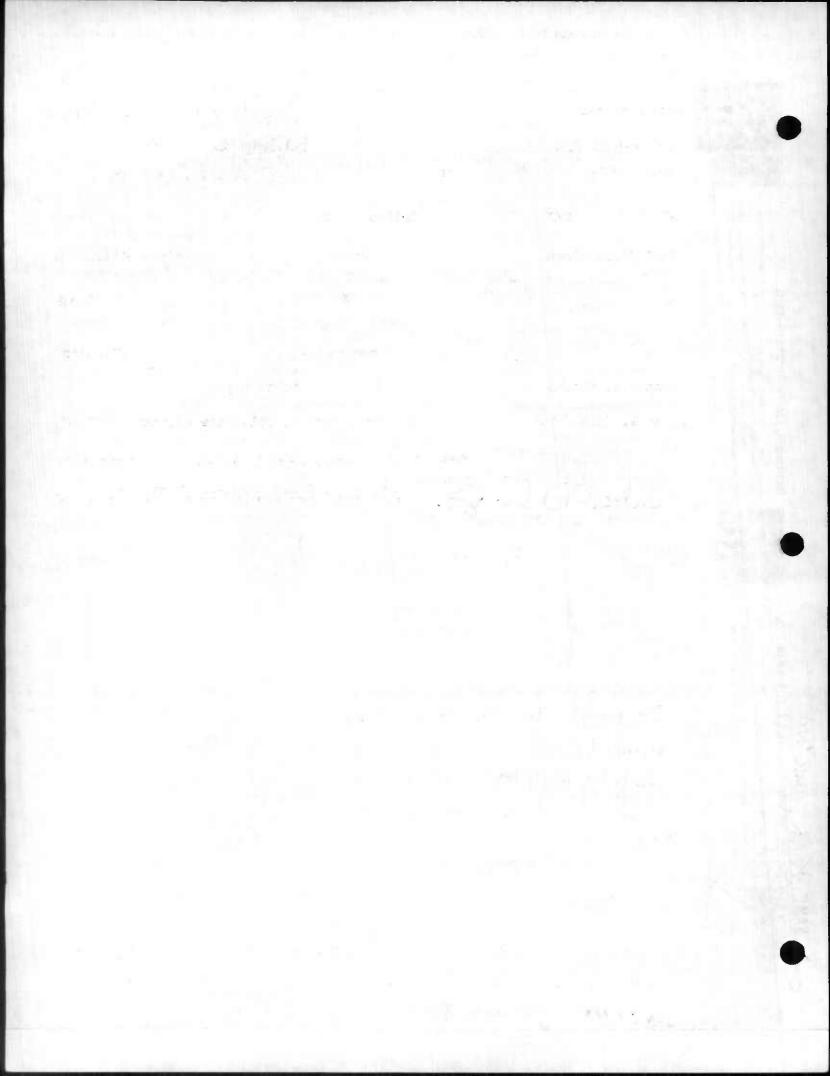
Duke Crane

31. Data filed (Month, Day, Year)



900 cator

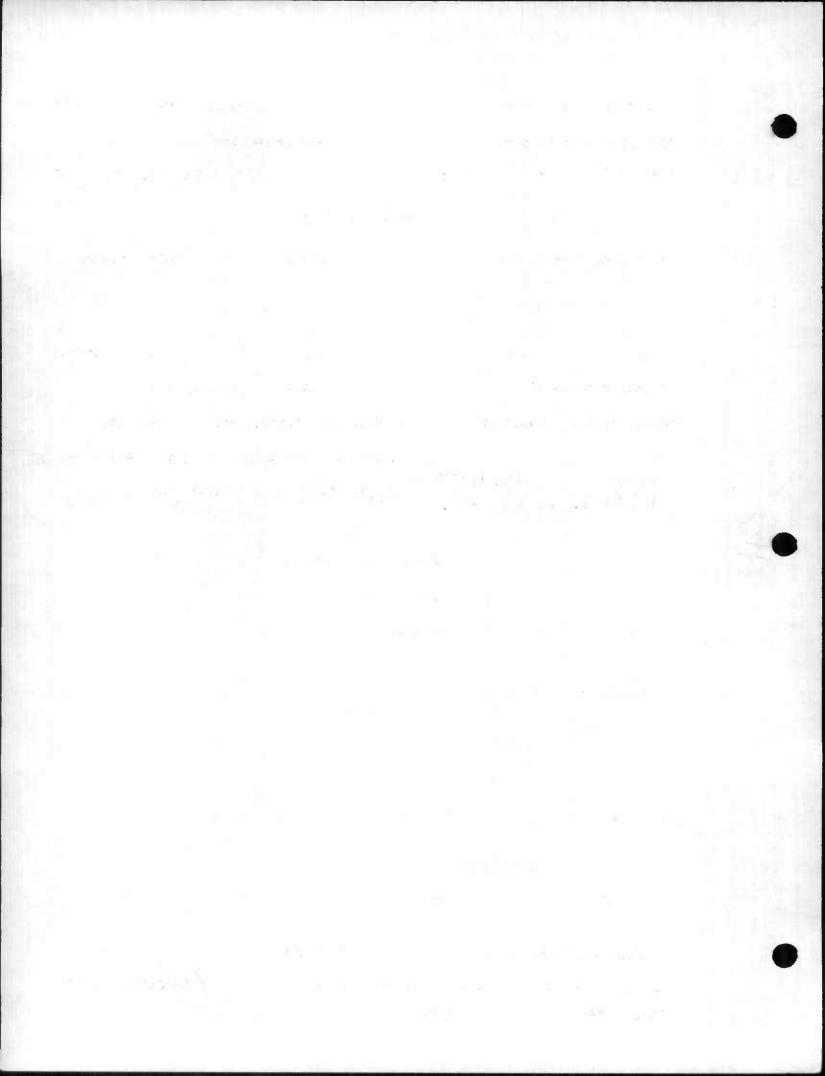
State Registrar



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8 00 145

A RESTRICTION OF THE PARTY NAMED IN		1. Decedent's Neme (First, Middle,							2. Dete of De Month		Year	3. Time of Deeth		
hysicia /Medic	_	Phillip I. K	lemkows	ki					January	4, 1998	Tear	11:00ar		
xamin		4e. Fecility Neme (If not institution,		nber)				. City, Town, or L		4c. County				
		1500 East Fort						ltimore	_		N/A			
neral ector		212-40-1817	Sex 1₩ 2□F	7. Age (In yrs. 94	lest birthdey) Yrs.	If Under 1 Y Months D	eys	if Under 24 Hrs. Hours Min.	(Month, De	y, Year) per 24,	9. Birthpla Countr 1903	ice (Stete or Foreign y) MD		
od at	-	Usuel Residence of Decedent 10a. Stete 10b. County		10c. Ci	ty, Town or La	cation					100	d. Inside City Limits		
a paul	tor		I/A			timore	Cit	У				XX Yes 2 No		
e notifie	Director	10e. Street and Number				10f. Zip Co	de			10g. Citizen of	Whet Countr	γ?		
	18	1500 East Fort	Avenue				21	.230		United	d Stat	es		
Examiner must be realthed at by Funeral Director	ine	11. Meritei Stetus	12. Wes Dece Armed For	12. Wes Decedent Ever in U,S. Armed Forces?			. 13. Wes Decedent of Hispanic Origin? (ecify Yes or No	- 14. Rac	ce - American			
	Ď	1 ☐ Never Merried 2 ☐ Merried 3 🛣 Widowed 4 ☐ Divorced	1 ☐ Yes If Yes, Giv	1 ☐ Yes XXXNo If Yes, Give 1 ☐ Yes 2 Year or Detes:					,	Specif				
man natur ma Medical	P P	15. Decedent's	Education				ccupet	ion		16b. Kind of B	usiness/Indu	istry		
	mple	Elementery/Secondery (0-12)	Education 16a. Decedent's (Give kinds of life. Do No.			Bingo C			ang	Ent	certai	nmont		
	0	6th 17. Fether's Neme (First, Middle, La	N/A]	orngo c	1	18. Mother's Nem	e (First, Middle,			Imiciro		
	To Be	Walter Klemkov						Julia	T. WELLGOOD	nown)				
other traumatic	-	19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meilir	ng Address (Si	treet er	nd Number or Rur	•		State, Zip C	Code)		
2		Thelma Tiesi /	Daughte	r	1500	East F	ort	Avenue	Baltir	nore MD	2123	0		
on l		20a. Method of Disposition			Piece of Dispo	sttion (Name o	of r place.)	Dete	20c. Location	City or Tow	m, Stete		
2		Donetion 5 ☐ Other (Spe						ery Janu	ary 6,	1997	Balti	more MD		
any injury or o		21. Signature of Funerei Servica Life 23a. Pert1. Enter the disease, or conshock, or heart feilure. List or	Ool	The	Ch	narles 501 Eas	L.	Stevens ort Aver	nue, Bal	Ltimore	MD 2	1230 Approximete		
	8	Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest	a. b	Dul to (or as a consequence of a consequence of a consequence of as a consequence of a	wence of):	20	7-0						
	lan		d											
	Phy	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.						n In Pert I.	23b. Did tobacco use contribute to the cause of dee					
	Completed by								24a. Was perfo	an eutopsy med?	com	e sutopsy findings leble prior to pletion of cause path?		
- Anna	Con								101	res 20 No	10	Yes 2□ No		
	Be	25. Was case referred to medical examiner?	1.					26. Plece of Deet	h (Check only o	nne)				
5	2	1 Yes 25 No			ER/Outpatien		Other	4 LI Nursing Ho		dence 6 Oth				
	ertification:	27. Menner of Deeth 1 Netural 5 Pending 2 Accident Investigel	on	f Injury n, <i>Day Year)</i>	28b. Time of Injury	28c.	Injury a Work?	es 2 No	28d. Describe I	now injury occur	red			
da la pa	Certific	3 ☐ Suicide 6 ☐ Could not determine	4 20e. Fiece	of Injury - At h ig, etc. (Speci	ome, ferm, str	eet, factory, of	fice		28f. Location (S City or Tov	Street and Numb vn, Stete)	per or Rural i	Route Number,		
completaly fi	edicai	29e. Certifier Cortifying (Check only one)	Physician: To the laminer: On the ba end menn	sis of examine	wiedge, deeth itlon end/or inv	occurred et the restigetion, in i	ne time my opir	n, dete end plece, nion, deeth occurr	end due to the red et the time,	ceuse(s) end mo date and place,	enner es star end due to t	ted. he cause(s)		
moo :	Date	29b. Signeture end title of certifier				29c. Li	cense i	number		29d. Dete signe	d (Month, Di	ey, Year)		
		free n	form	29b. Signeture end title of certifier 29c. License number D 16136							4 115798 215 Moonwood.			
		30. Name and address of person wh								-				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decadant's Name (First, Middla, Last) 2. Date of Deeth Day Month Yeer **Physician** KIRKPATRICK 4:288.0 BLAIR TRIANS JANUARY 4 1998 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4e. Fecility Nema (If not institution, give streat and number) Examiner GREATER BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. BALTIMORE LADIOS 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthdey) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foraign Country) **Funeral** Days 08 M 2□ F Months Hours Yrs. Director 001.12 1901 216 05 4065 MARYLAND Usuel Residence of Dacadant 10a. Stata 10b. County 10c. City, Town or Location "natural", or items 23s or 28s-f show edical Examiner must be notified at 10d. Insida City Limits 1 ☐ Yes 27 No Director MARYLAND HARFORD BELRIR 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? LAKESIDE RIVE U.S.A 301 21015 death Funeral 12. Was Decedant Evar In U,S. Armad Forces? 1 ☐ Yas ZZE No If Yas, Giva Yaar or Datas: 14. Rece - Amarican Indian, Black, Whita, etc. Was Decedant of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status should be filed within 72 hours after and Mental Hygiene.

marked other than "natural", or itea 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: WHITE Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantery/Secondery (0-12) College (1-4or 5+) U.S. FIDERAL GOV.T. 127RS. SISCIRONICS ENGINEER 7 is marked other traumatic event, 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumema) Peges 1 and 2 should be 1 nent of Health and Mental I int: If item 27 is marked of KIRKPATRICK BERTHA THOMAS 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) AV PHOZNIX MARYLAND 20c. Location - City or Town, State ROBERT L. KIRKPATRIC RINCESS AME WAY 13724 or other t 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition Data JAN.8 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Pege Department of Important: If any injury or once. BELRIR MEMORIAL 1998 4 ☐ Donation 5 ☐ Othar (Specify) BILAIR 21. Signature of Funaral Service Licen 22. Nama and Addrass of Facility CHAPIL - BILAIR, P.A. 23a. Part1. Entar tha diseasa, or complicitions that causal the death. Do not antar the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. FORSOT HILL MARYLAND Approximala Intarval Batween Onset end Death **Physician** /Medicai Immediate Ceusa (Final day diseese or condition rasulting in death) Examiner Dua to (or as e consaquanca of). Examiner Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Ceuse (Diseasa or Injury that initioled evants rasulting in death) Last Dua to (or as a consequence of): 68760 Physician/Medical Dua to (or as a consequenca of): Box P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dld tobacco use contribute to the cause of deeth? 1 Yes 28 No 3 Probably 4 Unknown Records. by 8 Completed 24b. Wara autopsy findings available prior to 24a. Wes an autopsy performed? complation of cause of death? 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No sion of Vital 25. Was casa refarred to medical axaminer? Be 26. Place of Deeth (Check only one) Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Tima of 28c. Injury et Work? 5 Panding invastigation nding 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 ☐ Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straet, factory, office building, atc. (Specify) 4 | Homicide 29a. Certifier 156. Certifying Physician: To the best of my knowledge, daath occurred at tha time, data end plece, end due to the cause(s) and menner es ststed.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at tha time, data and place, and dua to the cause(s) and manner steted. (Check only one) 29b. Signature and little of certifier 29c. Licansa number 29d. Dala signed (Month, Day, Year)

7600 OLSIR

Tuna Daydoon-Handell

32. Ragistrar's Signatura

D-12849

ORIVE TOWSON, MARYLAND

State Registrar wellen

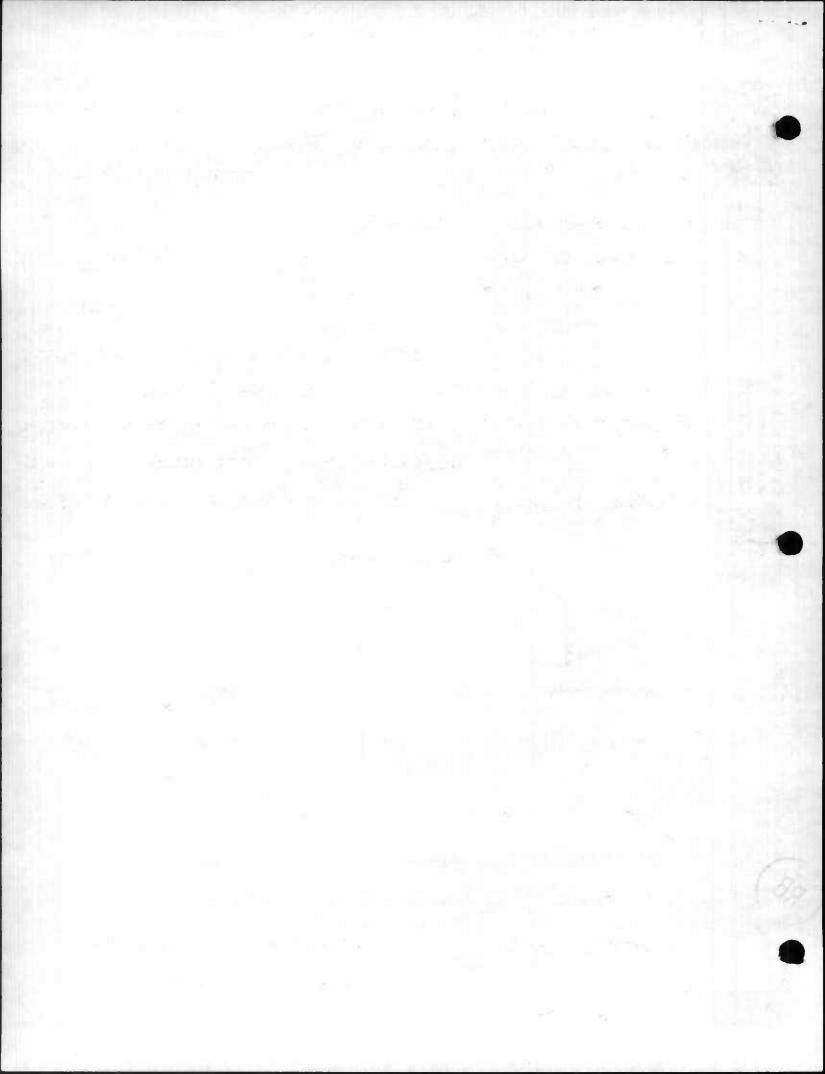
DR.A.H. GHILADI

JAN 07

31. Data filad (Month, Day, Year)

30. Nama and addrass of person who completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Rev 6/95



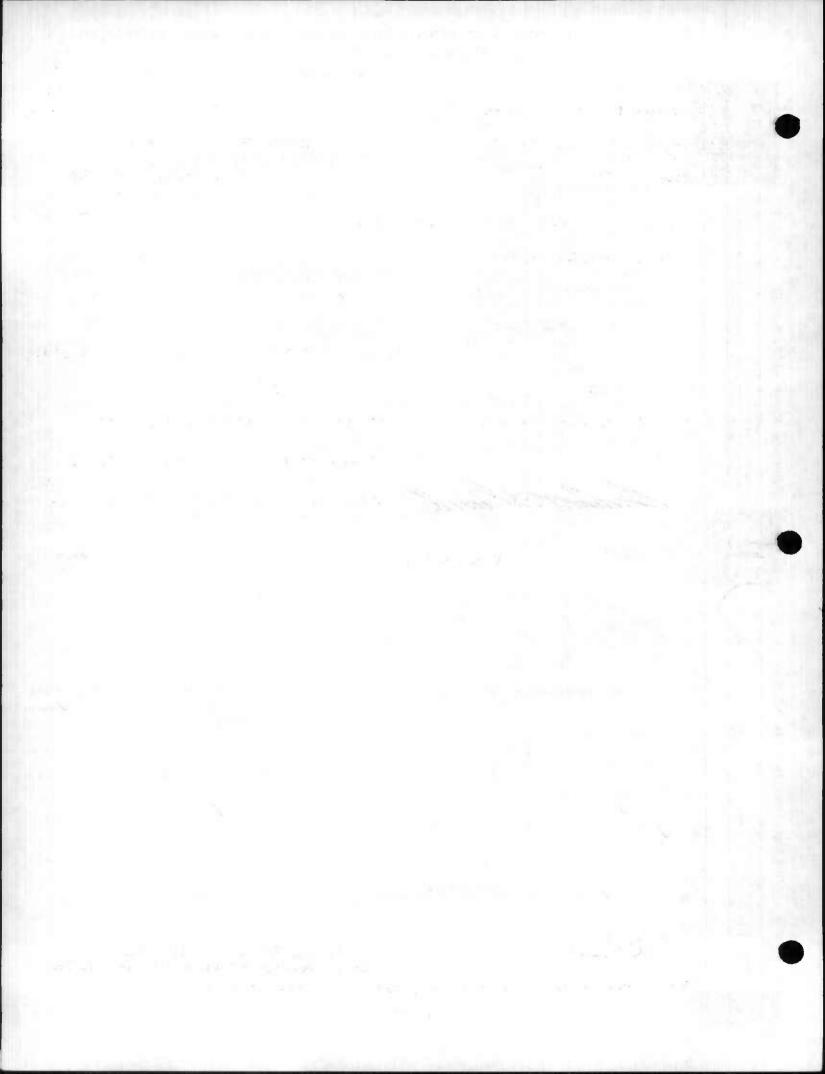
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8

Certificate of Death

Reg. No.

					Certific	ate of	Death			Reg. No.	. 00	2131
		1. Decedent's Neme (First, Middle,	Last)		T RUT				2. Dete of D	eeth		3. Time of Death
Physicia /Medic		Frances Ki	reamen						JANU	ARY 3	, 1998	12 n m
Examin		4e. Facility Neme (If not institution,					4b. City, To	own, or Lo	ocation of Dee	th 4c. Count	ty of Deeth	1 12 p.m
		326 S. LEHIGH	H STREET				BAL	TIMO	RE	N	/A	
Funeral			6. Sex 7. Age	(In yrs. les		der 1 Year	If Under	24 Hrs.	8. Date of B	irth	9. Birthpl	lece (Stete or Foreig
Director		213-01-5239 Usual Residence of Decedent	¹\\ X M 2□ F 9	95	Yrs. Month	ns Deys	Hours	Min.	MAR .	14,190	2 MAF	RYLAND
anylan ahow		10e. Stete 10b. County		10c. City, T	own or Location						10	0d. Inside City Limit
Mar	tor	MD.	N/A	F	BALTIMO	RE						TYPYes 2□N
or 28a-f	Director	10e. Street end Number			10f.	Zip Code				10g. Citizen of	What Coun	itry?
th wit	O	326 S. LEHIGH	H STREET		100.00	2122	Δ			U.S.	λ	
Herns 2	Funeral	11. Maritet Stetus	12. Wes Decedent Ev	ver in U,S.	13. Was De	cedent of	Hispanic Or	igin? (Spe	ecify Yes or N		ce - America	an Indien,
0 0	by	1 ☐ Never Married 2 ☑ Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:)		pecity Cut			Rican, etc.)		ack, White, e	
72 hours "netural", ed cal Ex	Completed	15. Decedent's	Education	1	6a. Decedent's U	suel Occu	petion			16b. Kind of 8	3usiness/Ind	dustry
9 9	pie	(Specify only highest Elementery/Secondery (0-12)	grede completed) Cotlege (1-4or 5+)		(Give kind of life. DO NO	work done Tuse retire	during mos ed)	st of worki	ing			Del
D 75 5	EO	6	Cosege (1-40/ 54)		SHEETME	TAL	WORKI	ER		CROWN	CORF	& SEAL
tal Hygi d other avent, it	Bec	17. Fether's Neme (First, Middle, L.	est)				18. Moth	ere Neme	First, Middle	e, Meiden Sume	me)	
0 0 0 0 0	0	N/A					P	N/A				
SPEE	-	19e. Informent's Neme/Relationshi	ip (Type, Print)		19b. Mailing Addr	ess (Stree		-	al Route Numi	her City or Town	State Zio	Code)
tree tree		FRANCIS H. KRI			2222 SI						2122	
- 주 등 등		20e. Method of Disposition	maille, both	20b. Plec	e of Disposition (Verne of		J, DA	Dete	20c. Locetion		
0		1 GBurial 2 □ Cremetion		cem	etery, cremetory of	or other ple						
tant		4 Donetion 5 Dother (Spe		OAK	LAWN C			1/6/	98	BALTI	MORE,	MD.
Department Important: I any Injury conce.		21. Signeture of Funeral Service Li	Densee	7	22. Name	end Addr	ess of Fecili	ity				AVE
20280		Carolina	908/h	41	CHAR	LES	S. ZI	EILE	R & S	ON INC	. 622	24 EASTE
		23a. Pert1. Enter the diseese, or c shock, or heert feilure. List of	omplications that caused th	ne deeth. I							T	Approximete Intervel Between
Physician			ny one dedoc on econ mic.									Onset end Deeth
/Medical		Immediete Ceuse (Finet disease or condition	D								1	2 1100
xaminer		resulting in deeth)			oula s e consequence	n4).					- 1	2 mos.
	je l			40 10 (0) 03	o consequence	51).					1	
1	mine	0	b .	ue to for a	e consequenca	-61.						
16 31	Exa	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying		00 10 (0) 03	e consequenca	л).					1	
3/1/	Sa	Ceuse (Diseese or Injury thet Initieted events	C			4					1	
200	edicai	resulting in deeth) Lest	Du	ue to (or es	e consequence o	r):						
a a	₹		d									
attend for us	ja											
ed by the atte	Physician	Pert II. Other eignificant condition	e contributing to death but r	not resultin	g in the underlyin	g ceuse gi	ven in Pert i	ł.	23b. Dic	tobacco use c	ontribute to	the cause of death
d by									1	Yee 2□ No	3 Prob	pably 4 12 Unknow
5 8	by											
been si shouid	ete									s en autopsy formed?	ave	ere eutopsy findings ellebte prior to
has by	Completed									,	of c	mpletion of ceuse death?
ata ha	0								10	Yes 2 No	10	Yes 2□ No
certificata rector, pag	0	25. Wes case referred to medical					26. Plece	e of Deeth	(Check only	one)		
	To B	exeminer?	Hospital:	2∏FB	/Outpetient 3□	DOA Ot	her:		1	sidence 6 🗆 Ot	her (Specifi	e)
E 'm		27. Mengrer of Deeth	28a. Date of Injury	28	b. Time of	28c. Inju				how Injury occu		,
octor: After by the funer	<u>Ş</u>	1 Mature! 5 ☐ Pending 2 ☐ Accident investiga	(Month, Dey Y	Year)	Injury M		rk?]Yes 2.∐	No				
ofter death Director: A d in by the f	Certification:	3 Sulcide 6 Could no	t be	. At home	1331				28f Location	(Street end Num	her or Rure	/ Route Number
Dire in b	t	4 ☐ Homicide determin	building, etc. ((Specify)	, 101111, 311001, 1401	ory, ornos				wn, Stete)	007 07 71070	, rediction,
Pra lied		00-0-0-			Localities		T-SC-III					
within 24 hours effer of To the Funeral Direct completally filled in by	edicai	29a. Certifier 1 Certifying (Check only one)	Physician: To the best of n caminer: On the basis of ex end menner stete	xaminetion	dge, deeth occurre end/or investigeti	on, in my	me, dete en opinion, des	nd plece, e oth occurr	end due to the ed et the time	e ceuse(s) end m , dete end place	anner as sta , and due to	ated. the ceuse(s)
within To the comple	ž	29b. Signeture end title of certifier				29c. Licen	se number			29d. Dete sign	ed (Month, I	Dey, Year)
		Muck -	AIT				- 0	-	2	11-10	20	
1		30. Neme and eddress of person w	TIME	45 //4	la) (True Bree S	Da	252	500	201/11	11519	18	CELTO
6											ACHT (CNICK
1		5505 Hopkins T	BAYVIEW CI	PCLE	+ BALT	IMOR	EM	D 3	21224			
Stat		31. Dete filed (Month, Day, Year)	Hegistrer's	S Signature	ando pa							
Registra	ır	JAN 07 1998	182, Registrer's	door-6	andress							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Deterof Death Month Dev Yeer

1. Decedent's Name (First, Middle, Lest) 3. Time of Deeth **Physician** MARGUERITHA /Medical LUMSDEN JANUARY 4. 1998 9:25 AM 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** RIVERVIEW NURSING CENTRE BALTIMORE
If Under 24 Hrs. 8. BALTIMORE 5. Social Security Number If Under 1 Year 8. Dete of Birth (Month Dey, Year) 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign MARYLY) AND Funeral Deys Hours Min. 10 M 20 F 216013043 86 Director Yrs Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director 1 Yes 2 No MARYLAND BALTO CO ESSEX 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò RIVER VIEW NURSING CENTER Herns 23a 21221 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck. White, etc. 1 ☐ Never Merried 2 ☐ Married 21215-0020 ò 1 Yes 2 No Specify. þ Specify: 3 ₩idowed 4 Divorced WHITE "natural", Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than 8 Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME Baltimore, Maryland other traumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be permit. Pages 1 and 2 should be 1 Deputment of Health end Mental i Important: If Item 27 is marked or CHARLES KANE MATILDA FISCHER 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MS. GERRI MEYERS 1922 POPLAR RD. BALTO. MD. 21224 20b. Pleca of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) GARDENS OF FAITH CEM. 1-6 BALTO, CO. MD. ignature of Funeral Service License 22. Name end Address of Fecility KACZOROWSKI FUNERAL HOME wilder 1201 DUNDALK AVE. BALTO. MD. 21222 ise, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, b. List only one course on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final eretroussatar socident week diseese or condition resulting in deeth) **Examiner** Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): sion of Vital Records, P.O. Box 68760, ettending physician Physician/Medicai use es the Due to (or es e consequença of) ed by the e Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Hyperteusius Anterioseleratie Cormany Ussevan Disease 1 Tyes 2 No 3 Probably 4 QUnknown ρ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? Arthrite, Octoporosis, reigure dis du certificate 1 🗆 Yes 2 No 1 Yes 2 No ding Physician: director. Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Tol Hospitel Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this 27. Manner of Deeth Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 1 St. Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end manner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of g 29c. License number 29d. Date signed (Month, Dey, Yeer) James 119667

State Registrar

JAN 07 1998

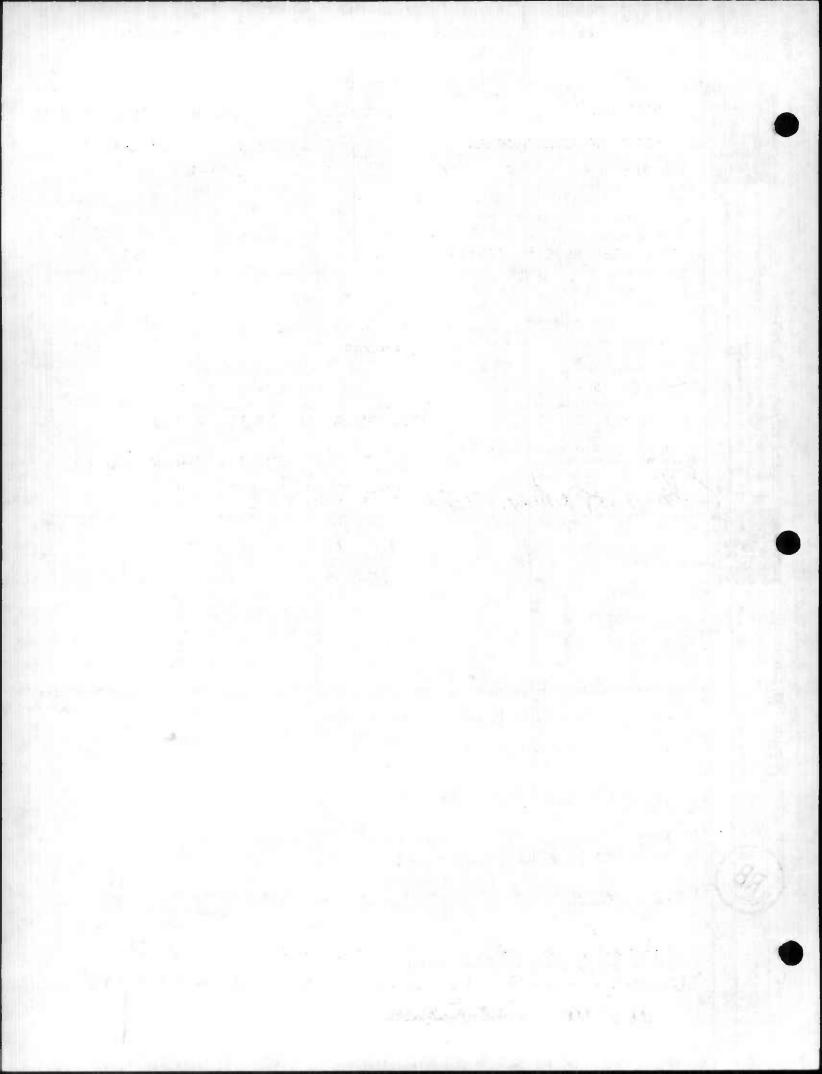
31. Dete filed (Month, Dey, Year)

Dey, Year) 32. Registrer's Signeture
7 1998 full Builden Rodelle

Bauto, Nd 21225

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

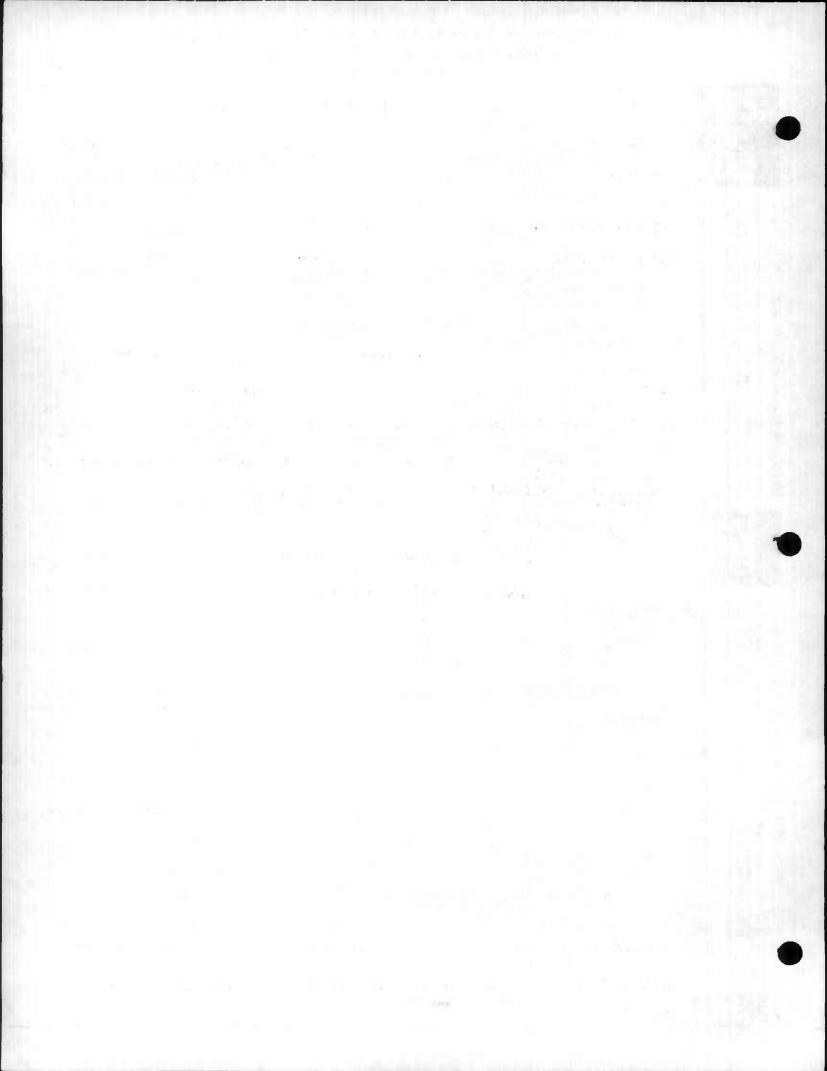
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8

					,	Certifica	ite of	Death	Re	g. No.	00	
islan	1. Decedent's Neme (First, A	Aiddle, Las	t)			JE 350			2. Dete of Deetl Month	h Day	Yeer	3. Time of Dea
sician edical	Ruth		Evely	7n		Lan	gra1	1	January			1:40am
niner	4a. Facility Name (If not Instit	tution, give	street and numb	er)				4b. City, Town, or	Location of Death	4c. County	of Death	
	Gilchrist C						4.97	Towso			Balti	
ral or	5. Social Security Number 220-07-3941	6. Se	9X 7. □M 2\\(\frac{1}{2}\)F	Age (In yrs. 84		rs. Months	er 1 Year Deys			Year)	9. Birthpl Count	lace (State or Foi try) 1 and
	Usual Residence of Deceder						J		IIPIZI 3	, 1713	ilary	Land
ompleted by Funeral Director	10a. State 10b. Co	unty		10c. Ci	ty, Town	or Location					10	Od. Inside City Li
cto		ltimo	re		Coc	keysvi						1 ☐ Yes 2 💢
Die	10e. Street and Number					10f. Z	ip Code		10	Og. Citizen of V	Vhat Coun	try?
ral	231 Dawson	Drive						1030		USA		
by Funeral Director	11. Marital Status 1 Never Married 2 3 Widowed 4 Divo		12. Was Deceded Armed Force 1 Yes 2 If Yes, Give Year or Date	es? ₩ No	1,5.		Vas Decedent of Hispanic Origi Yes, specify Cuban, Mexican, □ Yes 2∑No Specify:		to Rican, etc.)	14. Race - Americe Bleck, White, e Specify: Whit		etc.
pe	15. Dece	edent's Ed	ucation		16e. E	Decedent's Us	uel Occu	pation		16b. Kind of Bu		
Completed	(Specify only h.		de completed) College (1-4	or 5+)	- (Give kind of w life. DO NOT	rork done use retire	during most of world)	orking			
E O	11		n/a	01 54)	Но	memake	r			Own H	lome	
Be	17. Father's Name (First, Mic	idle, Last)						18. Mother's Na	me (First, Middle, M	faiden Sumam	10)	
10	Walter	Α.	Meye	rs						Goetz		
	19a. Informant's Name/Rela				19b.	Mailing Addre	ss (Stree	t and Number or F	lural Route Number,	City or Town,	State, Zip	Code) 2104
	Carol Dell'A	more	/ Daught					1 Spring	s Drive,			
-	20a. Method of Disposition 1 X Burial 2 ☐ Cremat	tion 3 🗆	Removal from Sta		cemetery	Disposition (N r, crematory or	eme of other pla	ice)	Date	20c. Location -	City or To	wn, State
	4 □ Donation 5 □ Othe 21. Signature of Funeral Sen	er (Specify)		rela	nd Mem	oria	1 Park	1/6/97	Parkvil	le, 1	Maryland
al er uluer	shock or heart failure. Immediate Cause (Final disease or condition resulting in death)		Mula.	Tiple Due to (UA L	onsequence of		fuction	,		5	interval Betweer Onset and Deetl word you
Physician/Medical Exam	equentially list conditions, eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	l	cd		_	ensequence of):	iven in Part I.		bacco use cor		the cause of de
by Physician/	resulting In death) Last	l	d		_	nsequence of):	iven in Part I.		autopsy	3 Prob	the cause of de
by Physician/	Part II. Other eignificant con	l	cd		_	nsequence of):	iven in Part I.	1 □ Ye	autopsy	3 Prot	the cause of de
Completed by Physician/	Part II. Other eignificant con	l	d		_	nsequence of):	iven in Part I.	1 □ Ye	n autopsy	3 Prob	the cause of de pebly 4 Unk
Be Completed by Physician/	Part II. Other significant con Cove	dical	Hoenital-	h but not res	sulting In I	insequence of	cause g	28. Place of De	1 □ Ye 24a. Was an perform 1 □ Ye eath (Check only on	n autopsy ned?	24b. We eve cor of c	the cause of depety 4 Unkerse eutopsy findingilable prior to myletion of cause deeth?
To Be Completed by Physician/	Part II. Other eignificant con Cove	dical	Hospital: 1 □ Inp	h but not res	sulting In I	the underlying	cause g	28. Place of De	1 □ Ye 24a. Was an perform 1 □ Ye eath (Check only on) Home 5 □ Reside	n autopsy ned?	24b. We eve cor of a	the cause of depety 4 Unkerse eutopsy findingilable prior to myletion of cause deeth?
To Be Completed by Physician/	Part II. Other significant con 25. Was case referred to me examiner? 1 Yes 2 No 27. Manner of Death 1 Xi Natural 5 Pe	dical anding	Hospital: 1 □ Inp	h but not res	J ER/Outp	the underlying	cause g	28. Place of De her: 4 □ Nursing try et	1 □ Ye 24a. Was an perform 1 □ Ye eath (Check only on	n autopsy ned?	24b. We eve cor of a	the cause of depety 4 Unkerse eutopsy findingilable prior to myletion of cause deeth?
To Be Completed by Physician/	Part II. Other significant con Column	dical	Hospital: 1 ☐ Inp 28a. Date of (Month,	atient 2 [njury Pay Year)	Bulting In I	the underlying	cause g	28. Place of De her: 4 □ Nursing iny et rk?] Yes 2 □ No	1 □ Ye 24a. Was an perform 1 □ Ye eath (Check only on) Home 5 □ Reside	n autopsy ned? s 2 5 No no 8 2 5 No no 8 2 5 No roca 8 2 5 No roca 10 No roca 10 No No roca 10 No	3 Prot	the cause of depethy 4 Unknown under the united by the uni
Certification: To Be Completed by Physician/	Part II. Other eignificant con Continue Continue	dical display dical dical display dical di	Hospital: 1 Inp 28a. Date of (Month, 28e. Place of building	atient 2 [injury Day Year) Injury - At h, etc. (Special est of my knows of examina	DER/Outros	batient 3 [[me of jury] Mm, street, factoring death occurre	cause g	28. Place of De her: 4 □ Nursing iry et rk? 1 Yes 2 □ No	24a. Was an perform 1 Vereath (Check only on Home 5 Reside 28d. Describe ho	n autopsy ned? is 2 5 No e) inca 8 6 Other winjury occurrence and Numb, Stete)	3 Prot 24b. We eve cor of to 1 er (Specify red	the cause of de pebly 4 Unker eutopsy findin bilable prior to appletion of cause deeth? Yes 212-No.
To Be Completed by Physician/	Part II. Other significant con 25. Was case referred to me examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pe 2 Accident Int 3 Suicide 6 Cc 4 Homicide 29a. Certifier 1 Cert (Check only 2 Med	dical	Hospital: 1 ☐ Inp 28a. Date of (Month, 28e. Place of building	atient 2 [injury Day Year) Injury - At h, etc. (Special est of my knows of examina	DER/Outros	patient 3 [[me of lury M M M M M M M M M	cause g OOA Ot 28c. inju Wc 1 C ory, office d at the t on, in my	28. Place of Deher: 4 \(\text{Nursing} \) In yet ork? If yes 2 \(\text{No} \) Ime, date end place opinion, deeth occurse number	24a. Was an perform 1 Ye 24h. Was an perform 1 Ye 24h. Check only on Home 5 Reside 28d. Describe ho 28f. Location (St. City or Town e, and due to the caurred et the time, da	n autopsy ned? is 2 5 No e) inca 8 6 Other winjury occurrence and Numb, Stete)	3 Prot 24b. We eve cor of to 1 C 1 C er (Specify red er or Rure anner as st and due to	the cause of depety 4 Unkerse eutopsy findingilable prior to mpletion of cause deeth? Yes 200 No.
edical Certification: To Be Completed by Physician/	Part II. Other significant con 25. Was case referred to me examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pe 2 Accident Int 3 Suicide 6 Cc 4 Homicide 29a. Certifier (Check only one)	dical	Hospital: 1 ☐ Inp 28a. Date of (Month, 28e. Place of building	atient 2 [injury Day Year) Injury - At h, etc. (Special est of my knows of examina	DER/Outros	patient 3 [[me of lury M M M M M M M M M	cause g OOA Ot 28c. inju Wc 1 C ory, office d at the t	28. Place of Deher: 4 \(\text{Nursing} \) In yet ork? If yes 2 \(\text{No} \) Ime, date end place opinion, deeth occurse number	24a. Was an perform 1 Ye 24h. Was an perform 1 Ye 24h. Check only on Home 5 Reside 28d. Describe ho 28f. Location (St. City or Town e, and due to the caurred et the time, da	n autopsy ned? ns 2 SNo e) nnca 8 Mothor winjury occurred end Numb c, Stete) ause(s) and ma ate and plece, it	3 Prot 24b. We eve cor of to 1 C er (Specify red anner as st and due to	the cause of de pably 4 Unkilone eutopsy findin pilable prior to appletion of cause deth? JYes 2 DNO Route Number, ated. the cause(s) Dey, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** JAN 04 1998 12:20PM MARY MARGARET MAHON /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Fecility Name (If not institution, give street end number) Examiner Saint Joseph Medical Center Towson Baltimore 7. Age (In yrs. lest birthday) If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 9. Birthplace (State or Foreign **Funeral** Days Hours Min. 10M XXF Yrs 76 September 3,1921 New York Director 067-18-3250 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23e or 28e-f show the Modical Examiner must be notified at 1 ☐ Yes 2 ☐ No Directo Baltimore Maryland Timonium 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2300 Dulaney Valley Road 21093 USA Funeral 12 should be filed within 72 hours effer deeth and Mental Hygiene.
Is marked other than "natural". or Herra 224 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (D) Yo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 X Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes X2XXVo Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 5+ Teacher Education traumatic event, 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Thomas Patrick Mahon Winifred Collins petmit Pages 1 and 2 shc.
Department of Health and M.
Important: If item 27 is many injury or other 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 447 Watergate Apts. Maple Shade New Jersey 08052 Katherine A Mahon Sister 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1) ☐ Burial 2 ☐ Cremation 3 ☐ Removat from State 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley MEmorial 1/7/98 Lutherville, Maryland 21. Smature of Funeral Service Lig 22. Name and Address of Facility Mitchell-Wiedefeld Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heart failure. List only one cadse on each line. 6500 York Road Baltimore, Maryland 21212 Approximate Interval Between Onset and Death Physician tmmediate Cause (Final disease or condition resulting in death) /Medical CONGESTIVE HEART FAILURE 2 DAYS Due to (or as a consequence of) 2 DAYS Examine MYOCARDIAL INFARCTION Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet Initiated events resulting in death) Last Due to (or as a consequence of): 4 DAYS PNEUMONIA Physician/Medical Due to (or as a consequence of) use 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 1 Yes 2 No 3 Probably 4 Unknown CHRONIC OBSTRUCTIVE PULMONARY DISEASE Division of Vital Records. þ 8 24b. Were autopsy findings available prior to comptetion of cause of deeth? 24a. Was an autopsy performed? Completed hes 1 Yes 2 No 1 ☐ Yes 2 No certificate director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) Hospitat: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Side funeral 27. Manner of Death 28d. Describe how tnjury occurred 28b. Time of 28c. Injury at Work? Certification: 1 Naturat 2 Accident 5 Pending efter death. Director: Aft 1 Yes 2 □ No investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of tnjury - At home, ferm, street, factory, offica building, etc. (Specify) 4 ☐ Homtcide 5 Hospital 24 hours e Funeral C 29a. Certifier 1🏿 Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner as stated. Medical To the Hosp within 24 hos To the Fune completely fi 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) and manner stated. (Check only one) 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) M. D. , ARTHUR SERPICK, 7620 YORK RD., TOWSON, MD. 31. Dete filed (Month, Day, Year) JAN 07 1998

Registrar

MARKS ST SPECIFICAL

State Indian

1 1 1 1 7 7 7 1 1 1

A REAL PROPERTY OF STREET

Andread Resident Accept Property

CHOICE SERVICE

THE TENNE

10.50

10 K 3 K 10 F

and the second state of

DOM, ESTIME HEARS PRINCES

NOT TONATHO LATERIA DOVEL

PARTMENTE

A year acres

THE WILLY STATE AND IN THE MENTAL STREET, MANAGEMENT

BOY OF HIS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					State of iv	iaiyiaii				f Death	wentai n	Reg. No.	0	0151	
П	Physic	ion	1. Decedent's Nam	na (First, Middle, La	st)						2. Data of I	Death Day	Year	3. Time of Death	
	/Medi		CON	VC ET	TA M	AR	ANT	T	2		UNAU		8 9	11:50 AT	
	Exami				e street and number	,				4b. City, Town, or					
Ĺ	ш.				HOSP							TOWN ,		ALTIMOR	
	Funeral Director		5. Social Security N	-8944	Sex 7. A	ge (In yrs. 1	last birthday) Yrs.	If Un Mont	der 1 Yea hs Day		(Month, I	Birth Day, Year) 29, 1919		nplace (State or Foreign untry) ryland	
	pud *		Usual Residenca o 10a. State	10b. County		10c. City	, Town or Lo	cation						10d. Inside City Limits	
	ith the Maryis or 28s-f sho	Director	Maryland 10e. Street and Nu	Baltimo	re		Randal	lsto	WN Zip Code		-	10g. Citizen ot	What Cou	1 ☐ Yes 2 ☑ No	
	23a	a	3612	Blair Av	e.					21133		USA			
020	be filed within 72 hours after death with the Maryland nat Hyglene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status	rled 2 Married	12. Was Decedent Armed Forces 1 Tyes 2 If Yes, Give Yaar or Datas:	?	1			nt of Hispanic Origin? (Specify Yes or No- r Cuban, Maxican, Puerto Rican, etc.)			14. Race - American Indian, Black, White, atc. Specify: White		
2-0	2 ho	ted	/0	15. Decadent's Ed	ducation		16a. Decad	ient's U	sual Occi	upation		16b. Kind of E	Business/fi	ndustry	
Maryland 21215-0020	within ene. then	Completed	Elementary/Seco		College (1-4or		life. L	OO NO	Tuse retir	,		Catanz			
D	Hygi ther		8 year		0		nair C	are	ακ	eceptioni:		Beauty Ne. Maiden Sume		on	
lan	hould be filed id Mental Hygi marked other matic event,	o Be		Catanzaro						Mary R		io, maioon como			
Z	2 should and Mer is marke	2		eme/Relationship (19h Mailin	na Addr	ass /Stree	et and Number or Ru		ther City or Tour	State 7	in Code)	
	and 2 :saith ar			A. Marant	***	nd)	3612								
Baltimore,	Pages 1 nent of He int: if iten iry or oth		20a. Method of Dis 1 X Burial 2	position	Removal from State	20b. P	lace of Dispo- emetery, cren	sition (Name of or other pl	ace)	Date 1-7-98	20c. Location	- City or 1	133 Town, State Maryland	
Balt	Departin Departin Importa any Inju		21. Signature of Fu	uneral Service Licer	July 1	_	Lo	rin	g By	ress of Facility ers Funera rty Rd.		ctors, 1	nc.	21133	
	Physician		23a. Part Enter to shock, or hee	he disease, or com ort teilure. List only	plications that cause one cause on each l	d the daath line.	. Do not ente	er the n	noda of dy	ring, such as cardiad	or respiratory	arrest,		Approximate Intervel Between Onsat and Death	
	/Medical Examiner		immediate Cause (disease or condition resulting in death)	n	a P	NE	UMI	01	NIF	4				3 WEEK	
	dby	ē				Due to (or	es a conseq	uence	ot):				1		
	and Fransi	Examiner	Sequentially list co	inditions,	b. ———	Due to (or	as a conseq	uence	ot):						
60,	be en		Sequentially list co if any, leading to in cause. Enter Unde Ceuse (Disease or	arlying injury	C										
x 68760,	certificate be execut nding physician and use as the burial-tran	Medical	that initiated events resulting in deeth)	5	d	Due to (or	as a consequ	uence d	ot):						
Вох	6 68	ian											İ		
P.O.	that the died by the detached	y Physician/M		icant conditions o	ontributing to death t	but not resu	ilting in the ur	nderlyin	g causa g	iven in Part I.				to the cause of deeth? obably 4 ☑ Unknow	
Records,	requires been sign should be	Completed by									24a. Wa	as an autopsy formed?	a	Vare autopsy tindings vallable prior to completion of cause of death?	
H Re	0 元気	Comp									10	Yes 2 No		☐ Yes 2☐ No	
Vital		Be (25. Wes case reter exeminer?	red to medical						26. Place of Dea	ath (Check only	one)			
5	Physician: this certific ral director.	၉	1 Yes 2 %			-	ER/Outpetien	t 3□	DUA		lome 5 Re	sidenca 6 □Oti	ner (Spec	ity)	
0	aff. r. Aher fi		27. Manner of Deet 1 Matural 2 Accident	h 5 Pending investigation	28a. Dete of Inju (Month, De	by Year)	28b. Time of Injury	М	28c. Inju W	ury et ork? ☐ Yes 2 ☐ No	28d. Describe	e how injury occu	rred		
Divis	Director	ertification:	3 Sulcide 4 Homicide	6 Could not be determined	28e. Place of in building, e	iury - At ho tc. (Specify	me, tarm, stre	et, fac	tory, office	1	28f. Location City or T	(Street and Num own, State)	ber or Rui	ral Routa Number,	

29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) end menner as steted.

2 Medical Examiner: On tha basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

29b. Signatura and title of certifier 29c. License number . S. RAO . M. D.

HOSPITAL CENTER RANDALISTOWN 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) NORTHWEST

31. Date filed (Month, Day, Year) State Registrar

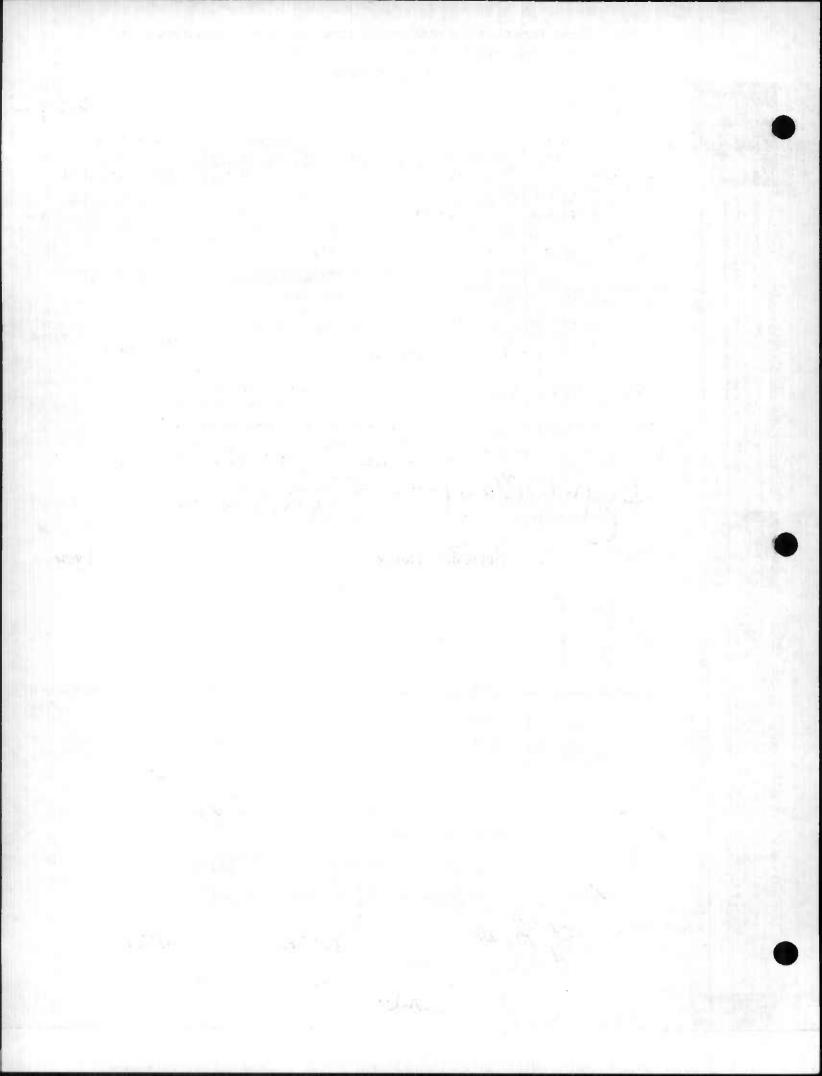
32. Registrar's Signature wa Davidson Mandall

DHMH 16 Rev 6/95

043462

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene O

1 - 1		i. Decedent's Iven	ne (First, Mic	ddle, Last)			100	2 -		2. Date of D			loor.	3. Time of Deeth
ician dical		Harry L	eo Ma	nn							Jan.	Day 1		98	2200
niner		4e. Facility Nama (If not institut	tion, giva	street and nur	mber)			1	4b. City, Town, or	Location of Dea	ith 4c.	County of	Death	
		1610 A1	ston	Road						Tows	on	I	Balti	more	
al or		5. Sociel Security N 214-20- Usuel Residence of	6382	6. Se:	х] М 2П F	7. Aga (In yrs 71	. last birthday) Yrs.	If Under Months		If Under 24 Hr. Hours Min		irth 29, <i>Year)</i> 27 192	26	. Birthple Counti Mary	ica (Stata or Fore y) Land
tor	1	10a. Stete MD	10b. Cour	nty timo:	re		ity, Town or Lo	ocation						10	d. Inside City Lim
Funeral Director	1	10e. Street and Nu 1610 A1		Road						21204			10g. Citizan of What Country?		
2		11. Marital Status 1 Nevar Marr 3 Widowed			12. Wes Decedant Evar in U,S. Armed Forces? 1 [XYes 2 □ No if Yês, Give Yeer or Dates: ¹ 5 2 − ¹ 56			13. Was Decedent of Hispenic Origin? (If Yes, specify Cuben, Mexicen, Pue 1 ☐ Yes 2 ☐ No Specify:						Rece - American Indian, Bleck, White, etc. ecify: White	
Important if Nem 27 is merked other than "natural; any injury or other traumatic event, the Medical Expons. To Be Completed by		(Spec		hest grad			16e. Decedent's Usual Occupation (Give kind of Work done during most of working life. DO OF use patient) The property of the patient of the property of the patient of the						reau	usiness/industry of Engraving	
To Be C	1	17. Fathar's Nema Unknowr									me (First, Middi	e, Meiden		1116	
-		19e. Informent's N					19b. Meilir	ng Address	(Street	end Number or F			r Town, St	ete, Zip (Code)
		Helen H	E. Man	n/Wi	fe		161	0 Als	ton	Rd., To	wson, M	2120	04		
	2	20e. Mathod of Dis 1 Duriel 2 4 Donetion	position Crametion	n 3 □ R	Removal from	Stete	Plece of Dispo cemetery, crem Laney V	osition (Nem metory or o	ne of other plea	^{De)} 1	Dete /6/98 ardens	20c. Lo	cation - Cit		m, Stete
ouce	1	21. Signature of Fu	unerel Service	ce Licensi Cla	DIVI	ary		Lemmo	n Fu	ss of Fecility ineral H		Timo	ndum	MD	21003
		23a. Pert1. Enter t shock, or hee	he diseese,	or compli	icetions that c	august the day			7.7	** Tauvii			CTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT		
n				ist only or	ne ceuse on e	ech line	th. Do not ent	ter the mod	ie of dyln	ig, such es cardie	c or respiretory	errest,		1	Approximete intervel Between Onaet and Death
ai er	1	Immediate Ceuse disaese or condition resulting In death)	(Finel	ist only or	n	increation	0	er	ie of dyln	ig, such es cardie	c or respiretory	errest,		1	Approximete Intervei Between
Examiner		Immediate Ceuse disaese or condition resulting in daath)	(Finel	ist only or	n	Due to (Canc	quence of):	ie of dyln	g, such es cardie	c or respiretory	errest,		1	Approximete intervel Between Onaet and Death
edical Examiner		Immediate Ceuse disaese or condition	(Finel on ditions, nmediate erlying Injury s	as a second or s	Po	Due to (Conc.	quence of); quence of);	ie of dyln	g, such es cardie	c or respiretory	errest,		1	Approximete intervel Between Onaet and Death
edical Examiner		Immediate Ceuse disaese or condition resulting in death) Sequentielly list confirmed and the cause. Enter United Ceuse (Disease or that Initiated event resulting in deeth)	(Finel on onditions, namediate orlying Injury s Last	{	. Po	Due to (or es e consequence or es	quence of): quence of):	de of dyln	ig, such es cardié	c or respiretory				Approximete intervel Between Onaet and Death
Physician/Medical Examiner	F	Immediate Ceuse disaese or condition resulting in death) Sequentially list confirm the first sequence of the ceuse. Enter Unde Ceuse (Diseese or that initiated events.	(Finel on onditions, namediate orlying Injury s Last	{	. Po	Due to (or es e consequence or es	quence of): quence of):	de of dyln	ig, such es cardié	23b. Die	d tobacco		ibute to	Approximate interval Between Onaet and Death VCQ/
by Physician/Medical Examiner	F	Immediate Ceuse disaese or condition resulting in death) Sequentielly list confirmed and the cause. Enter United Ceuse (Disease or that Initiated event resulting in deeth)	(Finel on onditions, namediate orlying Injury s Last	{	. Po	Due to (or es e consequence or es	quence of): quence of):	de of dyln	ig, such es cardié	23b. Did	d tobacco	□ No 3	ibute to the Probe	Approximate intervel Between Onaet and Death VCQ/
by Physician/Medical Examiner	F	Immediate Ceuse disaese or condition resulting in death) Sequentielly list confirmed and the cause. Enter United Ceuse (Disease or that Initiated event resulting in deeth)	(Finel on onditions, namediate orlying Injury s Last	{	. Po	Due to (or es e consequence or es	quence of): quence of):	de of dyln	ig, such es cardié	23b. Dir 1[24e. We per	d tobacco	□ No 3	ibute to 1	Approximate intervel Between Onaet and Death VCQ the cause of dea ably 4 w unkn e autopsy finding lable prior to impletion of causa
Completed by Physician/Medical Examiner	F	Immediate Ceuse disease or condition resulting in death) Sequentially list confirmed in the cause. Enter United Ceuse (Disease or that initiated event resulting in deeth) Pert II. Other significance of the confirmed in the ceuse (Disease or the ceuse) of the ceuse of the	(Finel on onditions, needlate or	a a a a a a a a a a a a a a a a a a a	. Po	Due to (or es e consequence or es	quence of): quence of):	de of dyln	en in Pert I.	23b. Dir 1[24e. We per	d tobecco Yee 2 Sen eutop formed?	□ No 3	ibute to 1	Approximate intervel Between Onaet and Death VCQ tha cause of dea ably 4 Vcnkn e autopsy finding leble prior to inpletion of causa beth?
Be Completed by Physician/Medical Examiner	F	Immediate Ceuse disaese or condition resulting in death) Sequentielly list confirmers, leeding to incause. Enter Under Ceuse (Diseese or that initiated event resulting in deeth) Pert II. Other significations.	(Finel on onditions, namediate orlying Injury s Last	a a a a a a a a a a a a a a a a a a a	a. Po	Due to (or es e consequence or es	quence of): quence of): quence of): quence of):	DA Oth	en in Pert I. 26. Plece of Deer:	23b. Did	d tobecco Yee 2[s en eutop formed? Yes 2[yone)	No 3	ibute to Probe	Approximate intervel Between Onaet and Death VCOC the cause of death ably 4 Conking the cause of death e autopsy finding leble prior to inpletion of cause beth? Yes 2 No
To Be Completed by Physician/Medical Examiner	F	Immediate Ceuse disease or condition resulting in death) Sequentielly list confirmed in the ceuse of any, leeding to include Ceuse (Disease or that initiated event resulting in deeth) Pert II. Other algnit 25. Wes case reference were in the ceuse of	(Finel on onditions, namediate orlying Injury s Last	itiona con	a. Po	Due to (or es e consequence or established o	quence of): quence of): quence of): quence of):	DA Oth	en in Pert I. 26. Plece of Deer:	23b. Did 10 24e. We per	d tobacco Yee 2 Sen eutopformed? Yes 2 Yes 2 One)	No 3	ibute to	Approximate intervel Between Onaet and Death VCQ the cause of dea ably 4 Vonkn e autopsy finding leble prior to pletion of cause beth? Yes 2 No
Certification: To Be Completed by Physician/Medical Examiner	F 2	Immediate Ceuse disease or condition resulting in death) Sequentielly list confirmed in the cause. Enter Under Ceuse (Disease or that initiated eventines with the ceuse (Disease or that initiated eventines with the ceuse (Disease or that initiated eventines in the ceuse (Disease or the ceuse (Disease or the ceuse miner). The ceuse of the ce	(Finel on onditions, need to mediate priving Injury so Last ficant conditions on the first conditions of the first conditions	ding stigation ld not be brimined	d	Due to (Due to	or es e consequence de consequence d	quence of): quence	DA Oth	en in Pert I. 26. Plece of Deer: 4 \(\text{Nursing} \) yet k? Yes 2 \(\text{No} \)	23b. Did 24e. We per 1C 24e. We per 28d. Dascribe 28f. Location City or T.	d tobecco Yee 2[sen eutop formed? Yes 2[rone) sidence 6 how injun (Street encown, Stele)	No 3 Sysy 2 Sysy	ibute to Probe 24b. Werevair corn of di 1 (Specify)	the cause of dea ably 4 Tinking finding lebile prior to plettion of cause seth? Yes 2 No
Certification: To Be Completed by Physician/Medical Examiner	F 2	Immediate Ceuse disease or conditic resulting in death) Sequentielly list co if any, leeding to incause. Enter Under Ceuse (Disease or that initiated event resulting in deeth) Pert II. Other significations of the ceuse (Disease or that initiated event resulting in deeth) 25. Wes case reference were in the ceuse of the ceuse o	(Finel on onditions, needlate or	ding stigation Id not be brimined	d	Due to (Due to	or es e consequence de consequence d	quence of): quence	DA Oth DA Injur Wor 1	en in Pert I. 26. Plece of Deer: 4 Nursing	23b. Die 23b. Die 10 24e. We per 11 28d. Dascribe 28d. Dascribe 28f. Location City or T.	d tobecco] Yee 2[s en eutop formed?] Yes 2[one) sidence 6 how injun (Street encown, Stete) e cause(s)	No 3 No 3 No 2 No 2 No 3 Other y occurred d Number and menn	ibute to Probe 24b. Wer evai com of di 1	Approximete intervel Between Onaet and Death VCQ/ the cause of death Approximate Approx
To Be Completed by Physician/Medical Examiner	F 2 2	Immediate Ceuse disaese or conditic resulting in death) Sequentielly list confiancy, leeding to in cause. Enter Unde Ceuse (Diseese or initiated event resulting in deeth) Pert II. Other significations of the confiner? 1	(Finel on onditions, namediate only on onditions, namediate only on one of the one of th	itiona con ding stigation ld not be ormined stigation at Examine	do by the ball of the building alclan: To the beauty mens	Due to (Due to	or es e consequence de consequence d	quence of): quence	DA Oth DA Injur Wor 1 U y, office et the tin , in my o	en in Pert I. 26. Plece of Deer: 4 Nursing yet yet Yes 2 No	23b. Die 23b. Die 10 24e. We per 11 28d. Dascribe 28d. Dascribe 28f. Location City or T.	d tobecco Yee 2[sen eutop formed? Yes 2[one) sidence 6 how injury (Street endown, Stefe) e cause(s) n, date end 29d. Detr	No 3 Sy 2 Other y occurred A Number of Numbe	ibute to is Probe 24b. Were evaiced of de corrected of de corrected de	Approximete intervel Between Onaet and Death VCQ. Itha cause of dea abby 4 working the cause of causa abby 4 working the causa abby 4 working the causa about the cause (s)
edical Certification: To Be Completed by Physician/Medical Examiner	F 2 2 2	Immediate Ceuse disease or conditic resulting in death) Sequentielly list co if any, leeding to in cause. Enter Unde Ceuse (Disease or that initiated event: resulting in deeth) Pert II. Other significations of the exeminer? 1	(Finel on onditions, normaliste on onditions, normaliste ordinary in ordinary	ding stigation id not be similared wing Physial Examination	dospitel: 1 1 28a. Date a (Mont) 28e. Piece building to the beauty ment.	Due to (Due to	or es e consequence de la consequence de consequence de consequence de consequence de la consequence del consequence de la consequence del consequence de la	quence of): quence	DA Oth DA Injur Wor 1 U y, office et the tin , in my o	26, Plece of Deer: 4 Nursing yet k? Yes 2 No	23b. Die 23b. Die 10 24e. We per 11 28d. Dascribe 28d. Dascribe 28f. Location City or T.	d tobecco Yee 2[sen eutop formed? Yes 2[one) sidence 6 how injury (Street endown, Stefe) e cause(s) n, date end 29d. Detr	No 3	ibute to is Probe 24b. Were evaiced of de corrected of de corrected de	Approximate definitions and Death De



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Deeth Lillie Moore Januar 4a. Fecility Nema (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Balti Geriatric more more If Under Months 7. Aga (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthpiaca (Stata or Foreign Country) SC Deys Hours 56 247-72-0878 Usual Residence of Decedent 10e. Steta 10c. City, Town or Location 10d. Inside City Limits TV Yes 2 No MD N/A BALTO 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 1526 N. PATTERSON PARK AVE 21213 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispenic Orlgln? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, 11. Marital Status Bieck, White, etc. 1 ☐ Yas 2 ☐ YNo If Yes, Give Year or Detes: 1 Nevar Married 2 Married 1 ☐ Yes 2 No Specify Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grada completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) PUBLIC SCHOOLS 12th CAFETERIA AID 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) LEWIS STEVENSON BESSIE MACK 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) TRINA TUNSTALL/DAUGHTER 1526 PATTERSON PARK AVE BALTO, MD 21213 20b. Plece of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition JAN 1998 20c. Location - City or Town, Stete 1 ➡ Buriel 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Other (Specify) BALTO, MD MORELAND MEM CEM 22. Neme end Address of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 ucia 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or heart teilure. List only one ceuse on eech line. immediete Ceuse (Final disease or condition resulting In deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in deeth) Lest cerebella 1V0 Due to (or es e consequence of) M 87 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the causa of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy tindings aveilabla prior to completion of ceusa of deeth? 24e. Wes an autopsy 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese reterred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: 1□ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Neturei 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 ☐ Could not be determined 3 ☐ Suicida

sician and bunal-transit physician s the burial Box 68760 P.0. the signed by the Division of Vital Records. has certificate funeral

Physician/Medical þ Completed Be To Certification:

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

8

2

Funeral

Director

item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural; or item any injury or other traumatic event

Physician /Medical

Examiner

3altimore, Maryland 21215-0020

with the Maryland

death

filled in by

> State Registrar

Medical

31. Dete tiled (Month, Dey, Yeer)

29b. Signeture and title of certifing

30. Neme end eddress of person

et

4 ☐ Homleide

29e. Certifier (Check only one)

32. Registrer's Signeture Julia Daidson Pandace

sugh

no completed cause ot deeth (item 23e) (Type, Print)

Tel

28e. Plece of Injury - At home, farm, streat, fectory, office building, atc. (Specify)

MD

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

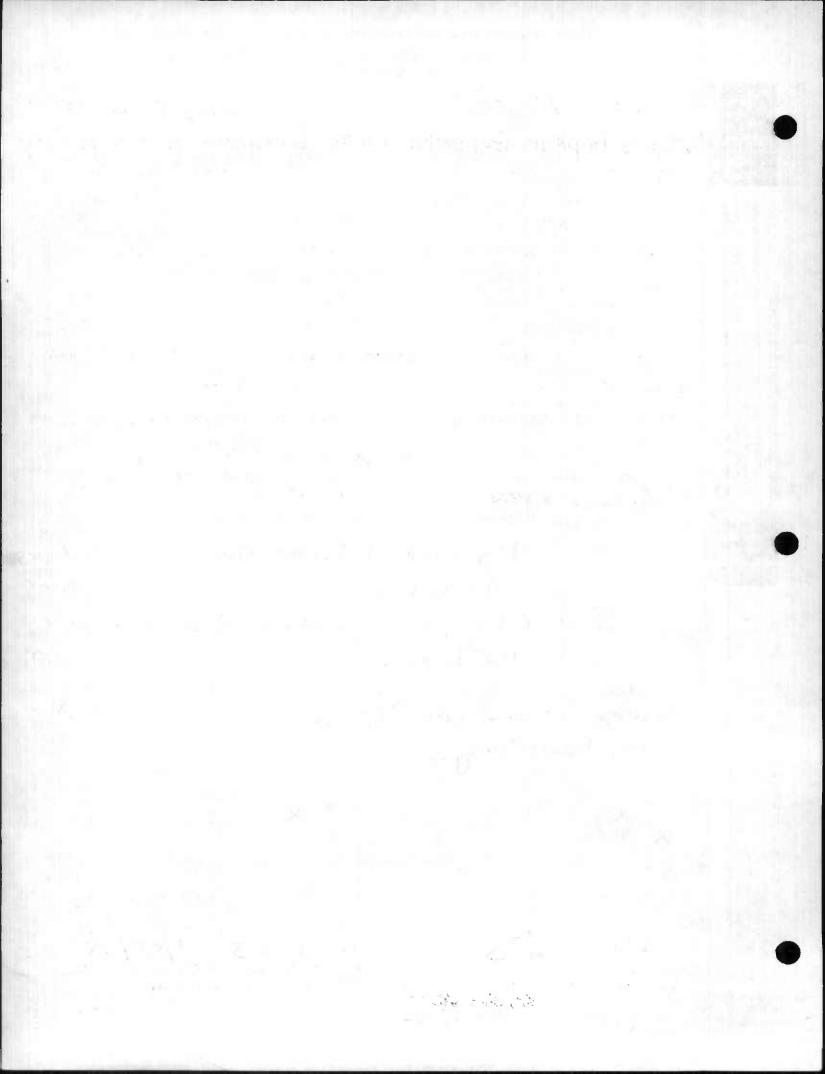
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and plece, end due to the cause(s) and manner stated. 29c. License number

29d. Dete signed (Month, Dey, Year) 0438-

Cincle

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

5505 Hopms



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 98-0003-510 State of Maryland / Department of Health and Mental Hygiene & CIP MICHAEL J. 23a part 1,27,28a-f per MEO G-755 1/14/98 dh Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** Sr. Michael Jerome Mills 1, 1998 **JANUARY** /Medical 4b. City, Town, or Location of Death 4c. County of Death 4e Facility Nama (If not institution, giva street and number) **Examiner** 710 REEDBIRD STREET #301 BALTIMORE If Under 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5-10-48 5. Social Security Numbar 6 Sax 7. Age (in yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** XX 2DF Months Devs Hours Yrs. Director 212-52-4723 Usual Residanca of Decedant with the Maryland 10a State 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Md Baltimore Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21225 USA 710 Reedbird Apt-301 Funeral death 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritei Status 14. Rece - American Indien. Bleck, White, etc. 72 hours after 1 ☐ Never Married 2 ☐ Married 1 Yas 2 No Specify: Maryland 21215-0020 þ 3 ☐ Widowed 4 ➡ Divorced Black Completed 16e. Decedent's Usual Occupation 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 72. Department of Health and Mental Hygiena. Important: If item 27 is merked other than "natt any injury or other traumatic event, the Medica once. (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) Collaga (1-4or 5+) 9th Labor 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Carrie Hunter Mills Sr. Virlo 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 21213 3156 Elmora Ave./Balto, Wanda Moss Baltimore, 20b. Plece of Disposition (Name of cemetary, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buria 2 Cremation 3 Removatirom Sta Balto, 1/06/98 Voshell Mem. Grd.Cem. 4 □ Dor 5 Othar (Specify) ion 21. Signay Funeral Service Licenses 22. Name end Address of Fecility 1101 E. North Ave./Balto, Md four the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or haert failure. List only one cause on aech lina. Physician Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical NARCOTIC INTOXICATION Examiner Dua to (or as a consequance of): Examiner physician end the burial-transit Sequentielly list conditions, if eny, leeding to immediate causa. Entar Undarlying Cause (Disease or injury that initiated events rasulting in daath) Lest Due to (or es e consequença of): certificata be axec Box 68760 Dua to (or as e consequence of): esn ō the Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown

signed by the peeu has pega 2 Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific funaral director

2

edical

29e. Cartifian

24 hours

To the Within 2

Records.

Division of Vital

Physician/Medical þ Completed Be 25. Wes case referred to medical Certification: To

XXYes 2 No 27. Manner of Deeth 5 Pending Investigation 1 Natural 2 Accident

29b. Signeture end title of certifier

6 XX could not be datarmined 3 ☐ Suicide 4 Homicida

found at home

28e. Dete of Injury unk (Month, Day Year) found 1/1/98 28e. Pleca of tnjury - At homa, farm, street, factory, offica building, etc. (Specity)

unk Injury found 10:30

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of A

28c. Injury at Work? 1 Yes 2 XXNo

O.C.M.E.

unknown

28. Placa of Death (Check only one)

24a. Wes en eutopsy

28d. Describe how injury occurred

28I. Location (Street and Number or Rural Route Number, City or Town, Stata) 710 Reedbird St. #301,

1 Certifying Physician: To the best of my knowledga, daath occurred et the time, data and place, and dua to the ceuse(s) end menner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred et the time, dete end place, end due to the cause(s) end menner stated. 29d. Data signed (Month, Day, Year) 29c. License number

30. Name end address of person who complated caus of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

THEO DONE Miking 31. Dete filed (Month, Dey, Year) State Registrar

DHMH 16 Rev 6/95

24b. Were autopsy findings available prior to completion of cause of death?

3. Time of Death

10:35AM

Balto

10d. Inside City Limits

XXYas 2 No

Md

21202

Approximete Intervel Between Onset and Death

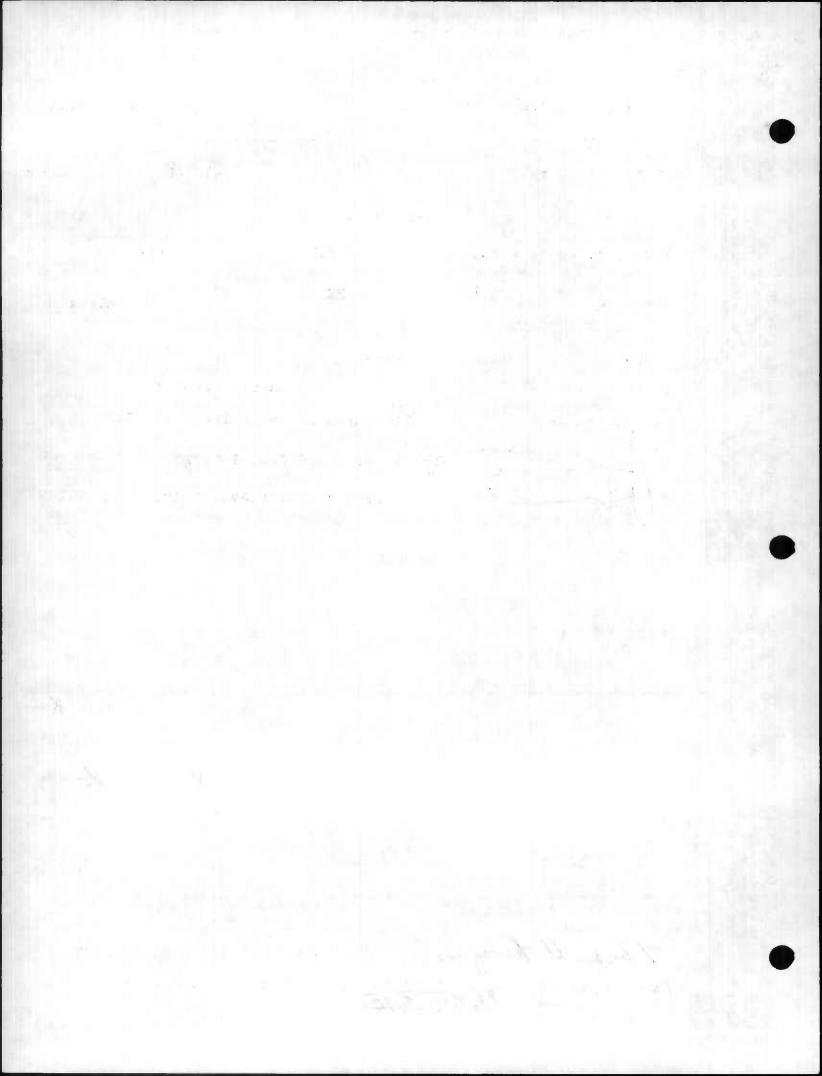
2 No

Other: 4 ☐ Nursing Homa XX Rasidance 6 ☐ Other (Specify)

Baltimore, Md. 21225

2 No

JANUARY 2, 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death **Physician** MARKE RUPPERT JANUARY /Medical my 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** PANDAIISTENN NONTHWIST HOSPITAL BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Yaar) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) **Funeral** Months 1□ M 2 TF Yrs. Director 215-07-9553 Sept 7, 1905 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Mayical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☑ No Maryland Baltimore Rockdale 10e. Streef end Number 10f. Zip Code 10g. Citizen of Whet Country? 3620 Hilmar Rd. 21244 USA Funeral 12. Wes Decedent Ever in U.S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack. White, etc. 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No if Yes, Give Year or Dates: þ Specify: 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry d 2 should be filed within 7 th and Mental Hygiena.
7 is marked other than "r Eiementary/Secondary (0-12) Coilege (1-4or 5+) 12 years 2 years Secretary WCBM Radio 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Sumama) Frederick Wachsmuth Mary Schmit 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pagas 1 and 2: Department of Haalth at important: If Item 27 is any injury or other trau Carl Gran (Friend) P.O. Box 488 Jarrettsville, MD 21084 20a. Method of Disposition 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removai from State 4 ☐ Donation 5 ☐ Other (Spacify) 11-8-98 Woodlawn, Maryland Lorraine Park Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, Maryland 21133 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** FEW DAYS /Medical Immediete Cause (Final disease or condition resulting in death) **Examiner** Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest and Due to (or es e consequence ot) physician Physician/Medical tha Due to (or as a consequence of): for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? MYSEARDIAL INFARETIEN; CONGESTIVE 1 Yes 2 No 3 Probably 4 Unknown signed l Be Completed by HEART FAILURE: IDIOPATHIC SUBADATIC STENDSIS 24a. Was en autopsy performed? 24b. Were autopsy findings aveilebie prior to completion of cause of death? page 2 STATUS POST 1 ☐ Yes 2 ☐ NO 25. Wes case referred to medical examiner? 26. Place of Death (Check only ona) Hospital: 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 Naturei 2 Accident 5 Pending investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 29a. Certifier 11 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as steted. 2 Medical Examiner On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. within To the

31. Date filed (Month, Day, Year) State Registrar

ORIANDO

29b. Signature and fitte of certifier

B. CONDIVAN MD KANDAUSTOWN, My 32 Augustur Sonature Randale

29c. License number

29d. Date signed (Month, Day, Year) VANUARY +, 1997

NENTHWEST HOSPITAL CONTR

30. Neme end address of person who completed cause of death (item 23e) (Type, Print)

Baltimore, Maryland 21215-0020

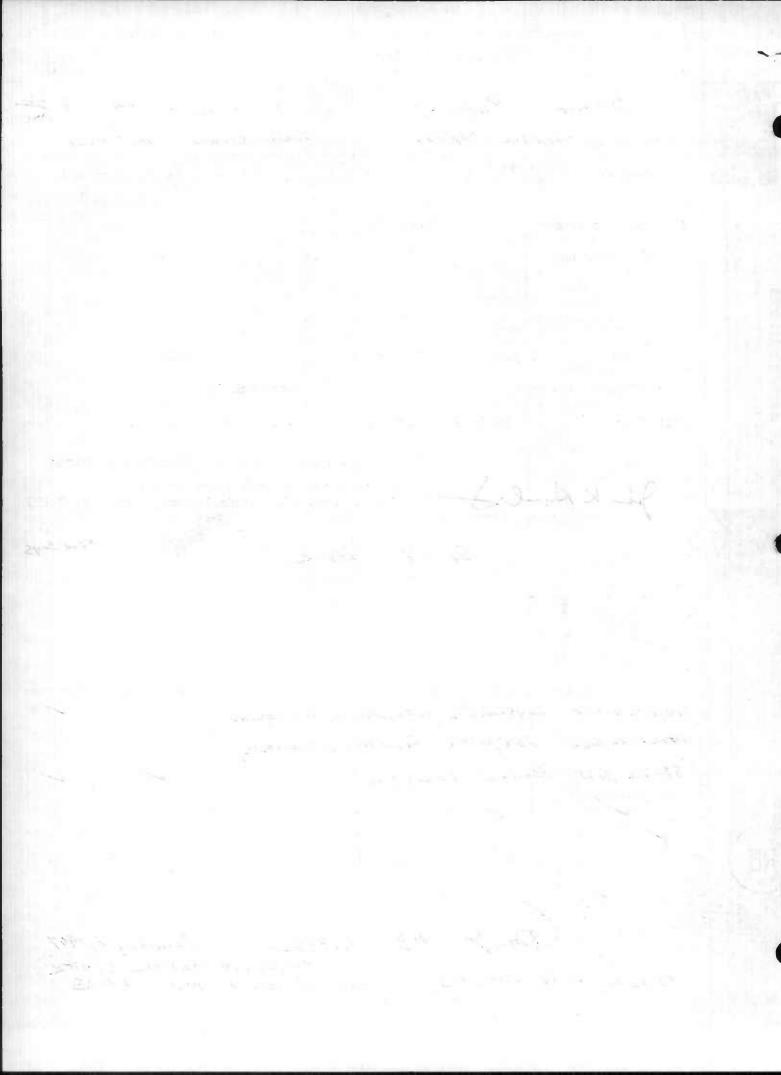
Box 68760.

P.O.

Records,

Vita

to



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month William JANUARY /Medical 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Center BAltimore TOWSON Gilchrist If Under 1 Year If Under 24 Hrs. 9. Birthplece (State or Foreign Country)
Mary Land 5. Sociei Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Days Hours 12 M 2□ F 4771 71 Yrs. 220 18 October 30 1926 Director Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Baltimore Parkville Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8569 USA Morven 21234 Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Yes 2 No Specify: by Specify: White 3 Widowed 4 Divorced IWW "natural", 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry William Kyan Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Contractor Electrician 12 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) h and Mental F JAMES Catherine RYAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) if item 27 is Shelma Parkville Md. Morven Rd 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Dete Department of Important: If ite any injury or o opce. 1 Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Park Memorial 1998 22. Name and Address of Facility EVAMS Chapel of Memories 21. Signature of Funeral Service Licenses R RI. 8800 HArford BALTIMORE Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, abook, or heart failure. List only one cause on each line. **Physician** Concer Concer /Medical Immediate Cause (Finel diseese or condition resulting in death) Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical 2 Due to (or es e consequence of): 8 attending 980 Ped Ded Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by d be detact 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown à 24b. Were sutopsy findings evallable prior to completion of ceuse of deeth? 24e. Was en eutopsy performed? Completed peed ğ page 2 cartificate 25. Was case referred to medicel 89 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) Hospice 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 2 27. Manner of Death Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Attac 5 Pending Investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident after death Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours at To the Funeral Di 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner es stated.

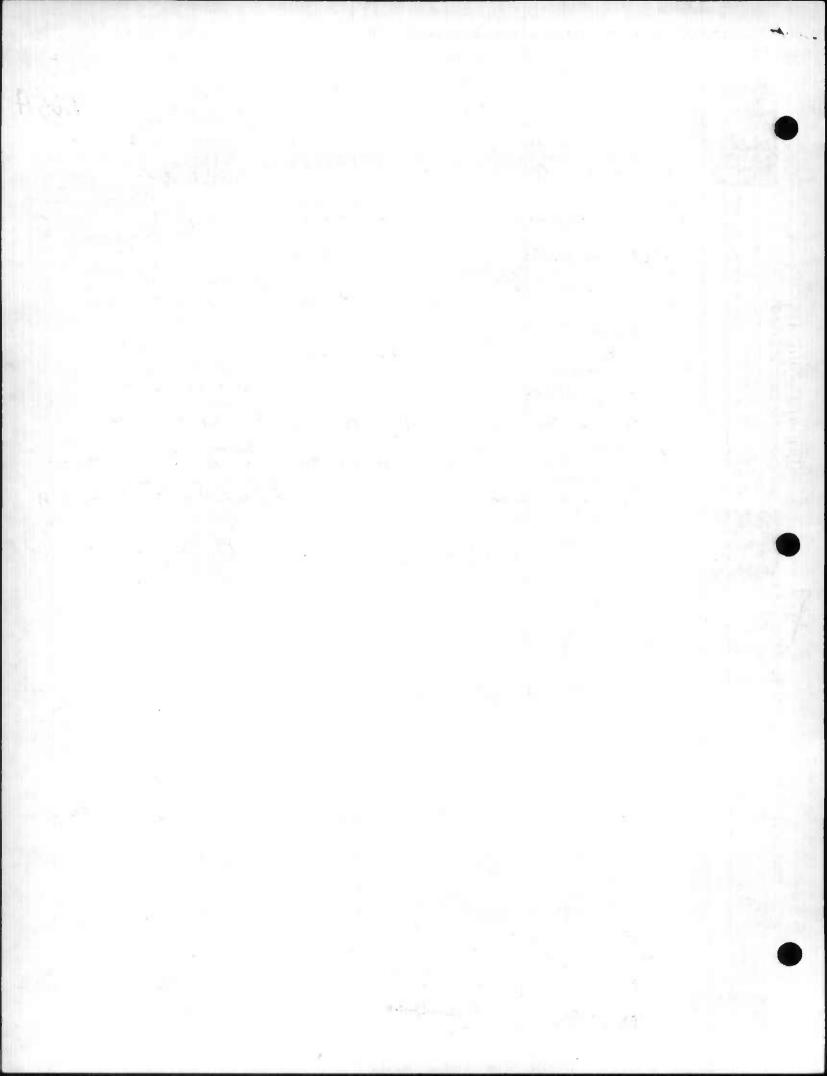
Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, end due to the cause(s) end menner stated. Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) mo

State Registrar Anthony
31. Date filed (Month, Dey, Year)

JAN 07 1998

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

MD



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. edeat's Name (First, Middle, Last) 2. Dete of Death Month **Physician** rogers 2130 JAN. /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Peatl Examiner Agres Health Care BAltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 KF 219-26-1611 102 Yrs. Director Usual Residence of Decedent 10d. tnside City Limits 28s-f show the Medical Examiner must be notified 1 Yes 2 No Director 10g. Citizen of What Country? 5 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Caben, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 1 No Completed by Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) HOMES DOMESTIC UNKNOWN unknows 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Peges 1 and 2 should be nent of Health and Mental unknown Unknown 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 861 PARK Important: If item 27 is any injury or other tra once. BALTI MOKE, HO 2/20/ Date 20c. Location - City or Town, State GUARDIAN tred 20b. Place of Disposition (Name of cometery, crematory or other place) 20a. Method of Disposition

1 Burial 2 Cremation 3 Removal from State ZION CEMETERY 1-8-98 BALTIMOLE, MO 22. Name and Address of Facility ALBERT P. WYLLE FIHPA Department 4 □ Donation 5 □ Other (Specify)

21. Signature of Frontil Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) 2 days Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last 68760 hypertension Physician/Medicai Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? 1 ☐ Yea 2 No 3 Probably 4 Unknown Dementia Be Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 12 | ER/Outpatient 3 | DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 2 Accident 5 Pending investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide To the Hospital within 24 hours a To the Funeral Completely filled 29a. Certifier Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) end manner as stated.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) M.D.

State Registrar

Duke Crane

31. Date filed (Month, Day, Year)

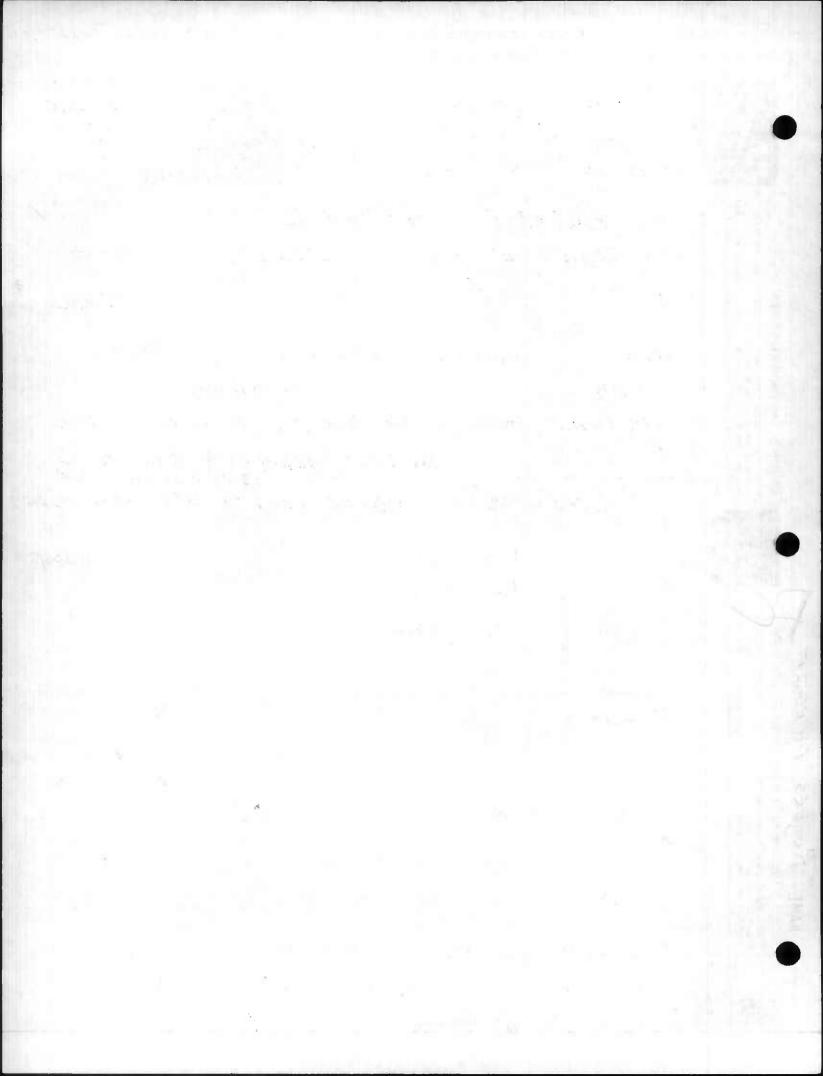
rane 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

900 caton Ave, Baltimore, Maryland 32. Registrar's Signature John Davidson Randelle

January

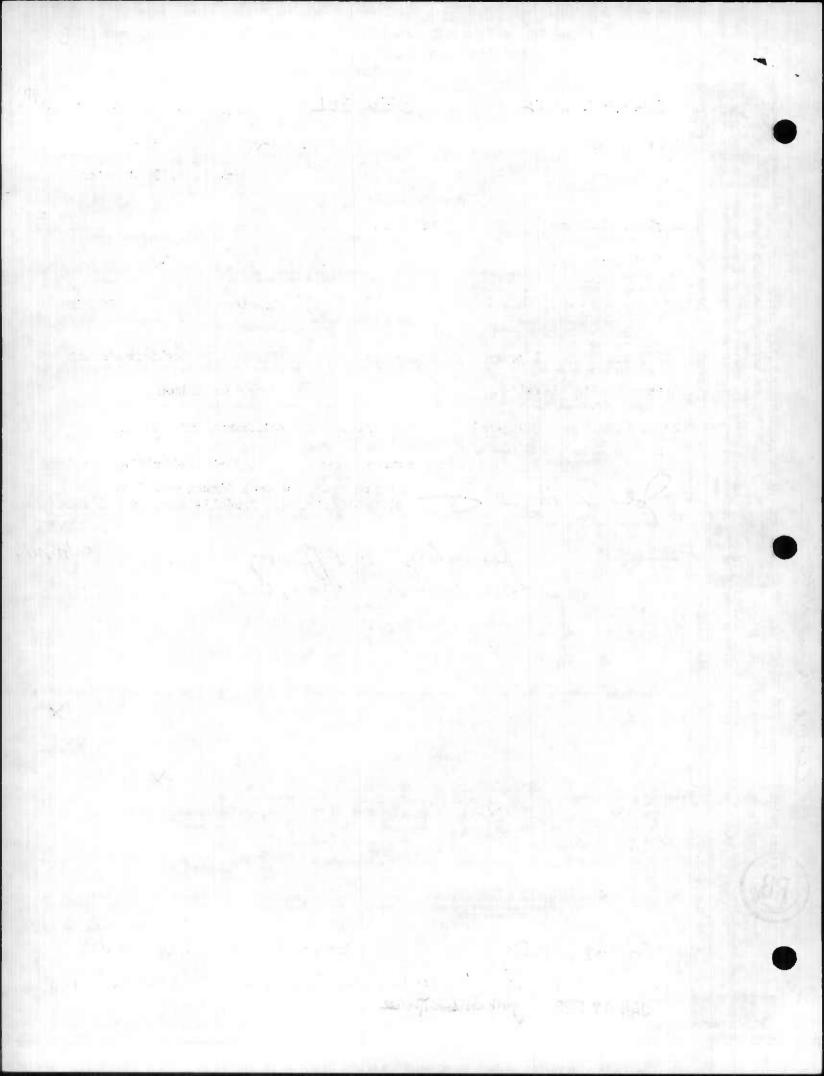
DHMH 16 Ray 6/95

AME: KOGERS



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Oldio of II	iai y iai	Certific	ate of	Death	ontar riy	Reg. No.			
Physiciar		. Decedent's Name (First, Middla,			< EI	UE.	1	2. Dete of De Month	eth Dey	Year	3. Time of I	Manage
/Medica	1	CARMEL a Fecility Neme (If not institution,		-1	SEN	JEL	4b. City, Town, or		- 01 - 10	198	8:2	0.
Examine	r "		give street and number	,								
Funeral	5	Sinai Hospital Social Sacurity Number	5. Sex 7. A	ga (In yrs.		der 1 Yaar		S. 8. Dete of Bir	th N/A		ece (State or	Foreign
Director		218-60-7408 Usual Rasidenca of Decedent	1□ M 21X F	65	Yrs. Mont	hs Deys	Hours Min	Sept 4		Jamai		
urel, or flerm 23s or 28s-f show	1	0e. Stete 10b. County		10c. Ci	ty, Town or Location					10	d. Inside City	
28a-f et notified	N	Maryland Baltim	ore		Brighton						1 🗆 Yes	2 🔯 No
or 28a-f	2 1	0a. Street end Number			10f.	Zip Code			10g. Citizen of V	Vhet Count	ry?	
		3910 Wyatt Dr					21207		USA			
rem Derr	1 Lonera	Marital Status □ Never Merried 2 Marrie	12. Wes Deceden Armed Forces d 1 ☐ Yes 2 ☑	?	If Yes,	pecity Cub	Hispenic Origin? (S en, Mexicen, Puer	rto Rican, etc.)	Bled	a - Amarica ck, White, e		
	2	3 Widowed 4 Divorced	If Yes, Give Yaer or Detes		1⊠ Ye	2 □ No	Specify: Jan	naican	Specify	" B1	ack	
		15. Decadant's			16e. Decedent's U	suel Occu	petion		18b. Kind of Bu			
Med	Completed	(Specify only highest Elementary/Secondary (0-12)	College (1-4or	5+)	life. DO NO	T use retire	during most of wo	orking				
t the	5	12 years	3 years		Cashier				Herling		cket	
8 6	מ מ	7. Fether's Name (First, Middle, L					18. Mother's Ne	eme (First, Middla	, Meidan Surnam	18)		
marked matic e		Arthur Leslie L						nce Dona				
2 2		19e. fnforment's Name/Reletionshi			19b. Malling Addi	ess (Stree	t end Number or F			State, Zip	Code)	
item 27 other t	2	Percy Sewell Oa. Method of Disposition	(Husband		3910 Wy;		r. Bal	timore,	MD 212 20c. Location -		wn Stata	
= 5		1 ☑ Buriel 2 ☐ Crametion		3	cemetery, cramatory	or other pla						
Important: any injury pnca.	-	4 Donation 5 Other (Specific Line)		Res	urrection		S ess of Fecility	1-7-98	Hebbvil	1e, M	arylar	ıd
Importan eny injur pnce.	1	D 3/	0	1	Lorin	g Bye	ers Funer					
	-	23a Part V Enter the disease or o	omolic wons that cause	d the deet	8728	Liber	ty Rd.	Randalls	stown, M	D 2	1133 Approximete	
ysician		23a. P. 11. Enter the diseese, or c st, or heart feilure. List o	nly one cause on each	line.	an. Bonot omor mor	node or dy	ing, odon oo oonale	o or roophotory o	11001,		Interval Betw Onset end D	reen
ledical		mmediate Ceuse (Finel	D. n	///	1,-	M	none			- 1 -	~ Im	mll
aminer	i	disease or condition esulting In deeth)	e. pesy	Due to (or es donsequence	of):	pun	7		1		0.009
2			Greby	el 11	mayles	10	will.	nt				
n and lai-transit		Sequentially list conditions,	6.	Due to (or es e consequence	of):				1		
		Sequentially list conditions, ferry, leading to immediate cause. Enter Underlying Cause (Disease or Injury het Initiated events	My	vest	ension					1		
s the bu	i t	het Initieted events esulting in deeth) Lest	//	Due to (c	or es a consaquance	of):						
GF-10			d									
gred by the attending be detached for use by Dhyelclan A	8											
by the tached	P	ert II. Other eignificant condition	s contributing to death	but not res	sulting in the underlying	ig ceuse gi	ven In Pert i.		tobacco use co			
deta								. 1	Yee 2 No	3 Prob	ably 45	hknown
2 T	2							24e. Wes	en eutopsy	24b. We	re eutopsy fir	ndings
page 2 should	-							рело	ormed?	con	nileble prior to npletion of ca deeth?	use
page 2								10	Yes 2 No		Yes 201	
entition settor, p		5. Wes cese referred to medical					26. Plece of De	eth (Check only	one)			
dinec al		exeminer?	Hospital:	ient 2 🗆	ER/Outpetient 3	DOA Ot	hor	Home 5 ☐ Resi		er (Specify)	
		7. Manner of Deeth	28e. Dete of fn	ury	28b. Time of Injury	28c. Inju	rry et	28d. Dascribe	how injury occur	red		
45 to	35	1 Naturel 5 Pending 2 Accident investiga	tion	uy rour,	М		Yes 2 No					
by th		3 ☐ Suicida 6 ☐ Could no determin	200. PIECE OI II	njury - At h	ome, farm, street, fed	tory, office			Street and Numb wn, State)	er or Rural	Routa Numb	ber,
o di	5											
pletely filed in by the funer colors Certification	2	(Check only 2 Medical E	Physician: To the besi	of examine	owiedge, death occur etion end/or investige	ed at the ti	ime, date end piec opinion, deeth occ	ce, end due to the curred et the time,	ceuse(s) end me dete end plece,	enner es sto	eted. the ceuse(s)	
mple		one)	end menner s	teted.		29c. Licen	co number		29d. Data signe	d (Month I	Day Veer	
20	-	9b. Signeture end title of certifier	10			Soc. Licen	to (2 , 7		٨		10	
		Mazam	(m)			24	4811		Jan. C	2.19	70	
	3	O. Neme end eddress of person w	o completed chuse of	death (Iter	7 L 1 \ (Type, Print)	1	1.2.	400 R	el Qhin	w.	111	
CALA	3	1. Dete filed (Month Day, Yeer)	- Bossania	farts Signs	atubo	June	ru u	,10	W1.10	VIL	1.M.D	,
State		JAN 07 1998	gano	andoor	- gandale							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** SCHOEBERLEIN HELEN 598 6:25 PM MANUARY /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** NORTHWEST HOSPITAL CENTER BALTIMORE RANDALLSTOWN 7. Age (In yrs. last birthday)
Yrs.

If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min.

Sc. 26 1981 5. Social Security Number Birthplace (State or Foreign Country). **Funeral** 1 □ M 250 F 215 12 3795 Director MARYLAND Usual Residence of Decadent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinar must be notified at 1 ☐ Yes 2 1 No Directo MARYLAND HOWARD TTOSILLE 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? 2676 AQUE COAD 1.S.A 21043 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11 Maritel Stetus I ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No by Specify: 35€ Widowed 4 Divorced WHITS Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coltege (1-4or 5+) 12YRS. SERVICE CLAIM BLUE CROSS+BLUEHISLD 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be GROVER CLEVELAND BEALL PARTHA BLANCHE 21042 19a. Informent's Name/Retationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) vnt: If item 27 is r. y or oth-2676 MILBA ROAD ELLICOTT LITY MAR)
Date | 20c. Location - City or Town, State HOWARD 1 SCHOZBERLEIN MARYLAND 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition Date JAN-10 1 Buriai 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or once. 1998 PARKVILL, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) MORLANDIEMORIAL 21. Signature of Funeral Service Licenses 22. Name and Address of Facility OF Camorial 21234 8800 HARFORD ROAD PARKVILLE MARYLAND was 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Physician /Medicai Immediate Cause (Final disease or condition resulting in death) & METABOLIC ENCEPHALOPATH Examine Due to (or as a consequenca of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequença of): Physician/Medical Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23h. Did tohacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed DEMIENTIA 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Piace of Death (Check only one) exeminer? Hospitel: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide

lew requires that the death certificate be executed and Box 68760. the esn P.O. Records, 50 page 2 Sertificate Vital an:

72 hours after death

filed within Hygiene.

Pages 1 and 2 should be nent of Health and Mental

21215-0020

Maryland

Baltimore,

filled in by the To the Hospital within 24 hours a To the Funeral D completely

> State Registrar

3/4 .S. RAO. MI.D.

29c. License number

1 Recritifying Physician: To the best of my knowledge, death occurred et the time, date end piace, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date end piece, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

1) 43462

UANUARY

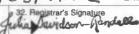
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 1 < . S . R A o . M. O . HOSPITAL CENTER RANDALLSTOWN NORTH WEST

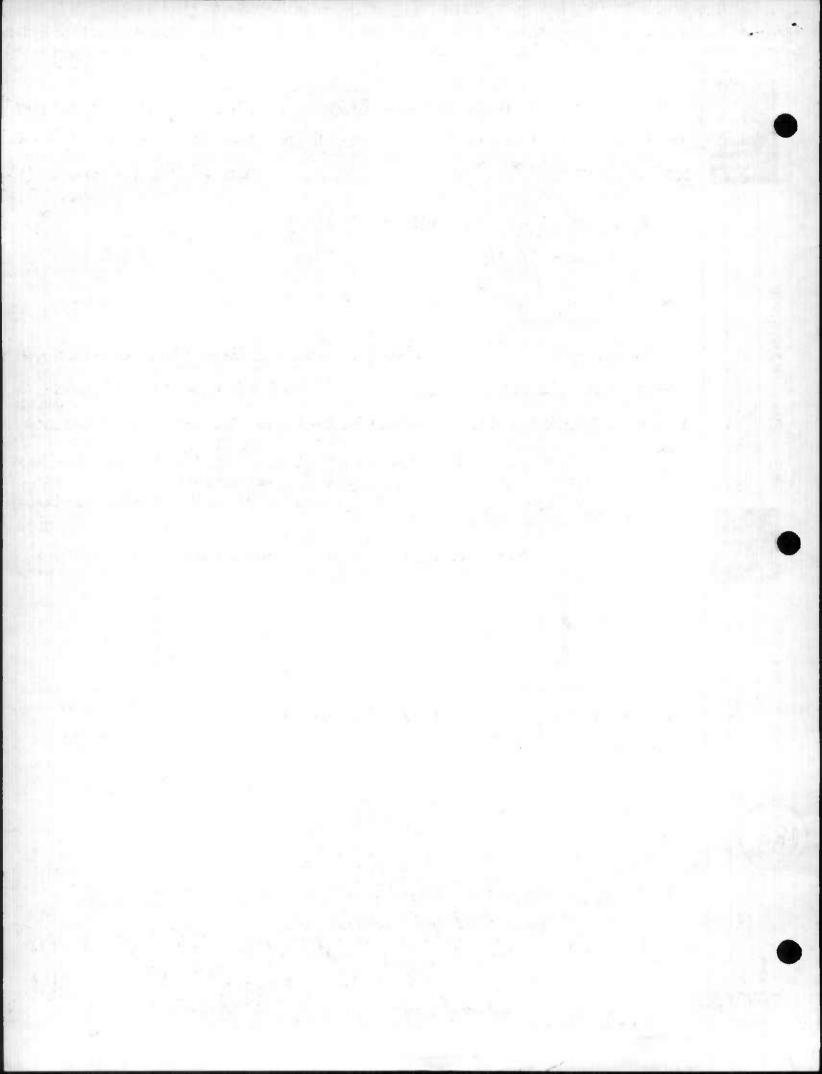
31. Date filed (Month, Day, Year)

29b. Signeture and title of certifier

29a. Certifier

JAN 07 1998





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 3		
	State of Maryland / Department of Health and Menta Certificate of Death	I Hygiene	0	0	0
	Certificate of Death	Dec No.	8	0	U

Physician	
/Medical	l
Examiner	ľ

MELVIN STRAWTHER

Melvin L. Strawther, Sr. 4a Facility Name (If not institution, give street end number)

1. Decedent's Name (First, Middla, Last)

JAN. 5, 1998 4b. City, Town, or Location of Death

3. Tima of Death 0658 AM

60

5. Social Security Number 234-24-1984

JOHNS HOPKINS BAYVIEW MEDICAL CENTER 7. Aga (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year)

BALTIMORE

n/a

Funeral Director

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O.

Physician Hiriedical

Examine

È

signed d be del

page 2

certificate

the state

Director

Funeral C hours a Hospital

量 b

24 To the 2 within 2 To the 9 complet

Attending.

Physician/Medical

à

Completed

Be

10

Certification:

Medical

135 Carver Rd.

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important if them 27 is marked other than "natural", or flore 23s or 28s-1 show any Injury or other traumatic event, the Medical Exercines. Director 8 Funer þ Completed

6. Sax 79 Yrs.

Days

10f. Zip Code

March 13,1918

2. Data of Death

Day

Month

Birthplace (State or Foreign Country)

Usual Residenca of Decedant 10a. State 10b. County

n/a

Baltimore

10c. City, Town or Location

10d. Inside City Limits 1 Yes 2000

10e. Street and Number

21222

USA

10g. Citizen of What Country?

Yaar

4c. County of Death

11. Marital Status

1 Never Married 2 Married 3 Widowed 4 Divorced

12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2★1 Mo If Yes, Give Year or Dates:

13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

14. Race - American Indian, Black, White, etc. Specify: **Black**

15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

17. Father's Name (First, Middle, Last)

Steel worker 18. Mother's Name (First, Middle, Meiden Sumema)

Bethlehem Steel

William Edward Strawther

Eva Bell Price 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

19a. informant's Name/Relationship (Type, Print) Josephine Strawther/wife

135 Carver Rd. Balto., MD 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece)

21222 Date

20c. Location - City or Town, State

20a. Method of Disposition

12

NOBurlal 2 ☐ Cremation 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify)

Holly Hills

1/10 Rosedale, MD 22. Name end Address of Facility

James A. Morton & Sons Funeral Home

uture of Funeral Service Licensee

23a Parti Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, nor heart failure. List only one cause on each line.

1701 Laurens St. Balto., MD Approximate Interval Between Onset and Death

Immediate Ceuse (Finel disaase or condition resulting in death)

a Arteriosclerotic Cardiovascular Disease

Due to (or as a consequence of):

Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequence of):

Due to (or as a consequence of)

23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

24a. Was an autopsy performed?

INSPECTION 1 ☐ Yes 2XXVo 24b. Were autopsy findings available prior to complation of causa of death?

26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was casa referred to medical 1 Yes 2 No

27. Manner of Death

1 Natural

2 Accident

4 Homicide

3 Suicide

5 ☐ Pending

investigation

6 Could not be determined

28a. Date of Injury (Month, Day Year)

1 ☐ Inpatient ※※ ER/Outpatient 3☐ DOA 28b. Time of

28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28d. Dascribe how injury occurred

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(a) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Dev. Year)

28f. Location (Streat and Number or Rural Route Number, City or Town, Stete)

O.C.M.E

JAN. 6, 1998

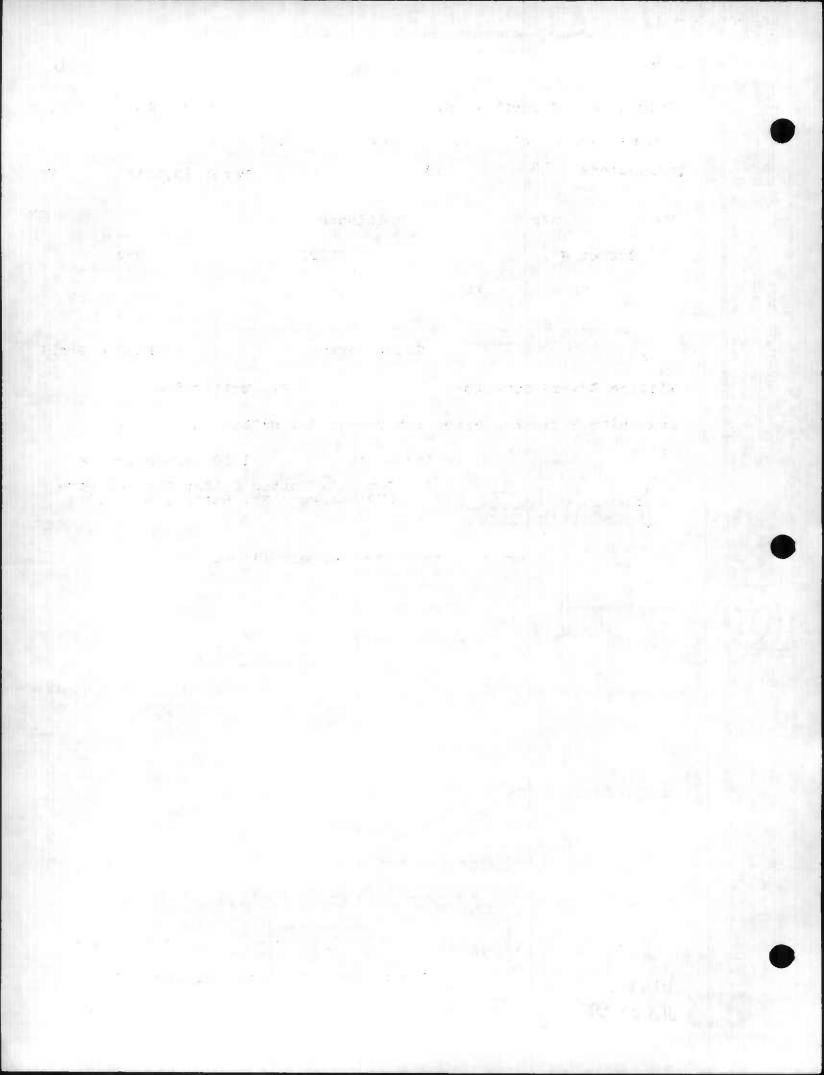
30 Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

HOUND DUMM (1111 Penn Street, Baltimore, Maryland 21201

HOUNT DAY Year)
JAN 0 7 1998

22 Registrar's Signature

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Amended #31 perFH G755 1/7/98 EW Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 5,1998 STANLEY STELMACH January 11 a.m. 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death MY SECOND HOME 3611 MARY AVENUE BALTIMORE If Under 1 Year Months Deys If Under 24 Hrs.
Hours Min. 8. Dete of Birth (Month, Day, Year) Aug. 23, 1923 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birtholece (Stete or Foreign Months 1♥M 2□F UKRAINE 212-30-6210 74 Yrs. Usuel Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits XX Yes 2 No N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5631 GREENHILL AVENUE 21206 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritei Stetus Black, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No 3 ☐ Widowed 4 ☐ Divorced WHITE 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) MECHANICAL ENGINEER ELECTRICAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) ROMAN STELMACH EUGENIA KOMARYNSKA 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ANNA STELMACH/WIFE 5631 GREENHILL AVE., BALTO., MD. 21206 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 Buriel 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) ST. MICHAEL UKR.CEM. 1/8/98 BALTIMORE, MD. 21. Signeture of Funerei Service Licenses 22. Name end Address of Fecility LILLY & ZEILER INC. 1901 FASTERN AVE., BALTO., MD. 21231 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or shock, or hear failure. List only one ceuse on each line. Approximete thtervel Between Onset and Death Immediate Ceuse (Finel disease or condition resulting In deeth) Que to (or es a consequence of): Sequentielly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Last Due to (or es e consequence of): Due to (or as e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 | Yes 2 | No 3 | Probably 4 | Unknown 24b. Were eutopsy findings aveilable prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed?

Physician /Medical Examiner

permit. Peges 1 and 2 s Department of Health er Important: If item 27 is any injury or other trau once.

Physician

/Medical

Examiner

10a. Stete

Md.

Funeral

Director

28a-f show

Director

Funeral

by

Completed

Be

2

7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Wedical Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours effer nent of Health end Mental Hygiene. int: If Item 27 is marked other than "natural", or ite

Baltimore, Maryland 21215-0020

the Maryland

page 2 s

Physician/Medical Examiner þ Completed Be

Box Records, P.O. Division of Vital or Attending Physician: efter death. Director: After this certifica • Funeral Hospital To the Fund completely f To the Vithin 2

25. Wes cese referred to medical exeminer? Certification: To 27. Menner of Deeth 29a. Certifier Medical

State Registrar

SALL 31. Date filed (Month, Dey, Year) 9 6-

29b. Signeture and title of certifier

1 Yes 2 No

5 Pending Investigation

6 Could not be determined

Neturel

2 Accident

3 Sulcide

4 Homicide

(Check only one)

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) WILSON-MILLER.

28a. Date of Injury (Month, Day Year)

1 Inpatient 2 ER/Outpatient 3 DOA

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of



28c. Injury et Work?

Medical Examiner: On the besis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end manner stated.

29c. License number

🖊 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.

1 ☐ Yes 2 ☐ No

1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

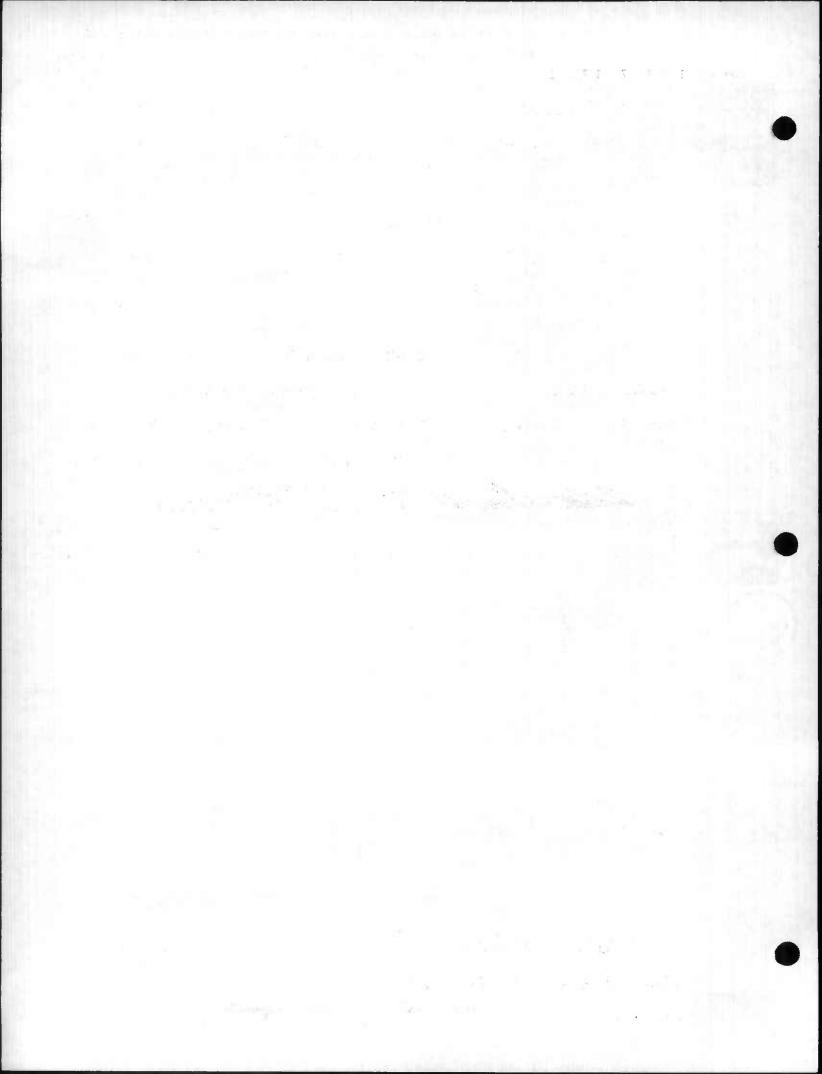
Location (Street end Number or Rurel Route Number, City or Town, Stete)

29d. Date signed, (Month, Day, Year)

26. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

1 ☐ Yes 2 ☐ No



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygierie Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** PERCY 1998 :15AM JAN /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner BALTIMORE GREENSPRING CENTER NYRSING If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Mgnth, Dey, Yeer) 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 5. Social Security Number 6 Sex 12-14 20 F Months 219-16-66 Dusual Residence of Decedent Director 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Heath end Mental Hygiene. Important: if Item 27 is marked other then "natural", or items 23s or 28s-1 shor any Injury or other traumstic svent, the Medical Examinators the north of any Injury or other traumstic svent, the Medical Examinators that the north of any Injury or other traumstic svent, the Medical Examinators are northered. 1 Des 2 □ No Directo MATURAL 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2424 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 DYes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) American Indian, 11. Marital Status 1 ☐ Never Married 2 ☐ Married 1□Yes 2□No Maryland 21215-0020 Specify: 3 ☐ Widowed 4 ☑ Divorced þ WWT EVICAN Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working Web. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) College (1-4or 5+) Elementary/Secondary (0-12) 18. Mother's Name (First, Middle, Malden Surname) 17 Eather's Name (First, Middle, Last) Be 04150 (Type, Print) (COOSIN 19b. Mailing Address (Street and Number or Rurel Route Number, 20b. Place of Disposition (Name of cemetary, crametory or other place) 20a. Method of Disposition altimore. 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 9 Arrison Foresi 21. Sprature of Funeral Service Licensee 22. Name and Address ase 233 Vorti. Enter the disease, or complications that caused the death. Do not enter the mode thock, or heart failura. List only one cause on each line. the mode of dying, such as cardiac or respiratory arrest Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) ACUTE RESPIRATORY DAYS FAILYRE Examiner DISEASE MONTAS CHRONIC OBSTRUCTIVE PULMONARY Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last ARTENIOSCLEROTIC DISEASE HZ ART **Physician/Medical** Box 6876 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by Sign 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? pege 2 certificate hes 1 Yas 2 No 1 Yes 2 NO or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Manner of Death 28b Time of 28c. Injury at Work? Certification: 1 Natural 5 Panding investigation death. 1 Yes 2 No 2 Accident after death 6 Could not be determined 3 Sulcide Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicida 24 hours a Funeral D Hospital 29a. Certifiar (Check only one) 1 Certifying Physicien: To the bast of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical completely To the Pwithin 2 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signature and title of antifier

4+/ State

B. C. VENERACION JR.
31. Date filed (Month, Day, Year) 7 1998 32. Reg

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

JR MD 1576
32. Registrates Signature 1-17

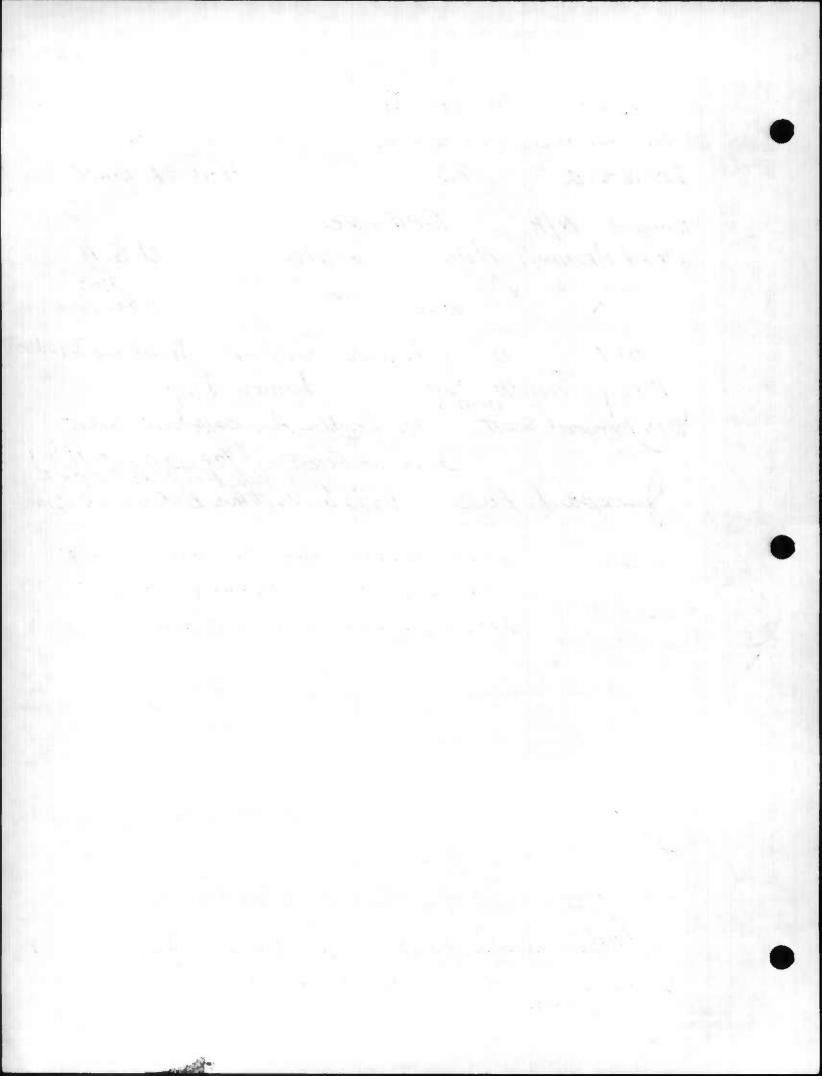
MERRITT

BLUD

BALTO

4021226

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 18 Am 4e. Fecility Name (If not institution, give street and number) 0 /Medical b. City, Town, or Location of Death 4c. County of Death Examiner Half WWY Secours If Under 1 Year Security Number lest birthday) 9. Birthplace (State or Foreign Country) **Funeral** Days Hours 1 M 2 F Yrs. Director 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f shov Examiner must be notified at 12 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral Was Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Dates: 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify Completed by 3 ☐ Widowed 4 ☐ Divorced marked other than "natur 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mothe Be Pages 1 and 2 should be next of Health and Mental 1eN 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Nu important: If less 27 is a any injury or other traum once. MYS HATTI 20a. Method of Disposition 2326 9A/hers 0 1 Buriel 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end. disease, or complications that caused the death. Do not enter failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final 26 days disease or condition resulting in death) Examiner Examine Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Box 68760, Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 ☑ Unknown 1 Yes 2 No Records. by ate has been signe page 2 should be 24b. Were eutopsy findings evallable prior to completion of cause of death? Be Completed 24e. Wes an eutopsy performed? 20 No 1 Yes 2 No 1 Yes Division of Vital or Attending Physician: 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 1 Yes 20 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ER/Outpatient 3 DOA the funeral 27. Menner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 28a. Date of Injury (Month, Dev Year) After 1 Natural 5 Pending investigation To the Hospital or Attendir within 24 hours after death. To the Funeral Director: A 1 Yes 2 🗆 No 2 Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Piaca of Injury - At home, ferm, street, factory, office building, etc. (Specify) in by 4 Hamleide complataly filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

29c. License number

29d. Dete signed (Month, Dev. Yeer)

BALTIMURE

W

ST. BALTU,

21223

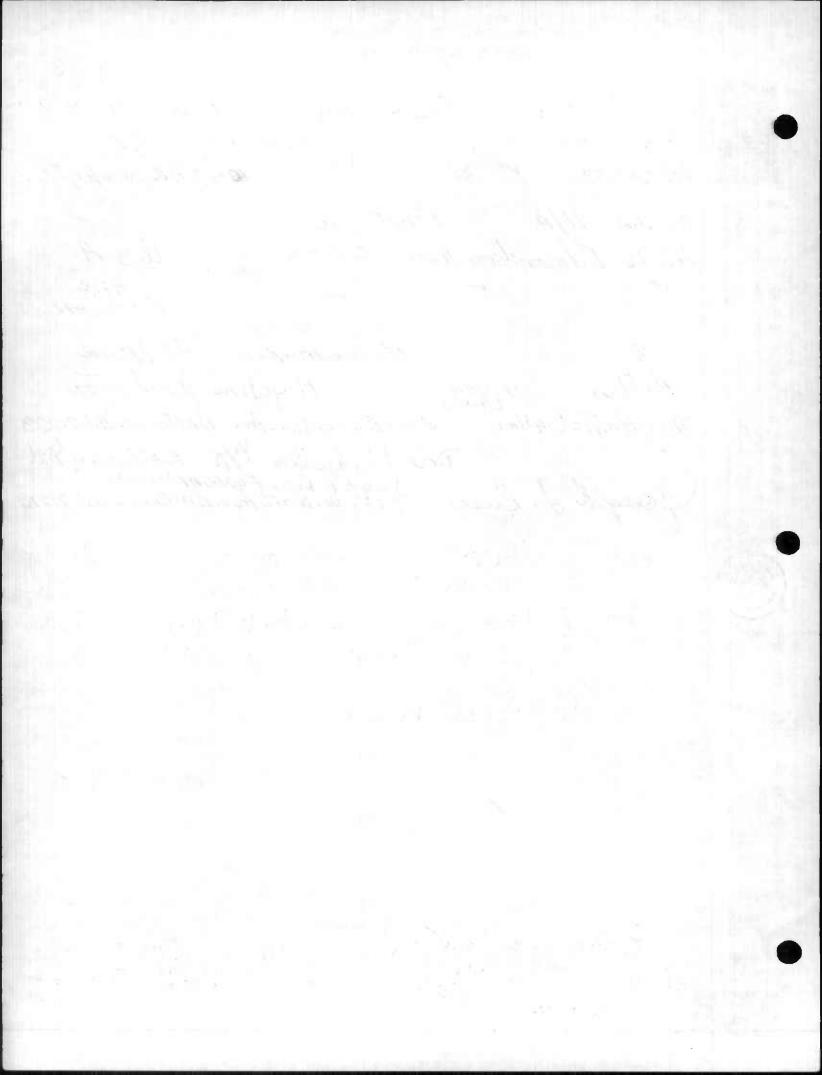
State Registrar

29b. Signature and title of certifie

31. Dete filed (Month, Dey, Year)

0

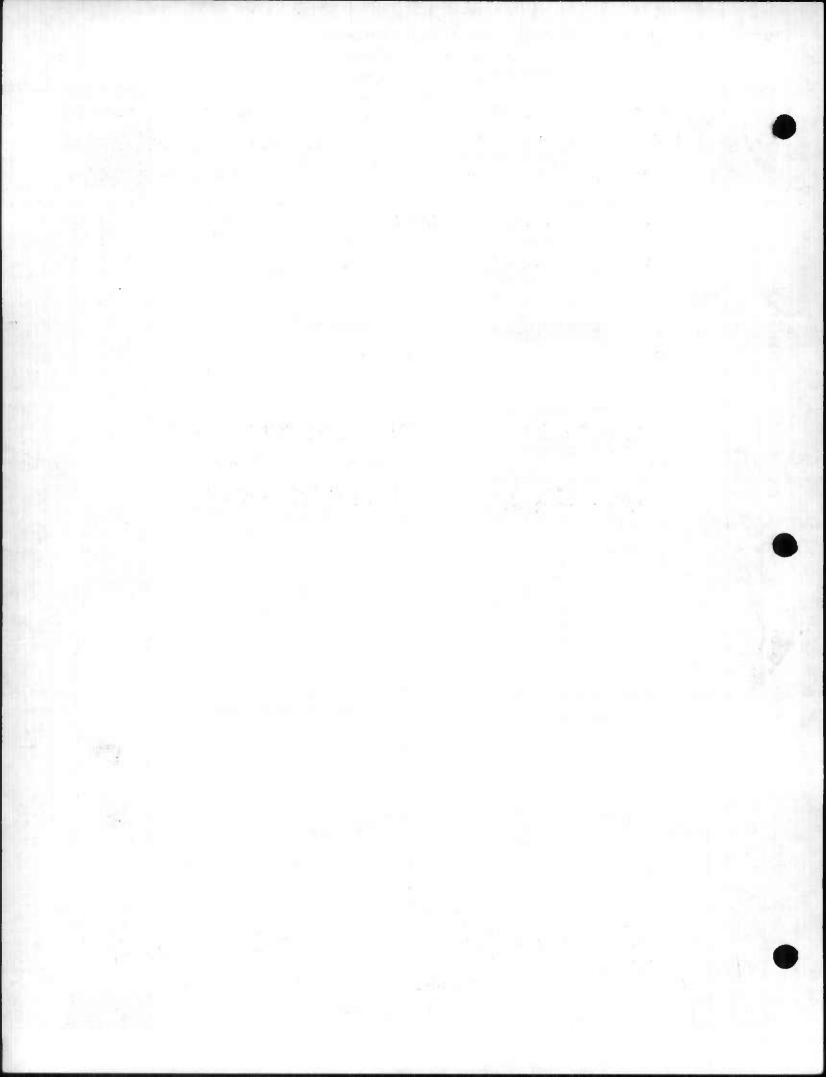
30. Name and add



Please Type or Print in Biack indelible ink. Assure Ail Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8 0 1 6 4

					Cei	rtificate	e of	Death		Re	eg. No.				
Dhusisis		1. Decedani's Nama (First, Middla, L	ast)									Voor	3. Tima of Death		
		JAMES	NORMAN	V		THO	MAS			h	5	1998	5AM		
Examine									wn, or Lo	ocation of Death	4c. County	of Deeth			
		ANNE ARUNDEL GEN	ERAL HOSE	PITAL				ANNAP	OLIS			ARUND	EL		
Funeral Director		212-72-5907	Sax 1⊠M 2□F	7. Aga (In yrs. 33	last birthday) Yrs.	Months			24 Hrs. Min.	8. Data of Birth Month, Day June 19	1964	9. Birthpi MAR	VLAND		
land w		10a. Stete 10b. County		10c. Cit	y, Town or Lo	cation						10	0d. Insida City Limits		
with the Maryland a or 28a-f show Libe notified at	ector		RUNDEL	PA	SADENA								1 Yas 2 No		
death with t	JAMES ACCOUNT OF STATUTOR TO PROVIDE GENERAL HOSPITAL AFFAIRM SHOUNDEL GENERAL HOSPITAL ANNAPOLIS														
020 urs a	Ď	1 ☼ Navar Married 2 ☐ Married	Armed Ford	cas? 2 🔯 No						ecify Yes or No- Rican, atc.)	Blad	ck, Whita,	atc.		
15-00;	eted	15. Decedant's	Education rada complated)	1	16a. Deced	iant's Usua kind of wor	l Occu	pation during mos	t of work	ina	16b. Kind of B	usiness/inc	Justry		
within one.	du	Elementary/Secondary (0-12)		4or 5+)	iifa. i	DO NOT us	e retire	ed)	. 07 110/11	9					
ed w	S		DIVIDEED										ED		
Maryland 2 d 2 should be filed v th and Mental Hygie 7 la marked other t traumatic event, th	Be		it)										44.0		
Aaryland 2 should be to and Mental II a marked or	2				1 200										
Mail 2 sh and 12 sh and 12 sh and 12 sh and 13 mm and 13			(Type, Print)												
e, N 1 and Health em 27 ther tr	-		Aunt	20h E	551	8 Gis	t A	ve. Ba	alt _i i	nore, Ma	ryland	2121	5		
		1 ☐ Burial 2 ☐ Cramation 3	☐Removei from S	toto	annatary, crei	natury or of	triar pie	100)	i						
tin tame: tame:	-		~	THE						/6/1998	BALTI	MORE	MARYLAND		
Baltimo		1 1 1 1 1	- 1	r	9	TALLAT	NICC	ELINET	DAL I	HOME P.A PASADEN	Å. MARY	/LAND	21122		
The state of		23a. Part1. Entar tha diseasa, or co shock, or haart fallure. List on	mplications to ca y ona causa on ea	used tha daat ch line.	h. Do not ant	ar tha mode	a of dy	ing, such as	cardiac	or raspiratory arra	ist,		Approximata Intervel Between		
Physician				\	1		- ,	,				i	Onsat and Death		
/Medical Examiner		disaasa or condition	a K	espir	atory	1 10	1/	ure	-			i			
	_	rasuling in datatri)	Λ	Due to (c	or as a consec		,			1			2 /		
P # .	al la		b. HS	Diva		1	pn	eui	no	uie_			LWKS		
O. B.	Xan	Sequentially list conditions, if any, leading to immediate			or as e conseq	uance of)			1)	- >			1		
		cause. Entar Underlying Causa (Disaase or injury	o	1			5	Wa	(10	w		i	CIN KNOWY		
	9	resulting in death) Last		Due to (o	r es e conseq	uence of):						į			
		- 48 EACH	l d								1				
B B	Sa											i			
P.O. at the at the etached	ys	Part II. Other eignificant conditions	contributing to dea	th but not ras	ulting In the u	ndarlying ca	ausa gi	ven in Part i	l		g. Citizan of Whal Country? JSA 14. Race - Amarican Indian, Black, Whita, atc. Specify: BLACK 6b. Kind of Business/Industry DISABLED aiden Sumame) AN THOMAS City or Town, State, Zip Code) Cyland 21215 Oc. Location - City or Town, Stele BALTIMORE MARYL Approximation of Consat and Approximation of death? 2 Approximation of death? 2 Approximation of death? 3 2 No 3 Probably 4-2 autopsy ed? 24b. Wara autopsy availeble prior completion of of death? 3 2 No 1 Yes 25 Approximation of death? 3 2 No 1 Yes 25 Approximation of death? 3 2 No 1 Yes 25 Approximation of death? 3 2 No 1 Yes 25 Approximation of death? 4 Determine the cause of the ca	4			
that the detac	된	Malnutri	tion							1 🗆 Ye	2 □ No	Year 1998 5AI- Inty of Deeth ARUNDEL 9. Birthplaca (State MARYLAND 10d. Insida 1	ably 4@Unknown		
o 8 52 .				7						Ode Wee e		Zah Wi	are autoney findinge		
aw requ	pletec									perform	n autopsy ned?	ava	alleble prior to mplation of cause		
	Š									1□ Ye	s 22No	10	Yas 20 No		
of Vital Physician: The this certificate ral director, page				/				26. Place	of Deat	h (Check only on	a)				
			Hospital: 1 In	paliant 2	ER/Outpatien	t 3□ DO	A Ot	her: 4 Nu	ursing Ho	ma 5 🗆 Rasida	nce 8 DOth	er (Specify	y)		
Vision of Attending Phorodox: After this by the funeral		1-ENatural 5 Panding	(Month	Injury , Day Year)						28d. Describe ho	w injury occur	red			
Division or Attending after death. Director: After d in by the fune	ertific	datamilaa	- 28a. Place C	of Injury - At ho	oma, farm, str	eet, factory	, office			28f. Location (Street and Number or Rural Routa Number,					
Division To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	dical C	(Uneck only 2 Medical Exa	minar: On the bas	est of my kno	wladge, daath tion and/or Inv	occurred a	at tha ti	ima, data an opinion, dee	d place, ith occurr	and dua to tha ca red at tha tima, de	iusa(s) and mi eta end place,	annar as st and due to	ated. tha cause(s)		
o the o the omple				7)	29c	. Licen	se number		25	d. Dete signe	d (Month.	Day, Year)		
1		1000	1.14	1	die		T	418	7/6		, /	5/	58		
		0/1,1/1	Laura 1	of cheth (item	1 23a) (Type, M C	Print) 64 F	-va	nklin	St.	Anna	polis	MD.	2140/		
State Registra	_	31. Dete filed (Month, Day, Year)	7 1998 b	gistrara Signa	Davidson		200			'					



Pleas

7. Aga (In yrs. last birthday)

Yrs.

SEVERNA PARK

10c. City, Town or Location

91

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygierie 8 Certificate of Death										
First, Middle, Last)	Reg. No.	3. Time of Death								
Ida May Thompson	January 4, 1998	8:45 PM								

Severna Park
If Under 1 Year | If Under 24 Hrs. 8. Data

Hours

Days

21146

10f. Zip Coda

4b. City, Town, or Location of Death

Min.

4c. County of Daath

10g. Citizan of What Country?

USA

8. Data of Birth (Month, Day, Yaar) DEC. 22, 1906

Anne Arundel

9. Birthplace (Stata or Foraign

10d. Inside City Limits 1 ☐ Yas 2 ☑ No

MARYLAND

Physician /Medical Examiner 1. Decedant's Nama (First, Middla.

5. Social Security Number

214-40-5118

10e. Street and Number

10a, State

Directo

MARYLAND

4a. Facility Nama (If not institution, giva street and number)

1□M 2□F

ANNE ARUNDEL

Genesis Elder Care

10b. County

9 ST. Andrew Cross Over

Funeral Director

the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mertial Hygiene. The important: If them 27 is marked other than "natural; or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examinor insult be notified as

Physician /Medical Examiner

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. certificate To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, I

Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ② No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Biack, White, etc. 1 Naver Married 2 Married 1 ☐ Yas 2 ☑ No Specify: þ 3 Nidowed 4 Divorced Specify: WHITE Completed 16a. Decedant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedent's Education (Spacify only highast grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 12 Teacher 4 Baltimore School System 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be **EDWARD** DISNEY MINNIE 0 MAY HARMON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Robert R. Cohen Pers. Rep. 706 Equitable Building Baltimore, MD. 21202 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata LOUDON PARK CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) Jan 7,1998 BALTIMORE, MARYLAND 21. Signature of Funaral Service vicanted 22. Nama and Address of Facility Hi lary L Stalling STALLINGS FUNERAL HOME P.A.

3111 Mountain Road Pasadena, Maryland 21122

23a. Part1. Enter tha disaase, of complications that baused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest,

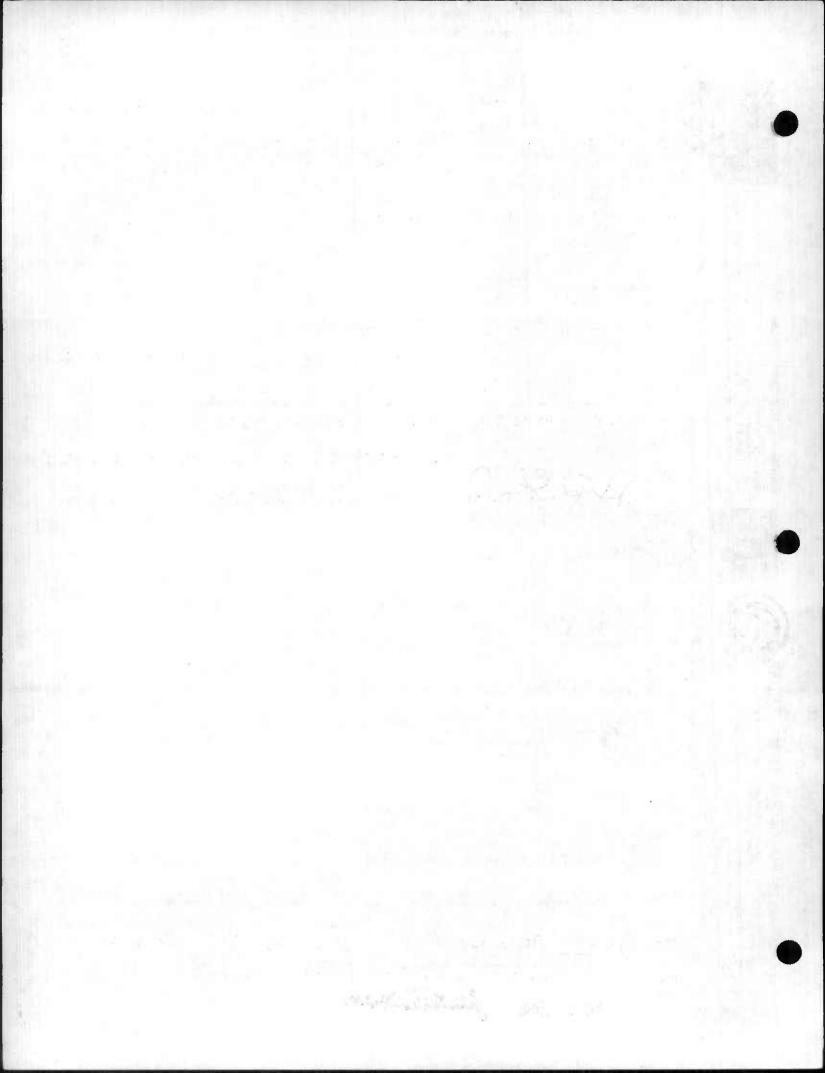
Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximat Approximete Interval Between Onsat and Death Immediata Causa (Final disaasa or condition rasulting in deeth) growing Arten Sequentially list conditions, if any, leading to Immadiate cause. Enter Undarlying Cause (Diseesa or injury that initiated avents rasulting in death) Last Physician/Medical Dua to (or as a consequence of): Part J. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? exelovorcular 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? 1 ☐ Yas 2 ☐ No Be 25. Was casa raferred to medical axaminar? 26. Plece of Deeth (Check only ona) Hospital: 1 Yas 2 No Othar: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) 1 ☐ inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 28a. Data of Injury (Month, Dey Year) 27. Mennar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 1 Natural 2 Accidant 5 Panding Invastigation 1 Yas 2 No 6 Could not be detarmined 3 Suicida 28e. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Numbar or Rural Routa Number, City or Town, Stata) 4 II Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, data end pleca, and due to the ceusa(s) and mannar as steted.
2 Medical Examiner: On the best of axamination end/or invastigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signatura and titla of cartifiar 29c. Licanse number 29d. Date signed (Month, Day, Year) Whymae M Actenday Doctor D 21684 1-5-98 30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)

C-V. LTRIAC. M-D 8109 RITCHIR WOT PASADRNA, OND 2012 32. Ragisum Signatura Anders

Registrar

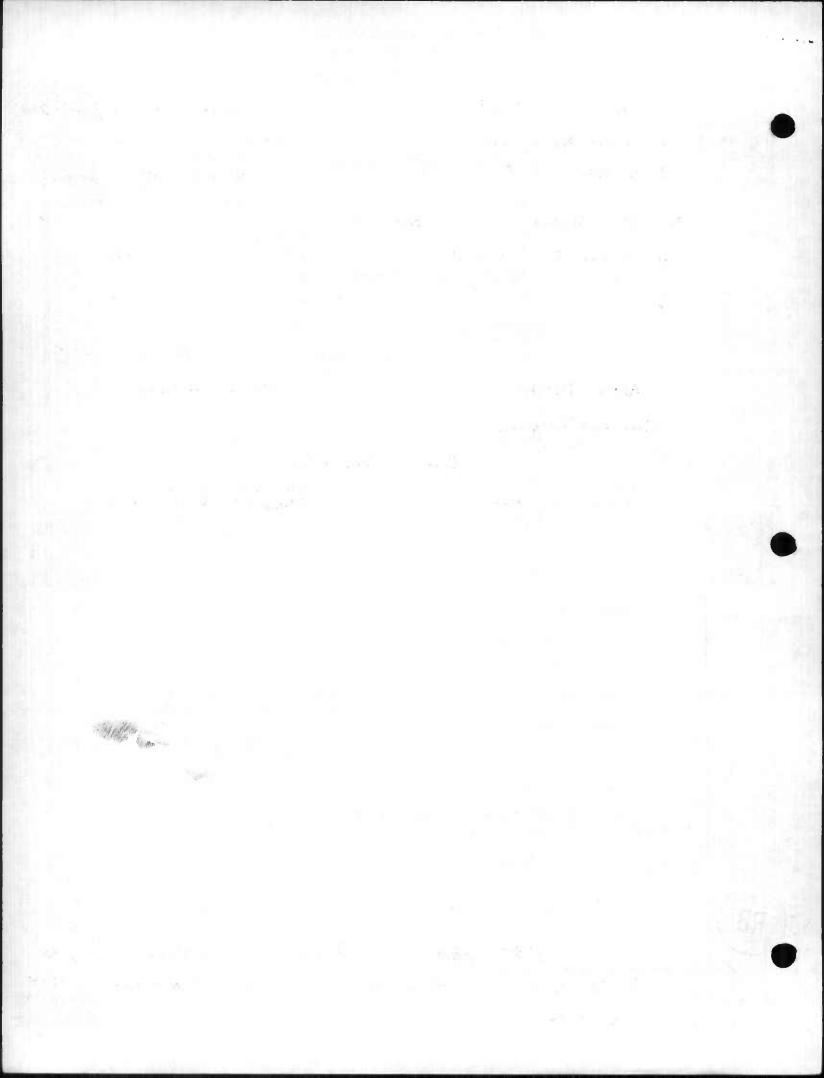
31. Data filed (Month, Day, Year)

JAN 071998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2

	20	1. Decedent's Name (First, Middle, La			0.5			2. Dete of De Month	Reg. No. eth Day	Year	3. Time of Dea	
Physici /Medio	_	Gertrude	Vockel					Jan	02	1998	830 a	
Examir	er	4a. Fecility Name (If not institution, give Mariner Care Nurs	Carrie and the same)			4b. City, Town, or L Be\ A			of Death Harfor	rd.	
Funeral Director		5. Sociel Security Number 6. S		ge (In yrs. I	last birthdey)	If Under 1 Yeer Months Deys		8. Date of Bir (Month, De	th by, Year)	9. Birthpie Country	ice (State or Foi	
3		Usuei Residence of Decedent 10e. Stete 10b. County		10c City	, Town or Loc	cation		1110101110			d. inside City Lir	
9	ō	Maryland Harto	rd		Forest					100	1 □ Yes 2X	
3a or 28a at be not	Funeral Director	10e. Street and Number 20L Kimary Ct.		20		10f. Zip Code	21050		-		y?	
and Mental Hyglene. Is marked other than "natural", or items 23s or 26s-f show raumstic event, the Medical Examiner must be notified at	by	11. Meritel Stetus 1 Never Merried 2 Merried 3 Midowed 4 Divorced	12. Wes Decedent Armed Forces' 1 Yes 2 Hit Yes, Give Year or Detes:	Ever in U,: No		Ves Decedent of H Yes, specify Cub		pecify Yes or No Rican, etc.)		k, White, et	c.	
lene. "than "naturi the Wed call	Be Completed	15. Decedent's Ec (Specify only highest gra Etementery/Secondary (0-12)	lucation			ent's Usuel Occup kind of work done OO NOT use retire	pation during most of world)	king			Company	
f Haaith and Mental Hyglene. Item 27 is marked other than other traumatic event, the M	To Be C	17. Fether's Neme (First, Middle, Last) Anton Mot	Ner			7,4,4,4,7,7,7	18. Mother's Nem	Contraction of the Contraction o				
is ma		19e. Informant's Neme/Reletionshtp (. 1		19b. Meilin	g Address (Street	and Number or Ru	9. Birthpleoc Country Min. Min. November 10 1904 10d. 10d. 10g. Citizen of What Country USA Prigin? (Specify Yes or No- an, Puerto Rican, etc.) 16b. Kind of Business/Indust Puerto Rican, etc.) 16b. Kind of Business/Indust Puerto Rican, etc. 16b. Kind of Business/Indust Puerto Rican, etc. 16b. Kind of Business/Indust Puerto Rican, etc. 16b. Kind of Business/Indust Puerto Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number, City or Town, State, Zip Co Puerto Rural Route Number,	Code)			
0 = 5		Mary Ann Fit: 20e. Method of Disposition 1 Buriei 2 Cremetion 3	1802	20c. Location - City or Town, State								
Departmen Important: any injury once.		4 ☐ Donetion 5 ☐ Other (Specification 21. Signeture of Funerel Service Licanopters)		Ucea		Memorial Neme end Addre	TAYK ess of Fecility EVAMS F			ivaR,	1 Swuzh	
		23a Parti Enter the disease or com	Vand	d the death	Do not coto	e the made of shill	3 Newgor	Dr. Fo	rest Hill 1			
nysician Medicai xaminer	liner	Immediate Cause (Finel disease or condition resulting in death)	e		MOh r as a consequ						1 day	
physiclan and s the burial-transit	edical Examiner	Cause Disease or injury thet initieted events C.										
attending phy I for usa as th		resulting in deeth) Lest	d	Due 10 (0)	03 0 00113040	idiloo oij.			1			
# 0	Physician/M	Pert fl. Other significant conditions of	ontributing to death b	out not resu	ılting in the un	derlying cause gh	ven in Pert I.	23b. Dld	tobacco use cor	ntribute to t	he cause of de	
ped ped	by Phy	Alzheimers Domontia							1 Yee 25 No 3 Probably 4 Unkn			
igned by the a be detached								24e. Wes	14. Rece - American Indier Bleck, White, etc. Specify: White 16b. Kind of Businass/Industry Burns Loundry Comp iddle, Meiden Sumeme) Hartmann umber, City or Town, State, Zip Code) 20c. Location - City or Town, State Torest Hill Maryland Did tobacco use contribute to the cau normalization of death? 1 Yes 25 No 1 Yes:	lable prior to		
has been signed by tha a e 2 should be detached t								pend		of de	eath?	
has been signed by tha ge 2 should be detached	Completed							10	Yes 25 No	of de	yes 2 No	
certifica irector, p	Be Completed	25. Wes case referred to medical examiner? 1 □ Yes 2 NVNo	Hospitel: 1 □ innati	ent 2 🗆 I	ER/Outnation	3□ DOA Ott	000	1 ☐ th (Check only o	Yes 25 No	of de	eath?	
rthis certifica	To Be Completed	examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturet 5 Pending 2 Accident investigation	28a. Dete of Inju (Month, De	ıry	ER/Outpatient 28b. Time of Injury	28c. Inju	ner: 4 Nursing H	1 ☐ th (Check only o	Yes 2 No one) dence 6 □Otho	of de	eath?	
certifica irector, p	Certification: To Be Completed	examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturet 5 Pending	28a, Dete of Inju	ury by Year)	28b. Time of Injury	28c. Inju	ner: 4 Nursing H	th (Check only of ome 5 Residence 28d. Describe 28f. Location (Yes 2 No one) dence 6 □Oth how injury occurr	of de	yes 2 No	
ar death. ector: After this certifica by the funeral director; p	edical Certification: To Be Completed	examiner? 1 Yes 2 No 27. Menner of Detth 1 Neturet 5 Pending investigation 3 Sulcide 6 Could not be determined 29a. Certifier 1 Certifying Ph	28a. Dete of Inju (Month, De 28e. Pieca of In building, el	jury - At hoc. (Specify	28b. Time of Injury me, ferm, stre	28c. Inju Wo M 1 Det, fectory, office	Nursing H y et kt? Yes 2 No	th (Check only of ome 5 Residence 28d. Describe 28f. Location (City or Total end due to the	Yes 2 No one) dence 6 □ Othe how injury occurr Street and Numb wn, State) cause(s) and me	of de 1	eath? Yes 2 □ No Route Number,	
ar death. ector: After this certifica by the funeral director; p	ledical Certification: To Be Completed	examiner? 1	28a. Dete of Inju 28a. Pieca of In building, el	jury - At ho c. (Specify of my know f examinetieted.	28b. Time of Injury me, ferm, stre ') wledge, death ion end/or inve	28c. Inju Wo M 1 Deet, fectory, office occurred at the tile estigetion, in my of 29c. License	ner: 4 Nursing H y et k? Yes 2 No me, dete end plece, upinion, deeth occur	th (Check only of one 5 Residence 28d. Describe 28d. Location (City or Tour one due to the ord at the time,	Yes 250 No one) dence 6 Other how injury occur Street and Numb cause(s) and me dete and plece, a	of de 1 □ □ or (Specify) er (Specify) er or Rurai i or or Rurai i or or Rurai i or or de 1 or or de 1 or or de 1 or or or de 1 or	Yes 2 □ No Route Number, ted. the cause(s) sy, Year)	
ar death. ector: After this certifica by the funeral director; p	ledical Certification: To Be Completed	examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturet 5 Pending investigation 2 Accident 6 Could not be determined 29a. Certifier (Check only one) 1 Critifying Physics Accided Examined	28a. Dete of Inju 28a. Pieca of In building, el	jury - At ho c. (Specify of my know f examinetieted.	28b. Time of Injury me, ferm, stre ') wledge, death ion end/or inve	28c. Inju Wo M 1 Deet, fectory, office occurred at the tile estigetion, in my of 29c. License	ner: 4 Nursing H y et k? Yes 2 No me, dete end plece, upinion, deeth occur	th (Check only of one 5 Residence 28d. Describe 28d. Location (City or Tour one due to the ord at the time,	Yes 250 No one) dence 6 Other how injury occur Street and Numb cause(s) and me dete and plece, a	of de 1 □ □ or (Specify) or (Specify) or or Rurai i or or Rurai i or or Rurai i or or Rurai i or or de 1 or or de 1 or or or de 1 or	Yes 2 □ No Route Number, ted. the cause(s) sy, Year)	



Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Day Physician Month Year January 2 1998 9:35 pm /Medical 4a. Fecility Name (If not institution, giva street and number) 4b. City Town, or Location of Death 4c. County of Death Examiner IMOULUM If Under 24 Hrs. 8, D HMORE If Under 1 Birthplace (Steta or Foreign
 Country) 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 10 M 20 F Days Hours -936 183-Yrs. Director an Usuet Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Marylano 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 52 Herns 23a 12. Was Decedent Ever in U.S. Armed Forces? Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American indien, Btack, White, etc. 11. Marital Stetus 72 hours after 1 Nevar Married 2 Married 1 ☐ Yas 2 No It Yes, Give Year or Dates: Specify: White Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: by 3 ⊠Widowed 4 □ Divorced Completed 15. Decadent'a Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
iffe. DO NOT usa retired) 16b. Kind of Business/Industry 1 and 2 should be filed within : Health and Mental Hygiene. em 27 is marked other than "r Coilege (1-4or 5+) Elementary/Secondary (0-12) NStaller 9 yrs 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Be Pages 1 and 2 should be 19a intormant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Depertment of Health a Important: If Item 27 is any injury or other tra 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 Buriai 2 Cramation 3 Ramovai from State lan 4 ☐ Donation 5 ☐ Other (Specify) Mem. 21. Signature of Funaral Servica Licansee 22. Name and Address of Facility 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of/dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate interval Between Onsat and Daath **Physician** /Medicai Immadiate Cause (Final disease or condition resulting in death) Chronic Obstructive Pulmonary Disease Examiner Due to (or as a consequence of): Examiner that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot): the buriel Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. P.0. 23b. Did tobacco use contribute to the cause of death? 3 3 Probably 4™ Unknown 1 ☐ Yes 2 ☐ No been signed is Records, by Be Completed 24b. Were autopsy tindings available prior to complation of ceuse of death? 24a. Was an autopsy pertormad? page 5 certificate XXNo 1 Yes Vital Attending Physician: 25. Was case reterred to medical 28. Place of Death (Check only one) 1 Yes 2 No Other: 4 🖾 Nursing Home 5 🗆 Residence 6 🗀 Other (Specify) Lo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA o ector: After this by the funeral of 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time ot 28d. Describe how injury occurred Medical Certification: 28c. injury at Work? ision 5 Pending investigation 1X Natural death. 1 Yes 2 Accident 6 Could not be determined 3 Suicide 28t. Location (Street end Number or Rural Route Number, City or Town, State) à 28e. Place of Injury - At home, tarm, street, factory, offica building, etc. (Specify) 4 Homicide **X* Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certition 29c. License number 29d. Date signed (Month, Day, Year) 5.98 D 15504 30. Name and addrass of person who completed cause of death (item 23a) (Type, Print)

2300 Dulaney Valley Rd

32) Registrats Signeture Transass

Timonium, Md. 21093

DHMH 16 Rev 6/95

State Registrar Eddie Nakhuda, M.D.

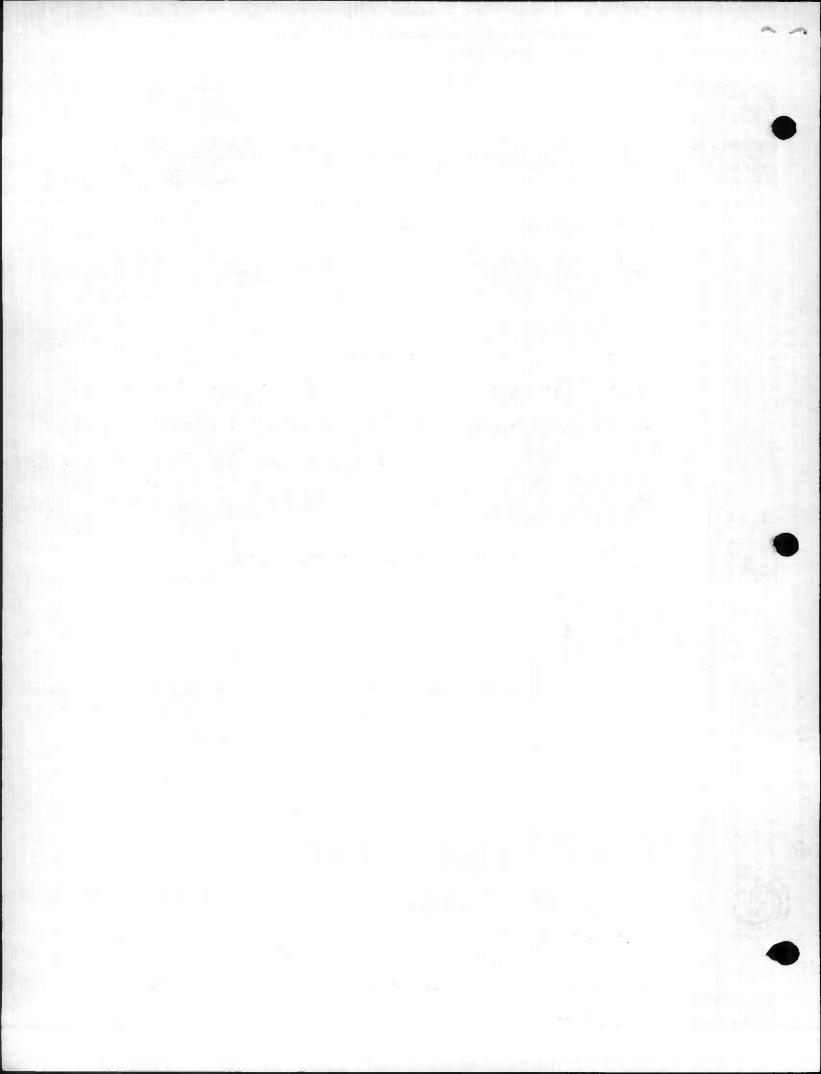
JAN 07 1998

31. Date filed (Month, Day, Year)

WILLIAMS

JOHN

NAME:



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien® R Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death GlAdYS E. White JANUARY 4, 1998 5:00 AM 4b. City, Town, or Location of Death 4a Facility Nema (If not institution, giva street and number) 4c. County of Death Saint Joseph Medical Center Baltimore 7. Age (In yrs. lest birthday) If Undar 1 Yeer If Under 24 Hrs. 9. Birthplece (State or Foreign Country) 6 Sax 8. Dete of Birth (Month, Day, Year) 10 M 20 F 90 Yrs. Months Days Hours Min. 261 30 4455 March 4 Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Baltimore PARKVIlle Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21234 USA 8723 B Old Hartord Rd 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. Race - American Indian. Bleck, White, etc. 1 Yes 2 No If Yas, Giva Year or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 Ø No Specify: Specify: White 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Cafeteria toodservice MAMAGER 18. Mother's Neme (First, Middle, Malden Surneme) 17. Fether's Name (First, Middle, Last) Elizabeth B. Ihomas 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Numbar, City or Town, Stata, Zip Code) 9723 B Martin Parkville, MD. Robert 019 Harford Rd. 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State JANUATY 1 Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stata JACKSONVIlle, Memorial Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 7 1997 21. Signeture of Funeral Service Licenses 22. Name end Address of Facility EVAMS chapel of Memories 8800 Harford Rd. Baltimore MD. 21234 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onsat end Deeth SEVERAL CONGESTIVE HEART FAILURE Immediate Ceuse (Finel disaese or condition resulting in deeth) YEARS Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Dua to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably 4 Unknown 1 Yes 2 No 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed? 26. Place of Death (Chack only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28c. Injury at Work?

Physician /Medical Examiner Examiner

Physician

Examiner

Funeral

Director

7 is marked other than "natural", or frams 23s or 28s-f show trsumstic svent, the Medical Examener must be notified at

permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "n any Injury or other traumatic swent.

the Maryland

Baltimore, Maryland 21215-0020

/Medical

Directo

Funeral

þ

Completed

Be

ician end buriel-trans physician the 88 USB jo has

Physician/Medical

þ

Completed

Be

10

Certification:

Medicai

29e. Certifier

(Check only one)

certificata be axacuted signed by the a

Division of Vital Records, P.O.

25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Manner of Deeth

5 Pending Investigation 2 Accident 3 Suicide 4 Homicide

6 Could not be determined

28e. Dete of Injury (Month, Dey Year)

28b. Time of

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28d. Dascribe how Injury occurred 1 ☐ Yes 2 ☐ No

TOWSON, MARYLAND

Location (Street and Number or Rural Route Number, City or Town, State)

12 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) and menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, end due to the cause(s) end menner steted.

29b. Signeture end title of certifier

0

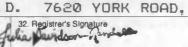
29c. Licanse number D39297

29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

MICHAEL K. RO, M. D. 31. Data filad (Month, Dey, Year)

JAN 07 1998



Vithing To the

ender 3 The second secon and the second particular to the second of t

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedent's Name (First, Middle, Last) 2 Date of Death 3 Time of Death WILKES Month 12-15 PM HAROLD . M. January 131-4c. County of Deeth 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death HOWARD COUNTY GENERAL HOSPITAL HOWART Columbia If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 9. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 1♥M 2□F 48 216-50-4463 Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No ElKridge 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Water view 21075 U. S. A 12. Was Decedent Ever in U,S. Armed Forces?
1 Yes 2 Violet Yes, Give Year or Dates: 14. Raca - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 No Black Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Shady Grove Elementary/Secondary (0-12) College (1-4or 5+) Director Of Housekeeping 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Estelle WILKE Morris 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2/075 Elkridge, ud Old Watersen Road Wilker Meresa 20a. Method of Disposition 20b. Placa of Disposition (Name of cometery, cramatory or other place) 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Kandallstown Md ing Memoral Park □Donation 5 □Other (Specify) 21. Soluture of Funeral Service Co 22. Name end, Address of Facility 21215 - FIH. U Int. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lock, or heer failure. List only one cause on each line. Wabash Avenue Balto, HU Approximete Interval Between Onset end Death Immediate Cause (Final SEPTIC SHOCK 3 days disease or condition resulting in deeth) Months RENAL FAILURE Due to (or as a consequence of): DIABETES MELLITUS INSULIN DEPENDANT Due to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? 2 No 1 ☐ Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Manner of Death 1 2 Natural 5 Pending investigation

Physician /Medical Examiner

signed by the a d be detached t

centificate

É

Attar

after death Director.

To the Hospital within 24 hours a To the Funeral Completely filled

þ

Completed

Be

Certification:

Icai

Division of Vital Records, P.O.

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Director

by

Completed

7 is marked other than "naturel", or items 23a or 28a-f shov traumatic event, the Modical Examinat must be notified at

permit. Pages 1 and 2 should be filed within 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "* any Injury or other traumetic event, the Mac BDE8.

the Maryland

death 1

Baltimore, Maryland 21215-0020

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Physician/Medical 4

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

examiner? 1 Yes 2 No

2 Accident

3 Suicide

4 Homicide

28a. Date of Injury (Month, Day Year) 28b. Time of

28c. Injury at Work? 1 Yes 2 No

28d. Describe how Injury occurred NA

ELLICOTT CITY

28e. Place of Injury - Al home, farm, street, factory, offica building, etc. (Specify) NA

NIA

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piaca, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) end manner stated. 29b. Signature and title of centrer

6 ☐ Could not be determined

29c. License number D · 30469

29d. Date signed (Month, Day, Year) January

Name and address of person who completed cause of death (Item 23a) (Type Print) # 100 31. Date filed (Month, Day, Year)

07

Regionar's Signature Hondasse

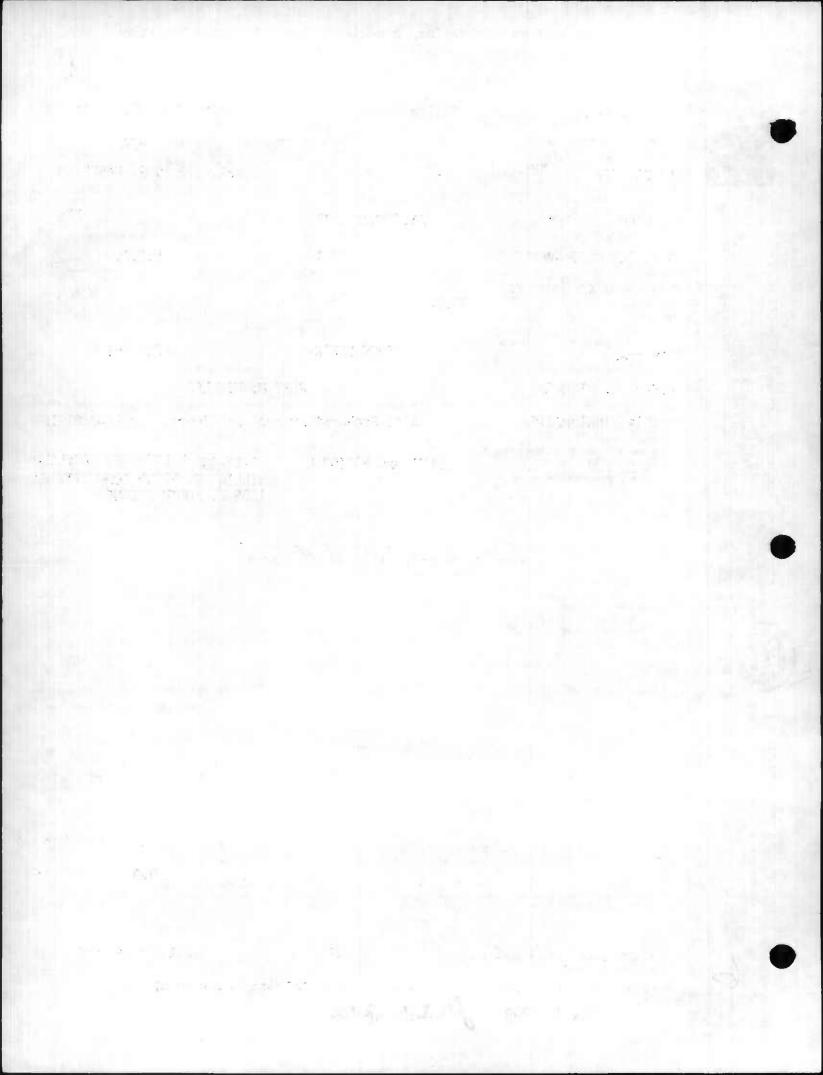
Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8 00170

INKLER				Certifica	te of	Death	7		Reg. No.	00	1 7 0	
	1. Decedent's Nema (First, Middle	, Last)						2. Data of De	ath		3. Time of Death	
Physicia	1/18/14 T1/18/1		History Land					Month JANUAR	Y 05,199	Year	7:50 P	
/Medica	4 E 10 AL 10 - 1 - 10 AL		willkiet.			4b. City, To					7.30 F	
Examine		No. of Contract of				DATE	TMODE					
	SINAI HOSPITAL 5. Social Security Number		e (In vrs. last birt	hday) If Und	ar 1 Yaar			8. Date of Bir	th		ce (State or Foreign	
Funeral Director	214-76-3677	1)(O)(M 2□ F		Month	s Days	Hours	Min.	ΔDR	12 1050	MARY	AND	
	Usual Residence of Decedent				1	1		/// //•	14 1707	1 11 /11 /1	LINID	
land land	10a. Sfata 10b. County		10c. City, Town	or Location						100	f. Inside City Limits	
Mary	MARYLAND N					1XX as 2□No						
d 21215-0020 filed within 72 hours after death with the Maryland Hygiene. they than "natural", or items 23s or 28s-f show wit, the Wedical Evanares must be incitited at										What Counfr	v?	
with with	3943 PENHURST	AVENUE				1 5			11 0	Λ	SEAST OF SEASON	
death me 23	3943 PENHURST		Ever in U.S.								Indian.	
in the red	1 Navar Marriad	Armed Forces?		If Yes, sp	ecify Cub	ify Cuban, Mexican, Puerto Ricar			Blac	ck, White, et	c.	
15-0020 72 hours after dea *natural; or flems	3 Widowed 4 Divorced	H Voe GNO	77/80	1 ☐ Yes	20000	Specify	e e		Specify	y: B	BLACK	
21215-0020 d within 72 hours af giene. In then "natural", or it he wed called and it has been also also also an also also also also also also also also			•	Decedentally	ual Ossur	ntion			16h Kind of B	ueino ce findu	eta	
and 21215-C be filed within 72 h tial Hygiene. d other than "natur event, the Wedical	15. Decedent (Specify only highes Elementary/Secondary (0-12) 12th grade	t grade completed)	108.	(Giva kind of)	vork done	during mos	st of working	ng	100. KING OF B	usiilesamuu	suy	
withir than	Elementary/Secondary (0-12)	Coltege (1-4or 5	i+)						SUPER	PRIDE		
the spine of the s	12th grade 17. Father's Name (First, Middle, 1	act)		OTOOK	OLLIN		er's Name	/First Middle				
E staby	m									,		
laryland 2 2 should be filed and Mental Hygi is marked other aumatic event,	e EDWARD L. WINK											
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event	19a. tnformant's Name/Relations											
	Cynthia Winkler	wire	_			t Ave	nue,					
	20a. Method of Disposition 1 □YBurial 2 □ Cramation	3 Ramoval from Stafa	cemeter.	y, crematory o	r other pla	ce)		Date	20c. Location -	- City or Tow	n, State	
Pag ment: uny	4 ☐ Donation 5 ☐ Other (Sp		BALTI	MORE NA	TION	AL	1-	12-98	BALTIM	ORE, M	ARYLAND	
alt mmit. porty y Inj	21. Signatura of Funeral Service I	icep		22. Nama	and Addre	ss of Facil	lity WIL	LIAM C	. BROWN	COMMU	NITY F/H	
0 88 5 8	1	(+)(Che									
THE RESERVE	23a. Part1. Enter the disease, or	complications that caused	the death. Do n	of entar fhe m	ode of dyi	ng, such as				17	Approximate	
Examiner	disaase or condition resulting in death)	a. Confact				7 1	reag					
Same and burnsteam	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events Due to (or as a consequence of):											
A Billian	d.											
0	0									Oth Did Ashana usa sashibuta ta tha sasar		
To Be Completed by Prystcian Medical Examiner	Part II. Other significant condition											
4 40 .									1 Yes 2 No 3 Probably 4			
de de de	o o							24a Was	en autonev	24h Wer	e autopsy findings	
To the Land	9								ormed?	avai	lable prior fo pletion of causa	
leve leve	du		Ab. City, Town, or Location of Death 4c. County of Death Ab. City, Town, or Location of Death Ab. City, Town, or Location Apr. Apr	eath?								
F 5 500	000							ps	Yes 2□No	145	Yes 2□ No	
/ita						26. Pled	e of Death	(Check only	one)			
The same of the sa		Hospitat:	onf 2∏ ER/Ou	fpatienf 3	DOA Oti	her: 4 N	lursing Hor	na 5 🗆 Resi	Idence 8 Oth	ner (Specify)		
D L D D D D D D D D D D D D D D D D D D	27. Menner of Death 1 Natural 5 Pending	28a. Date of Inju			28c. inju Wo	ry at	1	28d. Describe	how Injury occur	rred	11	
VISION Attending r death. ector: Alte by the fund	2 Accident Investig	ation 1-5-98					SNo S	relf- 11	ntlicted	guen	shot would	
Division or Attending after death. Director: After d in by the fune	27. Menner of Death 1 □ Natural 2 □ Accident	ned 289. Piece of inj	ury - At home, fa	rm, street, fact	ory, office		2	28f. Location ((Street end Numi	ber or Rurai	Routa Number,	
D page of	S Tromoto		1 / 1	ine			0	1 hm en	M/ 143	Renno	irs the	
Hospi 24 hou Funer stely III	29a. Certifier 1 CertifyIn	Physician: To the best of	of my knowledge examination and	, death occurre			nd plece, a	ind due to the	cause(s) and m			
To the within To the				2	9c. Licens	sa number			29d. Dafe signe	ed (Month. D	ay, Year)	
F 3 F 8	• 0	100										
1	Dervis	& Chute no			OCMI	3			JANUARY	06,19	98	
	30. Name and address of person	who completed cause of d	eath (Item 23a) (Type, Print)								
	Dennis J. C	hute ma		Penn St	reet	Bal	timor	e, Mar	yland 21	1201		
State	570.00	4	Signeture	1. 30	2.00							
Registra	IAN IAN	0 7 1998	June Davi	Man-Man	THE PERSON NAMED IN							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** harles HOAMS 1998 4b. City, Town, or Location of Death 1100 Am /Medical 4e. Facility Neme (If not Institution, give street and number) 4c. County of Deeth Examiner 2511 Keyworth Avenue 5. Sociei Security Number 7. Age (In yrs. lest birthday) 6. Sex 9. Birthplace (State or Foreign Country) **Funeral** XXM 2 F Months Yrs. Director 218-28-1302 Usuel Residence of Decedent 63 FEB. 21 1934 NORTH CAROLINA the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at t)(C)(Yes 2 □ No Director MARYLAND N/A BALTIMORE CITY 10g. Citizen of What Country? 10e, Street and Number 10f. Zip Code filed within 72 hours after death with 2511 Keyworth AVenue 21215 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American indian, Bleck, White, etc. 11. Meritel Stetus 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK ò 30 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene.
Int: If Item 27 is marked other than int or other traumatic event, the M Forklift Operator Koppers 8th grade 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be FULA PFAKOCK 2 unknown-19e. Informent'e Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Charles Adams, Jr./ Son 3409 Yataruba Drive, Baltimore, Maryland 21207 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation, 5 ☐ Other (Specify) permit. Page Department of Important: If any injury or once. METRO CREMATORY 1-6-98 BALTIMORE, MARYLAND 21. Signature of Funeral Service Ligense 22. Name and Address of Facility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Part1. Enter the disease of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel SQUAMOUS CELL CARCINOMA 13 MONTHS LUNG disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 88 980 ŏ Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the s should be detached 11 10 10 2 No 3 Probably 4 Unknown DIABETES MELLITUS by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? 1 Yes 2 No 1 Yes 20 No certificate Physician: 25. Was case referred to medical examiner? Be 26. Piaca of Deeth (Check only one) Other: 4 Nursing Home 5 12 Residence 6 Other (Specify) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Deacribe how injury occurred Certification: 28c. Injury et Work? 5 Pending investigation 1 Netural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 11 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and menner as stated.

2 Madical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and pieca, end due to the cause(s) end menner stated. 29a, Certifier Medical (Check only one) To the Within 2 To the 29c. License number 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) 26ba 1 mi). JANUARY 5 1998

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

31. Dete filed (Month, Dey, Year)

JAN 07 1998

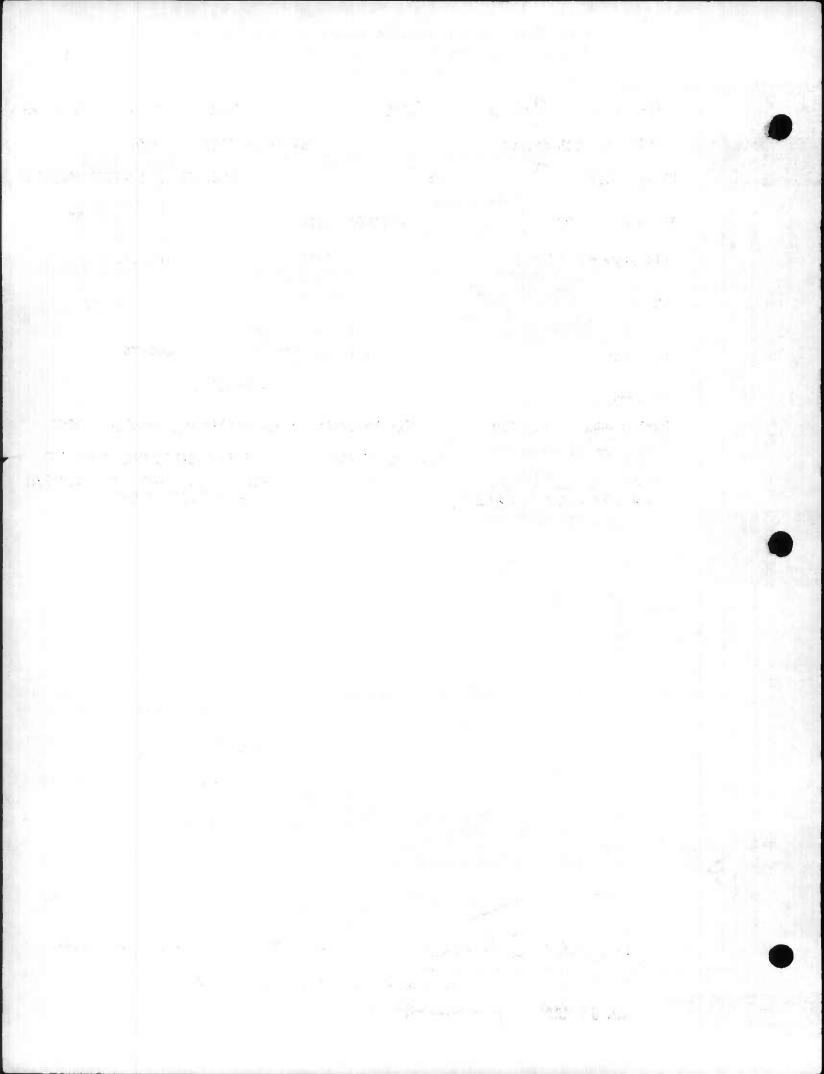
GAN, 3 MACGIBSON, MA 101 NBTREADST STITE TIG BALTIMORE MD.

32 Registres Signature Randall

DHMH 16 Rev 6/95

State

Registrar



AM TINA BURSEY	Pleas			/ Depa	artmen	t of I	Health an		ygiene	-	001	72	
Physician	I INA MARIE	Last) BURSEY		<u> </u>	lincati	e 01	Dealli	Month	Death Dey		Year		
/Medical Examiner	An Uncilla himma 186 and inchievelon .	give street and number,)					, or Location of De	-			200 P 22	
Funeral Director	5. Social Security Number 213-11-0686	. Sex 7. A	ge (In yrs. lasi 22	t birthday) Yrs.	If Under Months		If Under 24	Hrs. 8. Dete of (Month, Nov. 2	Birth Day, Year)	5 P	Country)	GeorgeCo	
Maryland f show	Usuel Residence of Decedent 10a. Stele 10b. County Md. Balt	imore	10c. City, T			rst	own					nside City Limits	
offer death with the Maryla r flems 23s or 28s-f shot from must be notified at Funeral Director	10e. Street end Number 30 Bond AV	e.			JANUARY 02, 1998 4:00 pM								
o20 urs af	3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces' 1	?		It Yes, spec	cify Cub	en, Mexican, P	? (Specify Yes or buerto Rican, etc.)		Bleck	, White, etc.	White, etc.	
A. C . N -	15. Decedent's (Specify only highest Elementery/Secondary (0-12)	Education grade completed) College (1-4or		16e. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)					king 16b. Kind of Bus			isiness/Industry	
aryland 2121 hould be filed within to Mental Hygiens marked other than " matic event, the Mental To Be Comple	17. Fether's Neme (First, Middle, La	5+)	McDomald Resta uran					me (First, Middle, Malden Sumame)					
Mar 12 :	19e. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code,											(e)	
Baltimore, Momiliary Pages 1 and 1 Department of Health Important If Health International Internatio	20a. Method of Disposition 1 🖾 Burial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe	cem	e of Disponentery, crea	osition (Nan matory or o	ne of ther pla	ice)	Dete	Dete 20c. Location - City or Town,			Stete		
Balti permit. Departm Imports any inju	21. Stortulum of Funeral Service Lin	ensee	`	110					Reg. No. Death Dey Year RY 02,1998 ath 4c. County of Deeth Birthplecc Country 1,1975 Prince 10d. 10g. Citizen of Whet Country USA No. 14. Rece - American Black, White, etc. Specity: White 16b. Kind of Business/Indus Manger No. 16b. Kind of Business/Indus Manger No. City or Town, State, Zip Country Clinton N. C. 4 Reisterstown Clinton N. C. 4 Reisterstown terstown, Md. 2 10d.				
Physician /Medical Examiner	disease or condition resulting in death)	mplications that cause ly one cause on each I	3.0	-			ing, such es ca	rdiec or respiretor	y errest,		Inte	rvel Between	
760, be executed sician and burial-transit		b	Due to (or es	s e consec	quence of):	g.							
deeth certificate by e ettending physic of for usa as the by siclar/Medical	Ceuse (Disease or Injury thet initiated events resulting In death) Lest	c	Due to (or es	s e consec	uence ot):								
O # # # 5	Part II. Other significant conditions	contributing to death t	but not resulting	ng In the u	nderlying c	ause gi	iven In Pert I.						
S, as the as the bed bed by								24a. W	es en eutop		24b. Were a availeb comple	utopsy findings le prior to tion of cause	
= F # 0 0								-		□No			
of Vital Typician: T This certificat director, pa	exeminer?	Hospital:		VOutpatier	nt 3 DC	OA Ot	her: 4 🗆 Nursi	ng Home 5 R	esidence (

Medical Certification: To

26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28b. Time of Injury 28d. Describe how Injury occurred

27. Menner of Death 5 Pending Investigation 1 Naturel 2 Accident
3 Suicide 6 Could not be determined

4 - Homicide

28e. Date of Injury (Month, Dey Year) 28e. Place of Injury - At home, tarm, street, tectory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

motor vehicle collision 281. Location (Street and Number or Aural Route Number City or Town, Stete) R183 2 Mf Grand Kel Bulfimore, Md

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end menner as stated.

**XMedical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end menner stated.

29b. Signeture end title of cartifier

29c. License number

29d. Date signed (Month, Dey, Year)

OCME

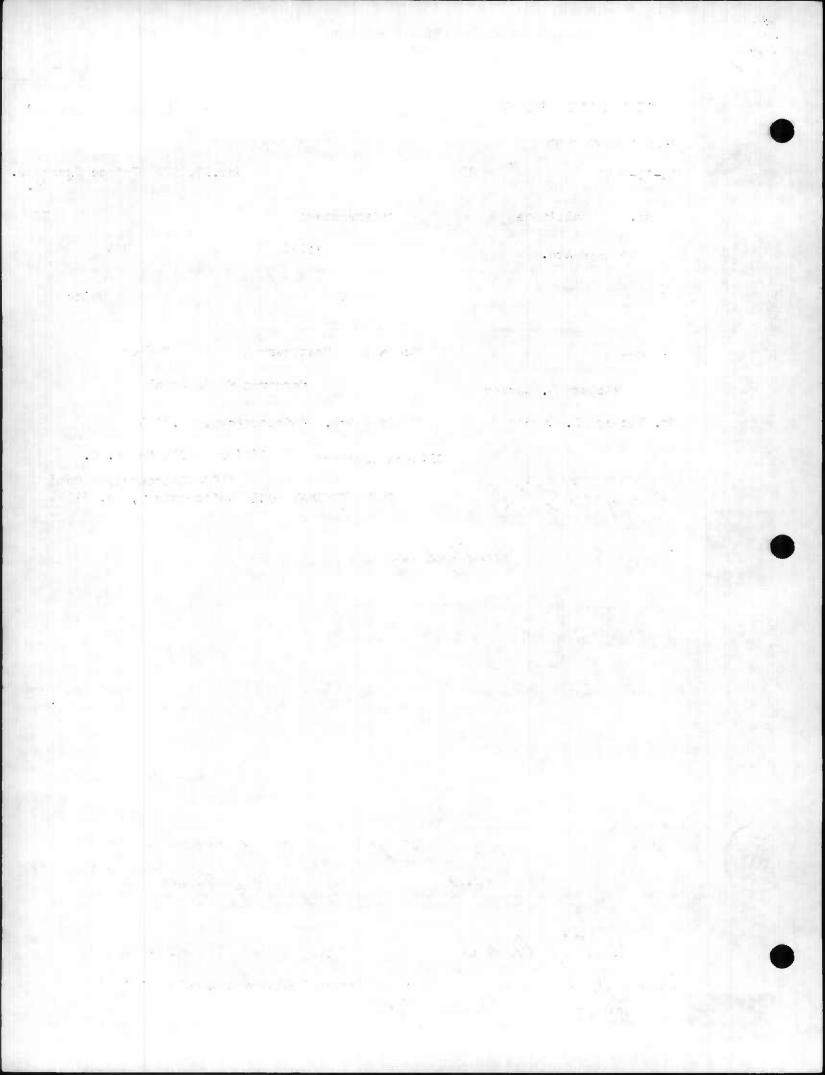
JANUARY 03, 1998

30. Name end address of parson who completed ceuse of deeth (Item 23a) (Type, Print)

31. Dete tiled (Month, Day, Year) JAN 0 7 1998

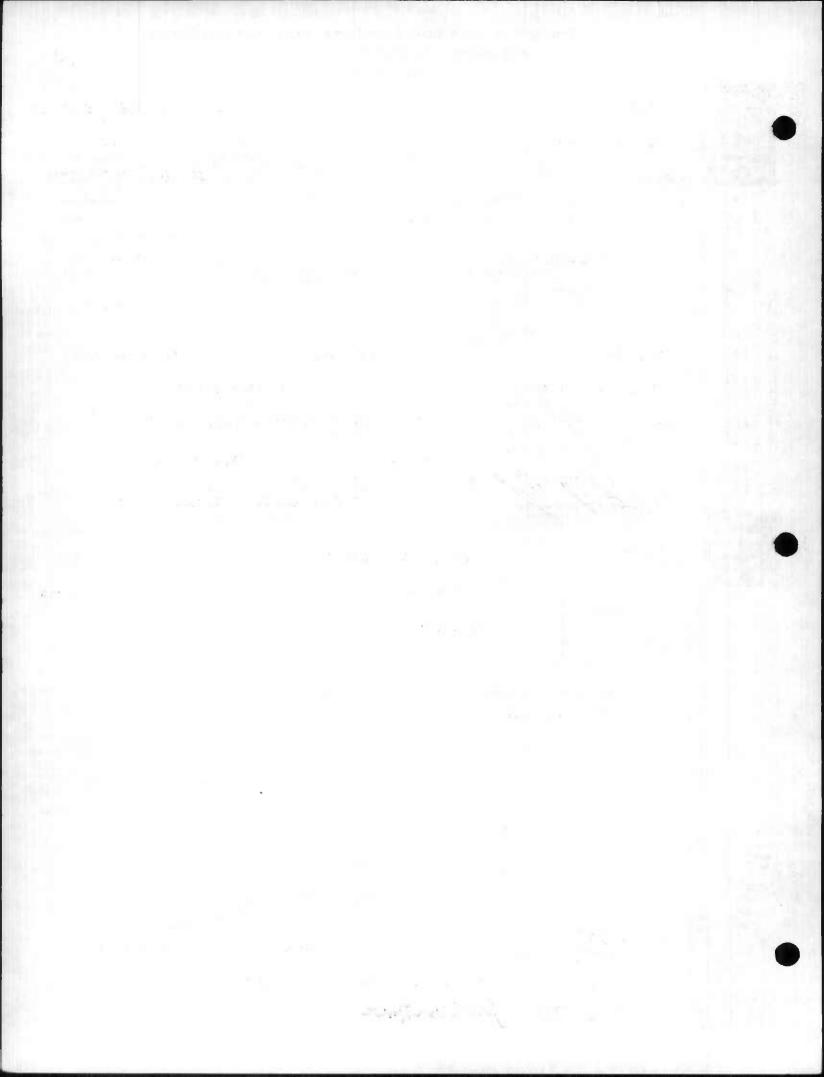
111 Penn Street, Baltimore, Maryland 21201

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene)

Physicla	n					11.				2. Dete of De Month		Yeer	3. Time of Death	
/Medic										Janua	ry 2, 19		13:15 PM	
Examin	er	4a. Fecility Neme (If	not institution, g	ive street and no	umber)				4b. City, Town, or I	ocation of Dee	th 4c. Count	y of Death		
										_				
Funeral Director		233-14-404	48	X□M 2□F	7. Age (In yrs	i. last birthday) Yrs.				(Month, D		No. Day Yeer 2, 1998 13:1 4c. County of Death N/A 9. Birthplece (State Country) W. VIRGIN 10d. Inside (X) Yeer 10d. Inside (X) Yeer In Race - American Indien, Bleck, White, etc. Specify: WHITE ME IMPROVEMENT State Code) In MD 21230 Location - City or Town, Stete UKSBURG, MD. 10d. Inside (X) Yeer 10d. Inside (X) Y		
death with the Meryland ims 23a or 28a-f show imst be notified at		10a. State	10b. County		10c. C	ity, Town or Lo	cation						d. Inside City Limits	
ith with the Merylar 23a or 28a-f show ust be notif ad at	tor	MD	N/A		BA	AT.TTMOR	E						1 Yes 2 □ No	
128	irec	10e. Street and Num						ode			10g. Citizen of	What Count	ry?	
23a c	O	139 WESTI	HILL STE	REET					21230		Reg. No. Dete of Deeth Month Day Yeer 13:: an of Deeth 4c. County of Death N/A Date of Birth Month, Day, Year) CC 24, 1919 W. VIRGI 10g. Citizen of What Country? U.S.A. Yes or None, etc.) 10g. Citizen of What Country? U.S.A. Yes or None, etc.) 16b. Kind of Business/Industry HOME IMPROVEMEN St. Middle, Malden Sumame) BRYANT Ute Number, City or Town, Stete, Zip Code) LITIMORE, MD 21230 Stete 20c. Location - City or Town, Stete S/98 FINKSBURG, MD. INC. LITIMORE, MD 21229 Spiratory arrest, Intervel Onset e 1 Yes 2 No 3 Probably 4 24b. Were autopy performed? 24b. Were autopy on the country of death? 1 Yes 2 No 3 Probably 4 24c. Wes en sutopsy performed? 24b. Were autopsy performed? 24c. Wes en sutopsy performed? 24d. Were autopsy performed? 24d. Were autopsy on the country of death? 25d. Date of City or Town, Stete on the cauntry of death? 25d. Date of City or Town, Stete on due to the cauntry of the country of			
E L	Funeral Director	11. Maritel Status		12. Wes Dec	cedent Ever in I	U,S. 13.	Was Decede	nt of F	Hispenic Origin? (S	pecify Yes or N		ce - American Indien,		
el'.	þ			1 Tyes If Yes, G	2 □ No ive		1 ☐ Yes 2 ☐ No Specify:			o moan, etc.,		ha-		
netri	Completed	/Special	15. Decedent's Education (Specify only highest grade completed)				dent's Usuel	Occup	pation	kina	16b. Kind of B	usiness/Indu	ustry	
Pan .	npie				College (1-4or 5+)			DO NOT use retired)			""9			
A th	Co	8TH GRADI					SELF-E	MP1					EMENT	
d oth	Be		2. Date of Openh Day January 2. 1 Date of	ne)										
I Mer marke	2													
reur treur														
Heali em 2 rther				WILE)	20b.									
ant: If it		1 Burial 2 4 Donetion	Cremation 3 5 Other (Spec	cify)	State							Day Yeer 2, 1998 13 4c. County of Death N/A Year) 9. Birthplecs (Sear) W. VIRG 10d. Ins. X. 10d. Ins. X. 11d. Race - American Ind. Bleck, White, etc. Specify: WHITE 15b. Kind of Business/Industry OME IMPROVEME Index Sumame) Total or Town, Stete, Zip Code, E., MD 21230 10c. Location - City or Town, St. 10d. Location - C		
Depart Import any in		21. Signature of Fun	ral Service Lice	enseg							IODE MD	21220		
	\dashv	23a. Pert1. Enter the	e disease, or co	lications that	caused the dea								Approximate	
nysician		אוסעה, אי ווישנו ופוועוס. בוסנ באין טווס נישטס טוו ספטון ווווופ.												
/Medical		Immediate Cause (Final disease or condition ANOXIC BRATN TN.IIIRY												
xaminer		resulting in deeth)												
- 4	ne	PNEUMONIA 2 Week											2 Wooks	
Firans	Examiner												Z_WEEKS_	
tolan and burisi-tra	E	cause. Enter Under	lying		LYMPH	OMA								
15 th	edical	that initiated events resulting in death) Last Due to (or as a consequenca of):												
CR 65		d												
attendin for use	clan													
y the atter	Physician/M	Pert II. Other eignific	ant conditions	contributing to d	leath but not re	sulting In the ur	nderlying ca	ise giv	ven in Pert I.		January 2, 1998 January 2, 1998 4c. Country of Death N/A 8. Date of Birth (Month, Day, Year) DEC 24, 1919 Jog. Citizen of What Country? U.S.A. Locity Yes or No-Rican, etc.) 10g. Citizen of What Country? U.S.A. Locity Yes or No-Rican, etc.) 16b. Kind of Businesa/Industry HOME IMPROVEMENT For First, Middle, Malden Sumame) Lindule Number, City or Town, Stete, Zip Code) BALTIMORE, MD 21230 Dete 20c. Location - City or Town, Stete L/5/98 FINKSBURG, MD. Linc. BALTIMORE, MD 21229 The respiratory arrest, Approximate intervel Betwonset end of the Country of Death of City or Town, Stete 24e. Wes en eutopsy performed? 24e. Wes en eutopsy performed? 24b. Were autopsy for or death of completion of certain of City or Town, Stete 24c. Wes en eutopsy performed? 24c. Wes en eutopsy performed? 24c. Country of Death of City or Town, Stete 24c. Wes en eutopsy performed? 24c. Wes en eutopsy performed? 24c. Wes en eutopsy performed? 24c. Cocation (Street and Number or Rural Route Number of Getting) 24d. Location (Street and Number or Rural Route Number of Hural Route Number of			
		Acu	te Rena	l Failu	re					1	Yes ZE No	yeer 13:15 F by of Death N/A 9. Birthplece (State or For Country) W. VIRGINIA 10d. Inside City Live 12:10 (Was 20) W. VIRGINIA 10d. Inside City Live 14:10 (Was 20) W. VIRGINIA 10d. Inside City Live 15:10 (Was 20) W. VIRGINIA 10d. Inside City Live 15:10 (Was 20) W. VIRGINIA 10d. Inside City Live 15:10 (Was 20) W. VIRGINIA 10d. Inside City Live 15:10 (Was 20) West 20 WHITE Business/Industry MPROVEMENT Intervel Between 15:10 (Masset 2) Mapproximate 16:10 (Intervel Between 16:10 (Masset 2) Mapproximate 16:	ably 4 Unknow	
shoul	Completed by												ilable prior to	
ician: The lay certificate has rector, page 2	EO									10	Ves 2 No			
lificat or, p		25. Was case referre	ed to medical						26 Place of Dec			'X	165 20 110	
g cert	To Be	examiner?		Hospital:	Innationt 2	TER/Outnotion	r 3□ DO4	Oth	hor:			ner (Snecific	1	
		27. Manner of Deeth		28a. Dete	of Injury	28b. Time of		_						
522	atio	1 Neturel 2 ☐ Accident	5 Pending Investigation		iiii, Dey Yeei)	injury								
Directo	Certification:	3 ☐ Sulcide 4 ☐ Homicide	3 ☐ Sulcide 6 ☐ Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office								(Street and Num own, Stete)	ber or Rural	Route Number,	
2000	edical C	(Uneck only 2	Certifying P	miner: On the b	asis of examin	owledge, deeth	occurred et	the tir	me, date and piece opinion, deeth occu	, end due to the rred et the time	ceuse(s) and m	enner as ste	eted. the cause(s)	
To the within To the comple	Σ		im of pentiler	and mar	iner steted.		29c.	Licens	se number		29d. Date signe	ed (Month. D	lav. Year)	
0 45		. /	11/2											
												ry 2, 1998		
	-	Dr. Jean	M. Cola	ndrea			D-I-1	U	30002		January	S. A. Se - American Indien, ck, White, etc. WHITE usiness/industry MPROVEMENT me) Stete, Zip Code) 21230 City or Town, Stete RG, MD. 21229 Approximate Intervel Bet Conset end intervel Bet Co	998	



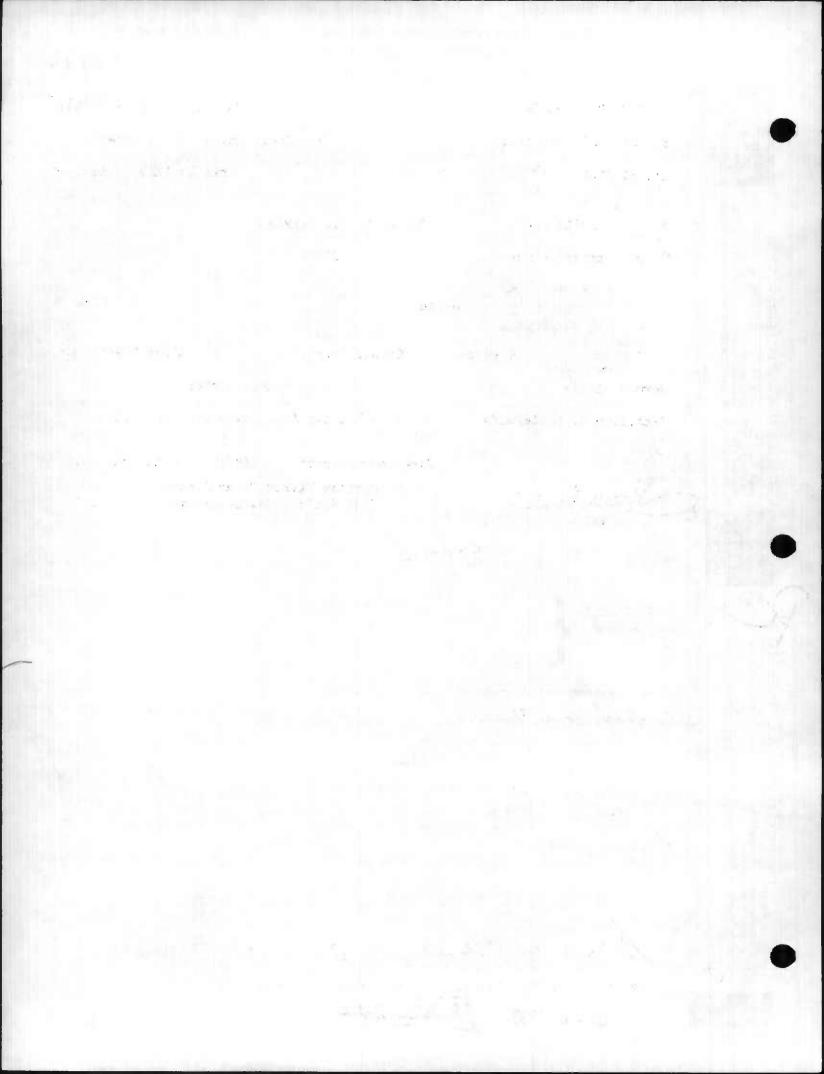
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 9:30 AM Month Physician Robert R. 1998 Baile January /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not Institution, give street end number) 4c. County of Death Examiner St. Joseph's Hospital Baltimore Md. Baltimore 8. Date of Birth (Month, Dey, Yeer) April 10 1930 If Under 1 Yeer | if Under 24 Hrs. 5. Social Security Number 9. Birthplaca (State or Foreign 6. Sex 7. Age (In yrs. lest birthday) **Funeral** 1 M 2 F Months Days Hours Michigan Yrs **Director** 67 214-32-3902 Usual Residence of Decedent with the Maryland 10d. inside City Limits r 28a-f ahow 10e. Stete 10b. County 10c. City, Town or Location 1 ☐ Yes 2 No Directo Baltimore Co. Maryland Md Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or traumstic event, the Maximal Exercises must be 21234 USA 8650 Hoerner Avenue Pages 1 and 2 should be filed within 72 hours after death ment of Health and Mental Hygiene.

Tis marked other than "natural", or theme 23 uny or other fraumatic event, if a Medical Emirical mental uny or other fraumatic event, if a Medical Emirical man Funeral 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 MYes 2 No
If Yes, Give
Year or Dates: Korean 1 Never Married 25 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Alban Tractor Co. Credit Repre. 12th 4 years 18. Mother's Name (First, Middle, Maiden Surname) 17. Fether's Name (First, Middle, Last) Be Olive Ritter Herman Baile 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant'a Name/Relationship (Type, Print) 8650 Hoerner Ave. Baltimore, Md. 21234 Katherine R. Baile/wife 20b. Plece of Disposition (Name of cametery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burlai 2 □ Cremation 3 □ Removal from State permit. Page Department of Important: If any injury or page. 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 1/8/98 Baltimore Md. to of Funeral Service Licensee 22. Name and Address of Facility Hartley Miller Funeral Home 7527 Harford Rd. Baltimore, Md. prompticetions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, all only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel STROKE diseese or conditio resulting in death) Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Physician/Medicai Division of Vital Records, P.O. Box 687 Due to (or es e consequence of) 88 950 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 2 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was en eutopsy performed? this certificate hes 2 No 1 ☐ Yes 3 No 1 ☐ Yes or Attending Physician: 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 impatient 2 ER/Outpatient 3 DOA Certification: To 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After 1 Naturai 2 Accident 5 Pending 1 Yes 2 No Investigation after deatl 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) in 24 hour. 4 | Homicide 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner es steted.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and manner stated. 29a. Certifier edicai completely (Check only one) To the P within 2 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier 30. Name and address of person who completed cause of death (item 23a) (Type, Print) MARK ST. VOSE PH'S HOSPITAL 31. Date filed (Month, Day, Year) State Registrar JAN 071998

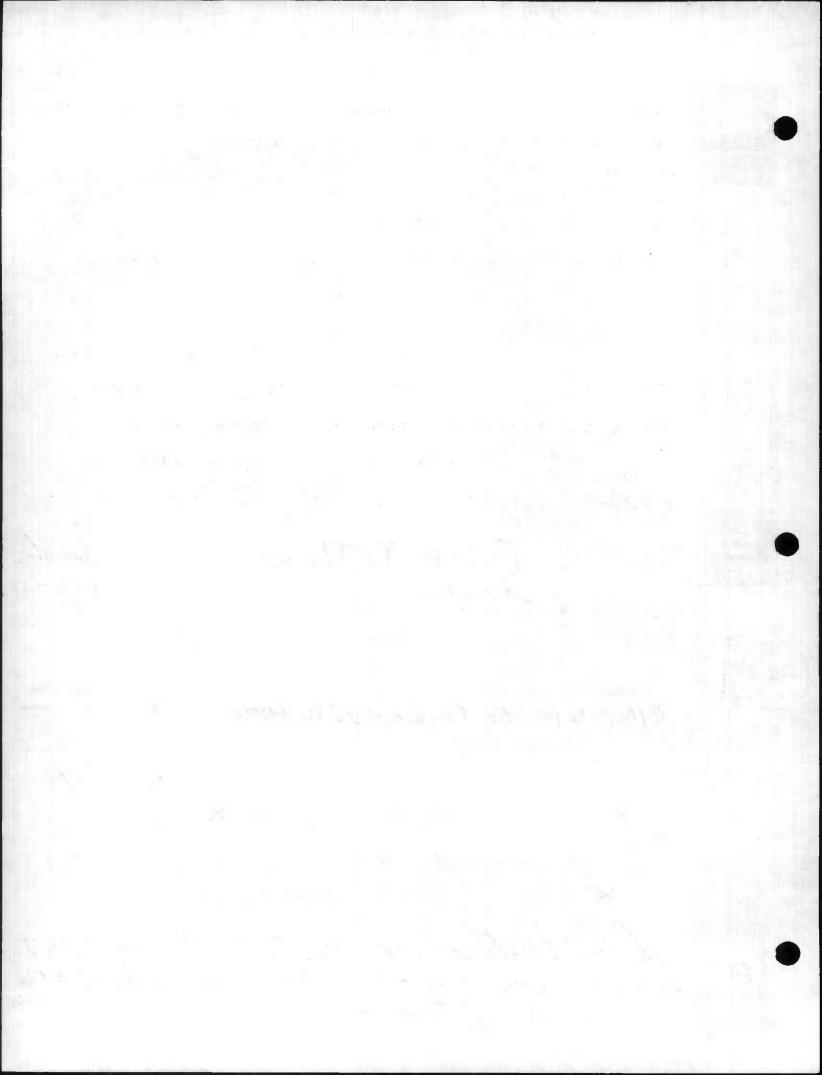
DHMH 16 Rev 6/95



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Year ROSE BROWN JAN 1998 2:30 AM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2500 W. BELVEDERE AVE., APT. 516 BALTIMORE N/A If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) JULY 3, 1900 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1□ M 2X F Yrs Director POLAND 258-48-7595 Usual Residence of Decedent show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral, or items 23a or 28a-f show Examiner must be notified at 1 □XYes 2 □ No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2500 W. BELVEDERE AVE., APT. 516 U.S.A. 21215 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) be filed within 72 hours after dintal Hygiene.
Id other than "natural", or fremewent, the Model Evant necession of the model Evant necession neces 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Detes: 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: WHITE p Specify: 3 ☐Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) OWNER BUILDING SUPPLY CO. 17. Father's Name (First, Middle, Last) Baltimore, Maryland 18. Mother's Name (First, Middle, Meiden Sumeme) th and Mental h Be Pages 1 and 2 should be 1 nent of Health and Mental ALTER traumatic MEYER GITTEL **GOBBELMAN** 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a : If itam 27 is or other trai HARRIETT SCHWARTZ / DAUGHTER 24 FARM HOUSE CT. BALTIMORE, MD 21208 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 11 Burial 2 ☐ Cremation 33 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or BONAVENTURE SAVANNAH, GA 1/5/98 uneral Service Light 22. Name and Address of Facility
SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part . Enter the disease, or complication at caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physiclan** Immediete Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Examiner TON Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Physician/Medical Due to (or es a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 Xo 3 Probably 4 Unknown þ Records, 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed page 2 certificate 2X No Vital Be 25. Was cese referred to medicel examiner? 26. Piece of Death (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To to 耆 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Attar 5 Pending investigation Division Attending 1 Aatural death. 1 Tyes 2 No 2 Accident or Attend after deat Director: 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide To the Hospital within 24 hours a To the Funeral C completely filled Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifier (Check only one) 29b. Signature and little of bertifier 29c. License number 29d. Date signed (Month, Dey, Year) Name and address of person who completed cause of death (Item 23a) (Type, Print) ERTHETHERE 2125 32. Registar's Signature 31. Date filed (Month, Day, Year) State JAN 08 1998 Registrar



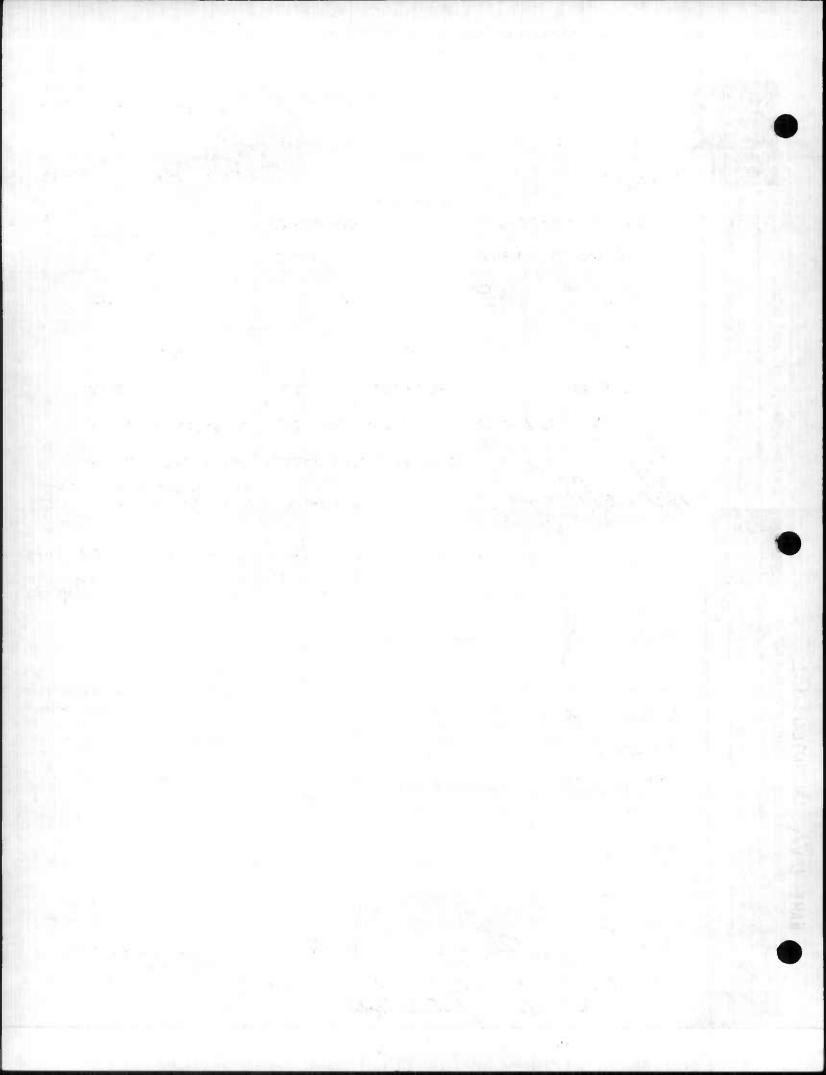
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Death BLUMENTHAL **Physiclan** Month 2130 hrs Jan 04 /Medical 4e. Fecility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore N/A Agnes Hosp if Undar 24 Hrs. Hours Min. if Undar 1 Year 5. Sociel Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiece (Stata or Foreign Country) **Funeral** Days Hours 1 ☐ M 25 F 86 Yrs Director JAN.1, 1911 220-82-9882 Usual Basidanca of Decad RUSSTA the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f show Pages 1 and 2 should be filed within 72 hours after death with the Marylan neart of Health and Mental Hygiene. Into it files and Mental Hygiene. Into it files 23a or 28a-4 show that it files 27a is marked other than "natural", or ferms 23a or 28a-4 show any or other traumatic event, the Moutal Example must be mouthed. Director 1 Yas 2 No MD BALTIMORE CATONSVILLE 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of Whet Country? 315 INGLESIDE AVENUE U.S.A. 21228 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 14. Raca - American Indian, Bleck, Whita, atc. Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ Yes XXNo If Yas, Giva Yaar or Datas: 1 Nevar Merried 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: WHITE Completed by 3 Widowed 4 Divorcad 15. Decedent's Education (Spacify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) NONE NONE 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be BENJAMIN **POMERANTZ** TDA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) BLANCHE KATZ / NIECE 8 POMONA NORTH BALTIMORE, MD 21208 20b. Pleca of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata permit. Pages Department of Important: If its any injury or o 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Specify) SWINICHER WOLINER BENEV. 1/6/98 BALTIMORE, MD 22. Nama and Addrass of Fecility Sol Levinson & Bros., Inc. Maser 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Entar the disease, or communications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only the cause on each line. Approximata Intervel Between Onsat and Death Physician /Medical Immediata Causa (Finel a Methicillin Resistant Stych Hereus + Bendomonas Premonia disaasa or conditior rasulting in daath) Examiner Dua to (or as a consequence of): Pulmonary Disease Chronic Obstruction Sequantially list conditions, if any, laading to immediata causa. Enter Undarlying Causa (Disaasa or Injury that initiated avants resulting in daath) Last Dua to (or as a consequence of) P.O. Box 68760 Due to (or as e consequanca of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Vunknown Diabetes Mellitus Completed by 24b. Wara autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? GI bleed CVA Dementia certificata 1 Yas 27 No 1 Yas 2 No Hospital or Attending Physician: 25. Was casa raferred to medical Be 26. Placa of Daath (Check only ona) Hospital: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No Certification: To this 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28h Time of 28c. Injury at Work? After 5 Panding invastigation 1 Naturai death. 1 Tyas 2 No 2 Accident after death Director: 6 Could not be datamined 3 Suicida 28f. Location (Straat and Number or Rurel Routa Number, City or Town, State) 28e. Plece of Injury - At home, ferm, streat, factory, office building, atc. (Spacify) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Di completaly filled in 1 Cartifying Phyaician: To the best of my knowledge, daath occurred et the time, dete end placa, end dua to tha causa(s) and manner as steted.

2 Madical Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred et the time, data and pleca, and dua to the causa(s) and menner stated. Medical 29a. Certifiar (Check only one) 29b. Signetura end title ef certifier 29c. License number 29d. Data signed (Month, Day, Year) M.O 30. Nama and addrass of person who complated causa of deeth (Itam 23a) (Type, Print) 900 Caton Ave BERNARD MICKELSON, STAgnes Hospital Baltimore MD 21229 State Registrar

DHMH 16 Rev 6/95

3 LUMENTHA!



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 7 Per FH Film G755 1-8-98 rja Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 1/3/98 Henry Lawrence Benarick 9:40PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 1004 Rosemont Drive Joppa Harford | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year Nov. 7, 1 5. Social Security Number 6. Sex 1 M 2 F 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 87 Yrs 212-16-3101 1910 Balto.Md. Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Harford Joppa 10e Street and Number 10f. Zip Code 10g Citizen of What Country? U.S.A. 1004 Rosemont Drive 21085 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 Ø No
It Yes, Give
Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th. Stockroom Clerk n/a Koppers 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme)

Barbara Helen Yancura

8317 Snowden Oaks Place Laurel, Maryland 20708

1/7/98

DEBILITATION

26. Place of Death (Check only one)

24a. Was an autopsy performed?

Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify)

1 ☐ Yes 2 No

28d. Describe how injury occurred

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

PNEUMONITIS

than "natural", or Items 23s or 28s-f show the Medical Examiner must be notlined at Baltimore, Maryland 21215-0020 Hygiene. Pages 1 and 2 should be filed a nant of Health and Mental Hygient: If item 27 is marked other permit. Pages 1 and 2.
Department of Health ar
important: If Item 27 Is.
any injury or other trau

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Andrew Anthony Benarick

1 X Burial 2 Cremation 3 Removal from State

(Daughter)

20b. Place of Disposition (Name of cemetery, crematory or other place)

23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line.

Due to (or es e consequenca ot):

GENERALIZED

Due to (or as e consequenca ot):

Due to (or as a consequence of)

ACUTE

St. John's Cem. (Long Green)

22. Name end Address of Facility

11750 Belair Road

CENEBRO VASCULAR IN SUFFICIENCY

28c. Injury at Work?

E. F. Lassahn Funeral Home

19a. Intermant's Name/Relationship (Type, Print)

Kathleen Benarick

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signature of Funeral Service Lic

20a. Method of Disposition

10a State

Funeral

Director

the Maryland

Physician /Medicai Examine

Box P.O.

> 0 State

Registrar

Physician/Medical Records, þ Completed has certificata Division of Vital al or Attending Physician: T s after death. ii Director: After this certificat ed in by the funaral director, p Be Certification: To To the Hospital or within 24 hours att To the Funeral Di completaly filled in

Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. HYPENTHOPHY OF PROSTATE DEPRESSION

1 Yes 2 No

Natural

2 Accident 3 ☐ Suicide

4 ☐ Homicide

29e. Certifier

25. Was case referred to medical examiner? 27. Manner of Death

Medical

Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) end manner stated. (Check only one) 29b. Signature end title of certifier oreth D,

5 Pending investigation

6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify)

28a. Date of Injury (Month, Dey Year)

29c. License number DO7316

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Day, Year) IANUARY 5-1998

28f. Location (Street and Number or Rural Route Number, City or Town, State)

23b. Did tobacco use contribute to the ceuse of death?

1 Yes 2 No 3 Probably 4 Unknown

20c. Location - City or Town, State

Kingsville, Md. 21087

Long Green, Maryland

Approximete Interval Between Onset and Deeth

4 DAYS

1 YEAR

5 YEARS

24b. Were eutopsy tindings evaileble prior to completion of cause of death?

1 Yes 2 No

30. Name and address of person who completed cause of death (Iteh 23a) (Type, Print) JOSEPH D NOTARANGELO M.D.

301 ST. PAUL PLACE BALTIMONE 21202

32. Registrar's Signature helle Davidson

31. Date tiled (Month, Day, Year) JAN 08 1998

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Janice Ann Bruff 5:20 p.m. January 3 1998 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 5931 Charmwood Road Baltimore Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1 M 2CXF Months Days 62 Yrs. 218-34-1431 Nov. 11, 1935 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland Baltimore Baltimore 1 ☐ Yes 2 € No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5931 Charmwood Road 21228 United States 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No 1 Never Married 2 Married 1 Tyes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Claims Authorizer Social Security Adm. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Stanley Bruff Ethel Ann Riley 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Jane Riley / Cousin 403 Greenlow Rd., Baltimore, MD 21228 20e. Method of Disposition 20b. Placa of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, Stete Burial 2 Cremation 3 Removel from State Loudon Park Cemetery 1/6/98 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, MD 22. Name and Address of Facility Loudon Park Funeral Home Funerel Service Licenses 3620 Wilkens Avenue, Baltimore, MD 21229 proditions that caused the death. Do not enter the mode of dying, such as cardlec or respiratory arrest, and cause on each line. Approximate Intervel Between Onset and Death Immediate Cause (Final (Lene) disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Due to (or as a consequenca ot): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to 24a. Wes an autopsy performed? completion of cause of death? 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Dev Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 ■ Naturel 2 ■ Accident 5 Pending Investigation 1 Yes 2 No 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, State)

The law requires that the death certificate be executed Box 68760. P.O. Records, Division of Vital

Physician

/Medical

Examiner

Funeral

Director

28a-f show

ral", or items 23s or 28s-f st Examiner must be notified

'natural', or

ith and Mental Hygiene.
27 Is marked other than "r traumatic event, me Med

nt of Health and If item 27 is n or other traur

Department Important: If any injury or once.

Physician /Medical

Examiner

Examiner

Physician/Medicai

by

Completed

Be

10

Certification:

edicai

the Medical

Director

Funeral

P

Completed

Be

the Marylend

72 hours efter death with

filed within

Pages 1 and 2 should be

21215-0020

Battimore, Maryland

the as 950 jo signed by 1 1 be datach page 2 al or Attending Physician: The safter death.

In Director: After this certificated in by the funeral director, pi filled in by To the Hospital or within 24 hours at To the Funeral D

JAMES DUNCAT 31. Dete tiled (Month Day, Year) State Registrar

29e. Certifier

4 Homicide

(Check only one)

29b. Signatural and title of certifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) mos

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

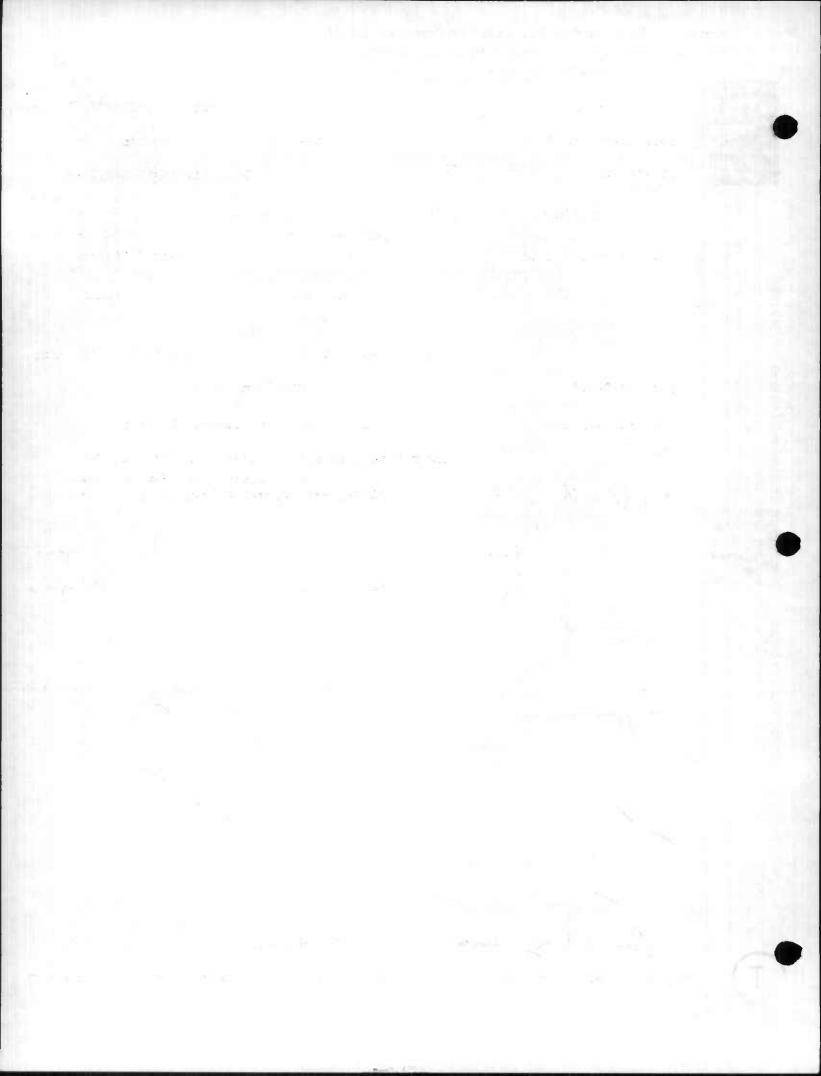
BALTIMORE MO 2120 (717 GUYDA OBL DUR faz Registrar's Signature handell

29d. Date signed (Month, Day, Year)

12 Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cauae(s) and manner as attedd.

2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month Year telen Bock 4b. City, Town, or Location of Deeth 1998 3:30 p.m. 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Johns Hopkins Bayview Medical Center MA Baltimore 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 8. Date of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign 1□M 2 F Months Days Hours Mary Tand 86 Yrs 214-44-3076 Dec. 15, 1911 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 HNo Linthicum Heights Maryland Anne Arundel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 311 Cheddington Road 21090 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indien, Bleck, White, etc. 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specif White **3**□ Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Julian Gencel Elise Gencel 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21090 19a. Informant's Name/Relationship (Type, Print) George S. Bock Jr., Son 311 Cheddington Rd. Linthicum Heights MD 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Burlal 2 □ Cremation 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Stanislaus 1/7/98 22. Name end Address of Facility Ambrose Funeral Home, 1328 Sulphur Spring Rd. Arbutus 21227 Inc. g au 23a. Part1. Enter the disagne, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) Urosepsis Due to (or as a consequence of): Due to (or as a consequence of): Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 40 Unknown 24e. Wes en eutopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of deeth? 1 ☐ Yes 2 DoNo 1 Yes YO No

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

Funeral

Director

28a-f show

7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be notified at

"natural"

al Hygiene.

permit. Pages 1 and 2 should be filled.
Department of Health end Mental Hygi Important: If item 27 is marked other up any injury or other traumout.

Funeral

by

Completed

Be

the Maryland

with 238

death

filed within 72 hours efter

Maryland

Baltimore,

Box 68760.

of Vital Records, P.O.

The law requires that the death certificate be executed pue attending physician the 80 esn signed by the ald peed hes certificate this

Physician/Medical þ Completed Be 2

Examiner Certification:

fine Physician: funeral director, After efter death Director: within 24 hours
To the Funeral D Medical

> State Registrar

Jean Wu

31. Dete filed (Month, Dey, Year)
JAN 08 1998

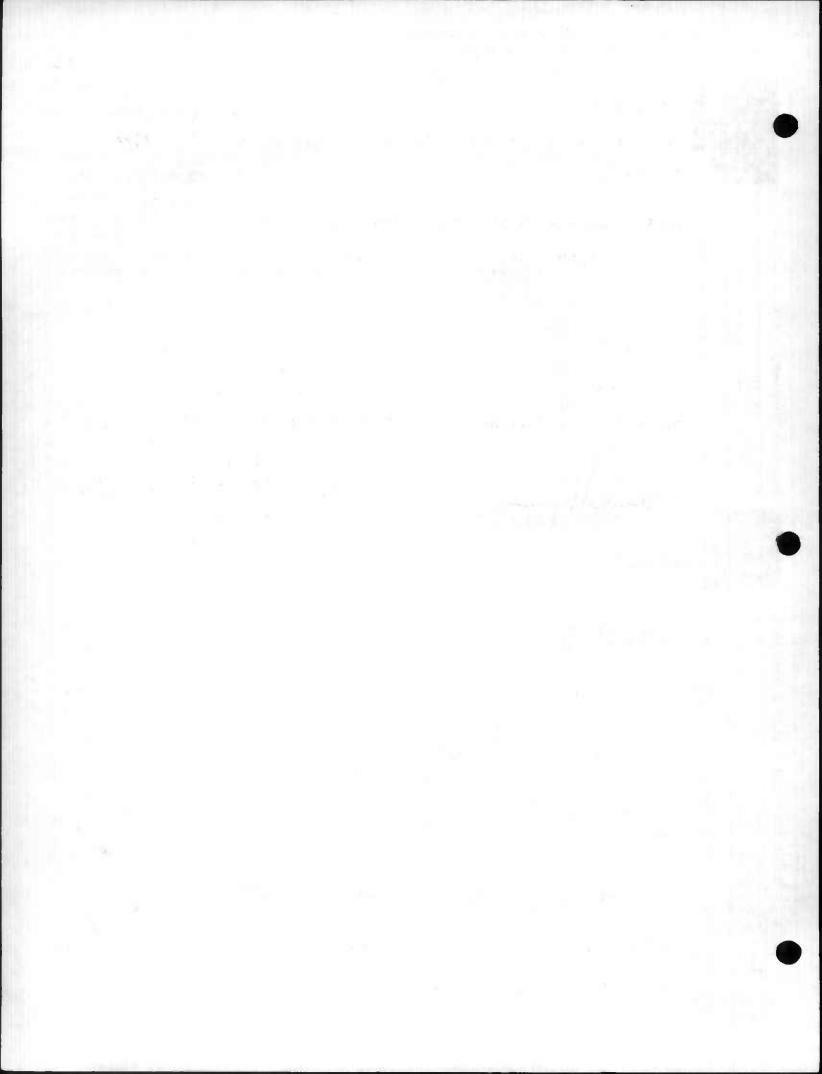
30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print) 4940 Eastern Avenue

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28b. Time of 28a. Date of injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Natural 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier Excertifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) 76127 ULL MID January 3.1998

Ballomne, Mo

21224

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name /First Middle Last) 2. Date of Deeth 3. Time of Death **Physician** Month Butler SR William Sanuary 5th 1998 ation of Deeth 10 - 10 pm /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner BON SECOURS BALTIHORE HOSPITAL 8. Dete of Birth (Month, Day, Year) OCT, 19, 1927 If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6. Sex 1X M 2□ F 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 217-20-792 Yrs. District MARYLAND Usual Residence of Decadent the Manyland 10a. State 10h Counts 10c. City, Town or Location 28a-f show 10d. Inside City Limits The Medical Examiner must be notified at BALTIMORE C 1XYes 2□No Director NIA MARYLAND 10e. Street end Number 10g, Citizen of What Country? ò 834 238 WEST FAIRMOUNT AVE 21223 Funeral USA. Items 2 12. Wes Decedent Ever In U.S. Armed Forces? 1 Xyes 2 □ No If Yas, Give Year or Dates: 11. Marital Status 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter 1 Never Married 2☐ Merried 21215-0020 6 1 Yes 2 No þ Specify: BLACK 3 Widowed 4 Divorced "natural" Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elamantary/Secondary (0-12) Collage (1-4or 5+) REPAIRMAN 12 ++ GRADE SELF-EMPLOYED Maryland 17. Fether's Nema (First, Middle, Last) 18. Mother's Nama (First, Middle, Meidan Sumeme) Be ls marked of Pages 1 and 2 should be BUTLER traumatic 2 -UKE 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 Is eny Injury or other trau 1828 W. FAIR HOUNT AVE. BALTIHORE HD. 21223
ce of Disposition (Nema of Dete 20c. Location - City or Town, Stete SISTER GRACE MERCER Baltimore, 20e. Method of Disposition

Burial 2 □ Cremation 3 □ Removel from Stete 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 4 ☐ Donetion 5 ☐ Other (Specify) ARBUTUS CEMETERY 01-09-98 ARBUTUS, MARYLAND 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 23e. Pert1. Enter the disease, or complications that caused the beeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete Intervel Between Onset and Death **Physician** /Medicai immadiata Ceusa (Final Metastatic Colon Cancer ZYrs disease or condition rasulting in deeth) **Examiner** Physician/Medical Exeminer Sequentially list conditions, if eny, laading to immediate ceuse. Enter Underlying Ceusa (Diseese or Injury that initiated events resulting in death) Lest inding physician a P.O. Box 68760. The law requires that the death certificate be ed by the attend detached for us Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? isigned by the 3 Oobably 4 Unknown 1 Yes 2 No Records, by paga 2 should Completed 24b. Ware autopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? certificate has 2 No 21 No Division of Vital or Attanding Physician: Be 25. Wes casa refarred to medical axaminer? 26. Pleca of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yas 2 No 1 Inpatient 2 ER/Outpetient 3 DOA After this 27. Manna ot Deeth Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: 5 Panding Investigation To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A death. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Routa Number, City or Town, State) 6 4 Homicide 15 Certifying Physician: To the best of my knowladge, deeth occurred et tha tima, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daeth occurred et the time, data end piece, end due to the causa(s) end manner stated. Medical 29e. Cartifier (Check only 29b. Sig nature 29c. License number 29d. Dete signed (Month, Dey, Yeer) 105198 Baltimore MJ 21215 liberty Hahts 2600 32 Registrer's Signatura 31. Data filed (Month, Day, Year) State 081998 Registra

104 3. 3. 11. 170 , 1000 5 AZ SATAB MILLIAN ALM SHIPPING JATE HOSTE AND DESC. IT SEEDS A Particular & Francisco X VOLUBRITION Alia gazanti 1834 WEST PARKING MY AVE THE ASIA CARACTER Mylw X ASSESSMENT THREE PARTICIPANTS AND A SOUTH 3411 - 114 - 1 CHILDRY PRINTS SERIE HERSEL COLESSEL. LYEN DIFFIRMANT AVE. CONTRACTOR DIRECTOR I LEVEL SERVICE CONTRACTOR OF THE PROPERTY WARRY LAND State of the second reserved reded satisfication ., . waiting patent Newtoning it havet

Junet & melber

Then to the white with the contract of the street of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death SROW N SANGARY 4e. Fecility Name (If not institution, give street end number) or Location of Del iberty Me DicA BALTIMORELite ENTER More If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreig Country) Months Days 1□M 2XF 151-56-375 Yrs. MARY Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 12 Yes 2 No MARYLAND 10g. Citizen of What Country? 10e. Street and Number 919 21216 STREET USA. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry ementery/Secondary (0-12) College (1-4or 5+) 11+H GRADE LERICAL INSURANCE (EMPANY 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) BROWN ARTHUR WILMA 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) 3029 WESTWOOD AVENUE, BALTIMORE, HD. 21216 FRANK BROWN (BROTHER 20c. Location - City or Town, State 20a. Method of Disposition Date Burial 2 ☐ Cremation 3 ☐ Removal from State KING MEMORIAL PARK 01-09-98 WOODLAWN, HARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee JOSEPH H. BROWN JR. FUNERAL HOME 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

Approximate Immediete Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting In death) Last defler Due to (or as a consequence of) Part ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco-use contributs to the cause of death? Trenores NO Yes 2 No days abuso 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of ceuse of death? 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ EFFOutpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year)

25 atte P.O. signed by Records, page 2 Division of Vital

Physician/Medical à Be Completed

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6 **І**тетв 23а

6

"natural",

Hygiene.

permit. Pages 1 end 2 should be filed w Department of Health and Mental Hygien Important: If Nem 27 is marked other th sny injury or other traumatic event.

Physician /Medical

Examiner

Directo

Funeral

by

Completed

Be

other traumatic event, the Medical Examiner must be notified at

the Maryland

Baltimore, Maryland 21215-0020

Certification: To

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, i To the Hospital of within 24 hours a To the Funeral D completely filled edicai

State

31. Date filed (Month, Day, Year) JAN 08 1998 Registrar

27. Manner of Death

1 Matural

2 Accident 3 Suicide

4 I Homicide

29a. Certifier

5 Pending

Investigation

6 Could not be determined

29b. Signature end title of certifier

Aul Ubleu M. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
ANILUBEROLMI) 2600 LIBERTY

29c. License number 26

1 ☐ Yes 2 ☐ No

28c. Injury et Work?

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and manner as stated.

2 Madical Examiner: On the bests of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

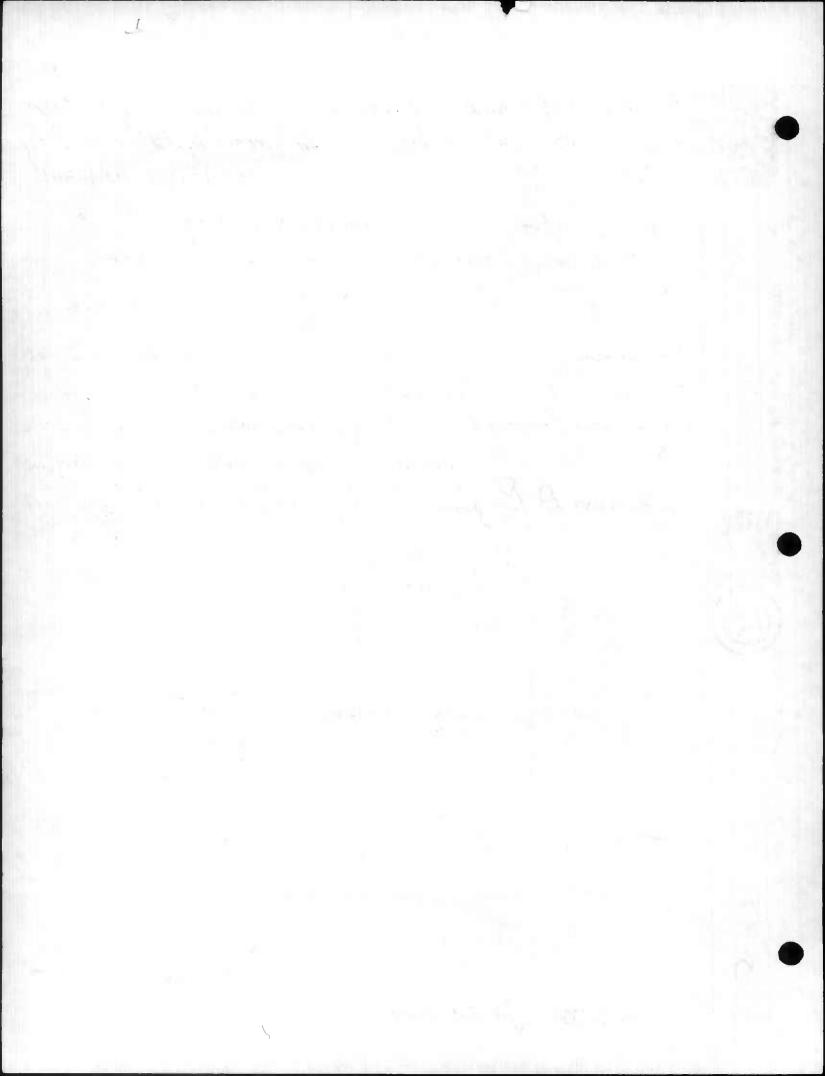
28d. Describe how Injury occurred

HIGHTS AVE, BALTO, MD21215

32 Registrar's Signeture was Davidson Randall

28b. Time of

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)



	98-0075 B.K.S	-00	5	Please					nk. Assure			ble.		
I t	HAROLD I	3LA art	CKWELL I,27 per	MEO G-755 1,		laryland			of Health and of Death	Mental Hy	ygiene Reg. No.	00	182	
	Physici /Medio	an al	1. Decedent's Ne	ma (First, Middle, La	Harold	<u>L</u> .	Blacky	well,	Sr 4b. City, Town, o	2. Dete of D Month JAN.	Dey 5 1008	Yeer	3. Time of Death 5:30 PM	
	Examin	er		(If not institution, giv WEST HOSP Number 6.5	ITAL	ge (In yrs. la	et hirthday)	If Undar 1 Y	RANDAL	LSTOWN	DAL.	TIMOR		
L	Funeral Director		214-30- Usuel Residence	-6584	X 2□ F	65	Yrs.		Bys Hours Min	(Month, D	-1932	Coun	lace (Stete or Foreign try) Md	
	Maryland -1 show	tor	10a. Stete Md	10b. County N/A			Town or Local					10	0d. Inside City Limits	
	3a or 28a	i Director	10e. Street and N 3214	umber Doritha	n Road			10f. Zip Co		67413	10g. Citizan of	What Coun	try?	
020	72 hours after death with the Manyland naturel", or Items 23a or 28a-f show acel Examiner must be notified at	d by Funeral	3214 Dorithan Road 11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Armed Forces? 1 Never Married 2 Married If Yes, Give Yesr or Detes:			? 1 No 2 - 5.	-		of Hispenic Orlgin? (Cuban, Mexicen, Pue	Specify Yes or N rto Ricen, etc.)	city Yes or No- Ricen, etc.) 14. Race- Bleck, Specity:			
21215-0020	within than	Completed	Elementery/Sec	15. Decedent's E ecity only highest gn condary (0-12) grade	ode completed) College (1-4or	5+)	16a. Decede (Give kin life. Do				Bethlehem Ste			
Maryland	should be filed nd Mental Hygis marked other umatic event, the	To Be	17. Fether's Neme	(First, Middle, Last Black						ame (First, Middl Knight	e, Maiden Sumer	ne)		
	nd 2 she aith and 27 ie m r treum		Jewell	Name/Reletionship			321	.4 Do	reet end Number or P	oad Ba	altimor	e, M	d 21215	
altimore,	of the			Sposition Cramation 3 D 5 Other (Special		cei	nce of Disposi metery, creme crison	etory or other	est Vet	1-9-98	20c. Location Owing		lls, Md	
Ball	pemit. Pag Department Important: I eny Injury o		She	Funarel Service Lice	Store	20	Ма	rch l	ddrass of Facility F/H West		Vabash	Ave	Balto,Md 21215	
	Physician /Medicai		shock, or he Immediate Cause disease or condit	e (Final					dying, such es cerdi		errest,		Approximete Intervel Between Onset end Deeth	
	Examiner	ner	resulting in deeth)	0.		es e consequ		JOENN BIGENO					
0,	be axecuted iician and bunal-transit	Examiner	Sequentially list of feny, leeding to cause. Enter Und	immediate deriving	b	Due to (or	es e conseque	ence of):						
ox 68760	certificata nding phys usa as tha	Physician/Medical	Ceuse (Disease of thet initiated even resulting in death	nts	d	Due to (or a	as e conseque	ence of):						
P.O. B	that the death ed by the atte detached for		Part II. Other sign	ificant conditions	contributing to death	but not result	ting in the und	derlying ceus	e given In Pert I.				the cause of death?	
Records,	law requires has been sign ja 2 should be	Completed by								24e. We per	es an autopsy formed?	ave	ere autopsy findings eileble prior to mplation of ceusa death?	
Vital F	an: The I	Be Co	25. Wes case refe	erred to medical					26. Piece of D	eath (Check only	Yes 2□No	75	Yes 2□ No	
of V	Physician: this cartific ral director,	2	exeminer?		Hospitel: 1 Inpat	2323	R/Outpetient	3□ DOA		7	sidence 6 □Oti		v)	
Division (th. After a fune	ertification:	27. Menner of Dec 1XX Naturel 2 Accident	eth 5 ☐ Pending invastigatio 6 ☐ Could not b	0	ey Year)	28b. Time of Injury	М	Injury et Work? 1 Yes 2 No		a how Injury occu			
Divl	or Atter after dea Director d in by the	ertifi	3 ☐ Suicide 4 ☐ Homicide	determined	28e. Plece of in building, e	njury - At hon atc. (Specify)	na, farm, stree	et, fectory, of	fice	281. Location City or T	(Street end Num own, Stete)	per or Rure	i Houte Number,	

To the Hospital or Attending Physician: The within & Hours after death.

To the Funeral Director: After this cartificata h completaly filled in by the funeral director, page Be Con Medical Certification: To

281. Location (Street and Number or Rurel Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Wedical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture and titla of certifier

29e. Certifier (Check only one)

29c. Licensa number O.C.M.E 29d. Dete signed (Month, Day, Year) JAN. 6. 1998

who completed cause of deeth (Item 23e) (Type, Print)

31. Dete filed (Month, Dey, Year)

JAN 08 1998

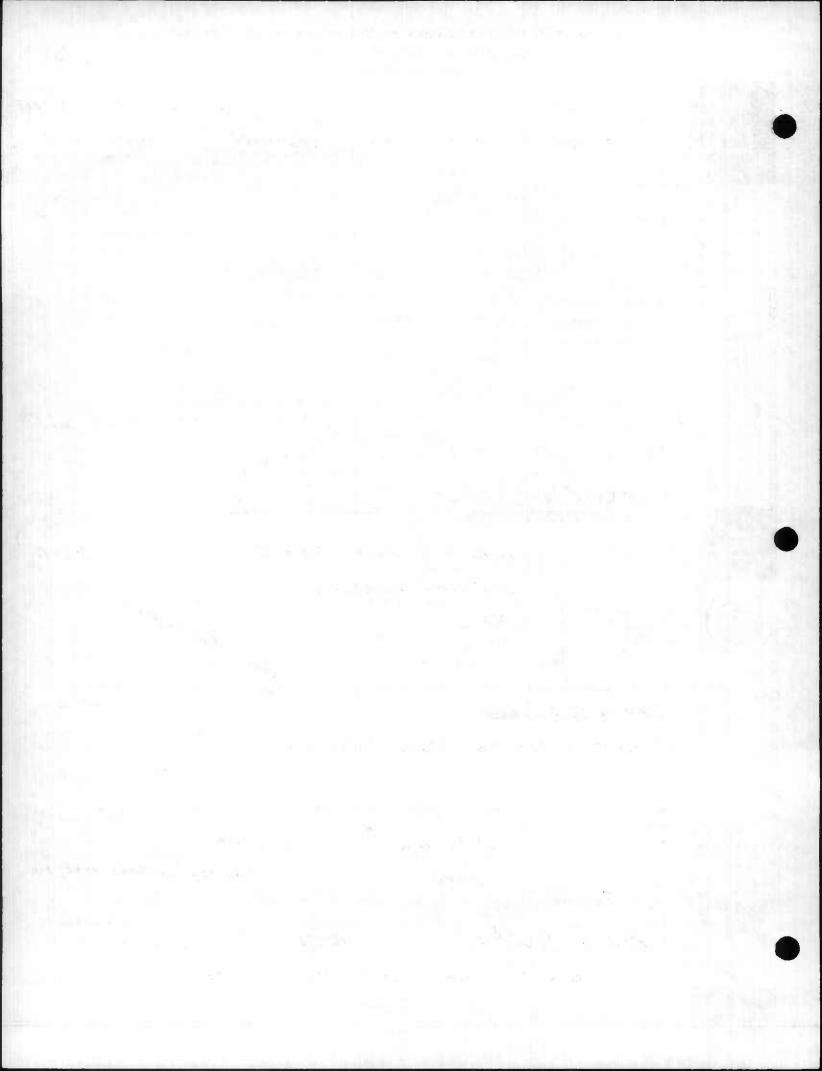
111 Penn Street, Baltimore, Maryland 21201

JAN 08 1998

State Registrar

State of Maryland / Department of Health and Mental Hygiene Q 00183

sician	1. Dec	dent's Name (First, Middle,	Last)	100					2. Deta of De Month		Vans	3. Time of Death
edical		JOHN BE	ELL						O/	O6	98	4:03 PM
miner	4a. Fac	lity Neme (If not institution,	giva street and numb	er)			4	b. City, Town, or	Location of Deet	4c. Count	y of Death	
		SHOCK TRI	grima - UN	IV OF	MARY	LAND		BALTIME	RE	BALI	TIMORE	5 CITY
al	5. Soci	Sacurity Number 6	3. Sex 7. 1 ☑ M 2 □ F	Age (In yrs.	last birthday)	If Under 1	Yaar Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De	th V. Year)	9. Birthpl	lece (Stete or Foreign
r	250	1-09-4987	ISOM ZLIF	84	Yrs.		.,.		Februar	y 2,1913		Ga
	Usuel I	tesidence of Decadent ate 10b. County		10c Cit	y, Town or Loc	cation	-			/		Od. Insida City Limits
5	100.0	11 2	14.		Essex						- 1	1 ☐ Yes 2 No
ec ec	100 81	reet end Number	170	C	3500	10f. Zip C	nda .			10- Ohinan of	147h at Cause	
급	2 -	2 / /	Cour	1		Tor. Zip C		-1221		10g. Citizan of	0 0	try r
era	11.140	Leyland itel Sterus			C 12 V	Nos Docador			nacifu Vac or No	14 Pa	. S - H	an Indian
Funeral Director		Never Married 2 Married	12. Was Decede Armed Force 1 Yes 2	s?	,5. 15. ¥	Yas, specify	Cuba	ispanic Origin? (S In, Mexican, Puert	o Rican, etc.)	Bla	ack, White,	
b		Widowed 4 □ Divorcad	If Yes, Give	-	1	☐ Yes 2Д	(No	Specify:		Speci	1. B/a	rcK
		15. Decedent's	Education		18e. Deced	lent's Usual (Occupe	etion		16b. Kind of E	3usiness/Ind	lustry
Completed	Flore	(Specify only highest entery/Secondery (0-12)	grade completed) Collega (1-40	NE E 1)	(Give I	kind of work OO NOT use	done d retired	during most of wor	king			
EO	NA		NA	7 34)	ho	abores	~			unknow	APO.	
Be	17. Fet	nar's Neme (First, Middla, La	ist)					18. Mother's Nar	ne (First, Middle,	Maiden Suma	me)	
To	M	anson Bel						Janie	Wa	rd		
1		forment's Name/Reletionship			19b. Meilin	g Address (S	Street e	end Number or Ru	/			
	1	M. Pierce.	- Funeral L	reats	427	Floy	d	Street	Some	Lersuil	1e, 40	30/82
		thod of Disposition Burial 2 Cremetion 3	□Dam aval (0)		Plece of Dispos	sition (Neme	of or place	e)	Dete	20c. Location	- City or To	wn, Stete
				" Re	st H	Paver	- 1	eyetery	1-10-98	Sand	ersull	le Ga
once.	4 Donetion 5 Other (Specify) 21. Signetura of Funerel Servica Licansee 22. Nama and Address of Facility 22. Nama and Address of Facility											101
8	•	(Jamos)	Do, CAK	JR)	14	anso	F	H. Way	Avenu	e Br	Khi Mi	121215
	23a. P	art1. Enter the diseasa, or co lock, or heart feilure. List or	omplications that caus	ad the deat	h. Do not ente	er the mode of	of dying	g, such as cardiad			70,14	Approximete
n	s	ock, or neert tellure. List or	nly one ceuse on each	ine.							i	Onset and Death
al	Immadiate Cause (Finel disease) of condition e. MULTIPLE ORGAN FAILURE										İ	10 - 110
r	resultir	g In deeth)	e. /40		or es a consequ		1-17	ILUNG				18 0413
ner			CIP		L HE	-210	n. i	2			1	
Examiner	Seque	itially list conditions.	b	Due to (c	r es a consequ	uenca of):	67	1			.40	
ě	if any, cause.	eading to immediate Enter Underlying	EA	11						- CAN	MID	
edica	thet ini	eted events	С.	Due to (o	r as a consequ	uenca of):			94	WALL	INER	
Me	7000	, 55511) 2251							ald to	MEDICAL ES	1	
any			d					(0,0	APPROVED B			
by Physician/A	Part II.	other eignificant conditions	contributing to death	but not ras	ulting In the un	derlying cau	se give	en in Part I WITEICA	23b. Did	tobacco use c	ontribute to	the cause of death?
Phy	5	METTER /	1 /					CEL	10	Yee 2 No	3 Prob	bably Unknown
		WIENES WAN	CANCER				_					
b		Attally list conditions, eading to immediate Enter Underlying Disease or Injury leted events g in deeth) Last Other eignificant conditions EXPECTED LIVE	ADON E	0 (4	Philai	400	12/	is	24e. Wes	en eutopsy med?	24b. We	ere eutopsy findings allebla prior to
ted by	1	NITONGOCO	TION TO		CHIL	/ CICKY	111	MIN			of o	npletion of causa death?
pleted by	-1								10	Yas 25 No	1 🗆	Yes 2 No
Completed by	-/-							26 Place of Dec	ath (Check only	one)		
Con	25. We	s case referred to medical						20. Field of Det	att Torrook only	3110)		
Ве Соп	25. We	s case referred to medical miner? Yes 2 \(\text{No} \)	Hospitel: 1 Inpe	atiant 2	ER/Outpetient	a ∃ DOA	Othe	0.00	lome 5 Resi		ther (Specify	")
To Be Con	25. We exe	miner? "Yes 2 No ner of Deeth	28e. Dete of I		28b. Tima of			er: 4 Nursing H		denca 6 🗆 O		1)
То Ве Соп	25. We exe 1 27. Mer 1 22.	miner? Yes 2 No ner of Deeth Netural 5 Pending Accident invastiget	28e. Dete of li (Month, li	niurv			. Injury Work	er: 4 Nursing H	lome 5 Resi	denca 6 🗆 O		0
То Ве Соп	25. We exe	miner? Yes 2□ No ner of Deeth Netural 5□ Pending	28e. Dete of li (Month, li t be 28e. Plece of	njury Day Year) 9-97 Injury - At he	28b. Tima of Injury	P 280	Injury Work	er: 4 Nursing H y et k?	ome 5 ☐ Resi 28d. Describe FALL 28f. Location (denca 6 On how injury occu	irred	l Route Number,
Certification: To Be Corr	25. We exe	miner? Yes 2 No ner of Deeth Netural 5 Pending invastiget Sulcide 6 Could no	28e. Dete of li (Month, li t be 28e. Plece of	Day Year)	28b. Time of Injury // 60 pme, ferm, strey)	P 280	Injury Work	er: 4 Nursing H y et k?	ome 5 ☐ Resi 28d. Describe FALL 28f. Location (denca 6 On how injury occu	irred	
Certification: To Be Corr	25. We exe 1 27. Mer 1 2 2 3 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	miner? Yes 2 No ner of Deeth Netural 5 Pending Accident Invastiget Suicide 6 Could not determine ortifier Sectionly 2 Medical Ex	28e. Dete of In (Month, I be ed 28e. Plece of building. Physician: To the be:	njury Day Year) - 9 7 Injury - At he etc. (Specif Aformace) st of my kno	28b. Tima of Injury // / / / / / / / / / / / / / / / / /	M 280 eet, factory, c	Injury Work 1 -	er: 4 Nursing H	28d. Describe FALL 28f. Location (City or Tot) A Let La, end due to the	denca 6 On how injury occu- Street and Numwn, State)	irred iber or Rura	Power Number, Power Mo
edical Certification: To Be Corr	25. We exe 1 27. Mei 1 22 3 4 C	miner? Yes 2 No ner of Deeth Netural 5 Pending invastiget Suicide 6 Could not determine ortifier Seck only ne) Yes 2 No Deeth Succident Suicide 6 Could not determine	28e. Dete of In (Month, I be and building,	njury Day Year) - 9 7 Injury - At he etc. (Specification of examina	28b. Tima of Injury // / / / / / / / / / / / / / / / / /	eet, factory, coccurred et estigetion, In	Injury Work 1 - '	er: 4 Nursing H	28d. Describe FALL 28f. Location (City or Tot) A Let La, end due to the	denca 6 On how injury occupants. Street and Num wn, State) AB OT, To cause(s) end in dete end pleca	inted interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior Rural Interior	Route Number, Point Mo ated, the cause(s)
Certification: To Be Corr	25. We exe 1 27. Mei 1 22 3 4 C	miner? Yes 2 No Net vial 5 Pending invastiget Sulcide G Could not determine prifiler Seck only 2 Medical Expendence and title of certifier	28e. Dete of In (Month, It be ad building, Physician: To the beaminar: On tha basis and menner	njury Day Year) - 9 7 Injury - At he etc. (Specification of examina steted.	28b. Tima of Injury // / / / / / / / / / / / / / / / / /	pet, factory, coccurred et restigetion, In	Injury Work	er: 4 Nursing H	28d. Describe FALL 28f. Location (City or Tot) A Let La, end due to the	denca 6 On how injury occurs of the single occurs of the single occurs of the single occurs of the single occurs of the single occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs o	intered Aber or Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural	Route Number, Point Mo ated, the cause(s)
edical Certification: To Be Corr	25. We exe 1 27. Mei 1 22 3 4 C	miner? Yes 2 No ner of Deeth Netural 5 Pending invastiget Suicide 6 Could not determine ortifier Seck only ne) Yes 2 No Deeth Succident Suicide 6 Could not determine	28e. Dete of In (Month, It be ad building, Physician: To the beaminar: On tha basis and menner	njury Day Year) - 9 7 Injury - At he etc. (Specification of examina steted.	28b. Tima of Injury // / / / / / / / / / / / / / / / / /	pet, factory, coccurred et restigetion, In	Injury Work	er: 4 Nursing H	28d. Describe FALL 28f. Location (City or Tot) A Let La, end due to the	denca 6 On how injury occupants. Street and Num wn, State) AB OT, To cause(s) end in dete end pleca	intered Aber or Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural	Route Number, Point Mo ated, the cause(s)
edical Certification: To Be Con	25. We exe 1 27. Mei 1 22 23 3 4 2 29a. Cr	miner? Yes 2 No Net vial 5 Pending invastiget Sulcide G Could not determine prifiler Seck only 2 Medical Expendence and title of certifier	28e. Dete of In (Month, It be added) 28e. Place of building, Physician: To the becaminar: On the basis and menner	njury Day Year) - 9 7 Injury - At he etc. (Specification of my kno of examina steted.	28b. Tima of Injury //-// //- //- //- //- //- // // // //	peet, factory, coccurred et restigetion, In	Injury Work 1 of the time my op	er: 4 Nursing H	28d. Describe FALL 28f. Location (City or Tot A Let La. , end due to the rred et the time,	denca 6 On how injury occurs of the single occurs of the single occurs of the single occurs of the single occurs of the single occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs occurs o	intered Aber or Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural Aber of Rural	Route Number, Point Mo ated, the cause(s)



Please Type or Print in Biack Indelible Ink. Assure Aii Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** Month Marie Margaret Breger (Sr. M. Ignatius) 01 03 10:30 am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Joseph Residence Baltimore Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) 10-29-13 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 10 M 20 F Days Hours 199-40-8413 Yrs. 84 Director Delaware Usual Rasidance of Dacedant Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland nant of Health and Mentel Hygiene. Int: If Item 27 is marked other than "natural", or items 28s or 28s-f show 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ir than "natural", or Itama 23a or 28a-f show The Modical Examiner must be notified at 1 Yes 2 No Maryland Baltimore **Baltimore** Direc 10g. Citizan of What Country? 10e. Straat and Number 10f. Zip Coda 4100 Maple Ave. 21227 USA Funera 12. Wes Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, etc. 11. Marital Status 1 Navar Marriad 2 Married 1 Yas 2 No 1 Yas 2X No Specify: Specify: White þ 3 ☐ Widowad 4 ☐ Divorced Completed 15. Decedant's Education (Spacify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Secondary Culinary Services Child Care Facility traumatic event, 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Louis Breger Mary Ryan 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Religious Coordinator 4100 Maple Avenue Baltimore, MD 21227 Item 2 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cemetary, cramatory or other place) 20c. Location - City or Town, Stata Important: If It any Injury or o once. 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Specify) permit. Pege Department of 1/6/98 Baltimore, MD New Cathedral 21. Signeture of Funerel Sarvice Licensee 22. Name end Address of Fecility Gonce Funeral Home, P.A. 23a. Part1. Enter the disease, an inplications that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiratory errest, shock, or heart tailure. List only one cause on each line. 4001 Ritchie Highway Baltimore, Maryland 21225 **Physician** Immadiata Causa (Final disease or condition rasulting in death) /Medical Examiner Dua to (or as a consequence of): Examiner requires that the death certificeta be executed physician end the burief-transit Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Physician/Medicai USB BS signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown asifficience by 24a. Was an autopsy 24b. Wara autopsy tindings evailable prior to complation of cause of death? page 2 certificata 1 Yes 1 Yas 20 No Attending Physician: funeral director 25. Was cesa ratarrad to predical axaminar? 28. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Hasidance 8 Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred After 5 Panding Invastigation 1 Natural after death. 1 Yas 2 No 2 Accident 6 Could not be datarminad 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 4 Homicide 6 29a. Cartifian 1 Nortifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one)

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

24 hours a Hospital within 2

State Registrar TTENDING 4519 AN 29c. Licansa number 230631 29d. Dete signed (Month, Pay, Year)

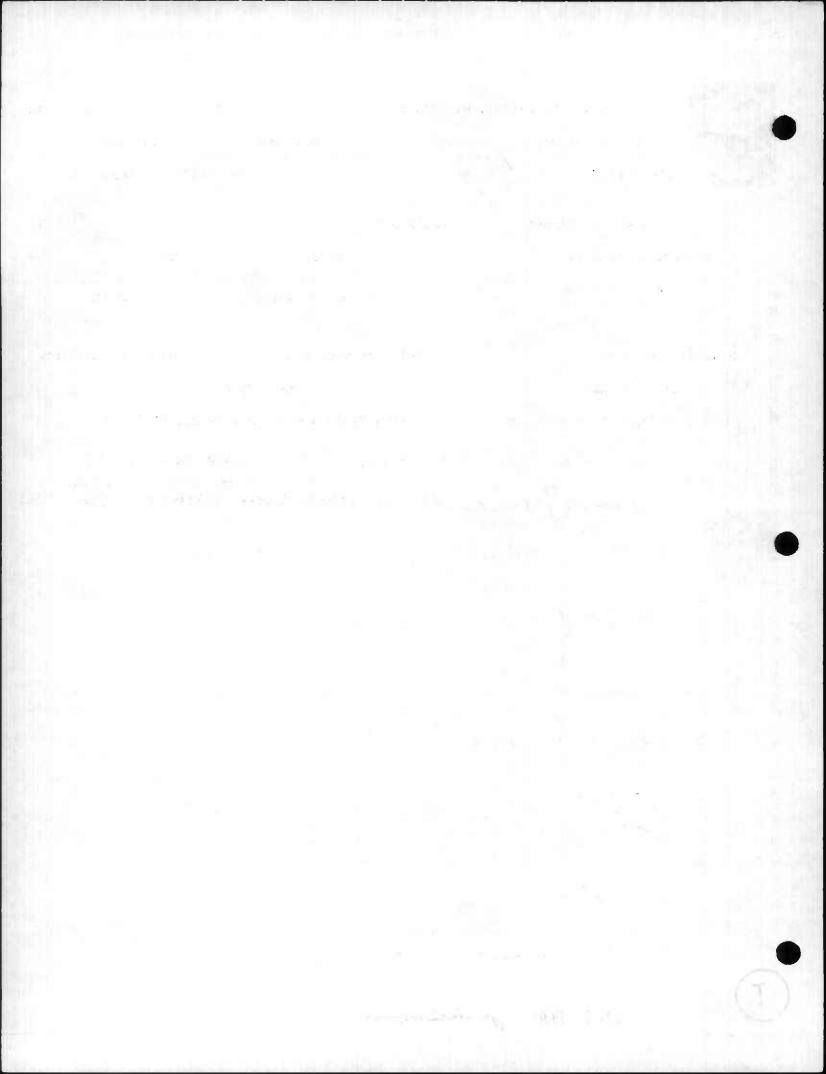
30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print)

5411 OW FREDERICE BY RALZOMS

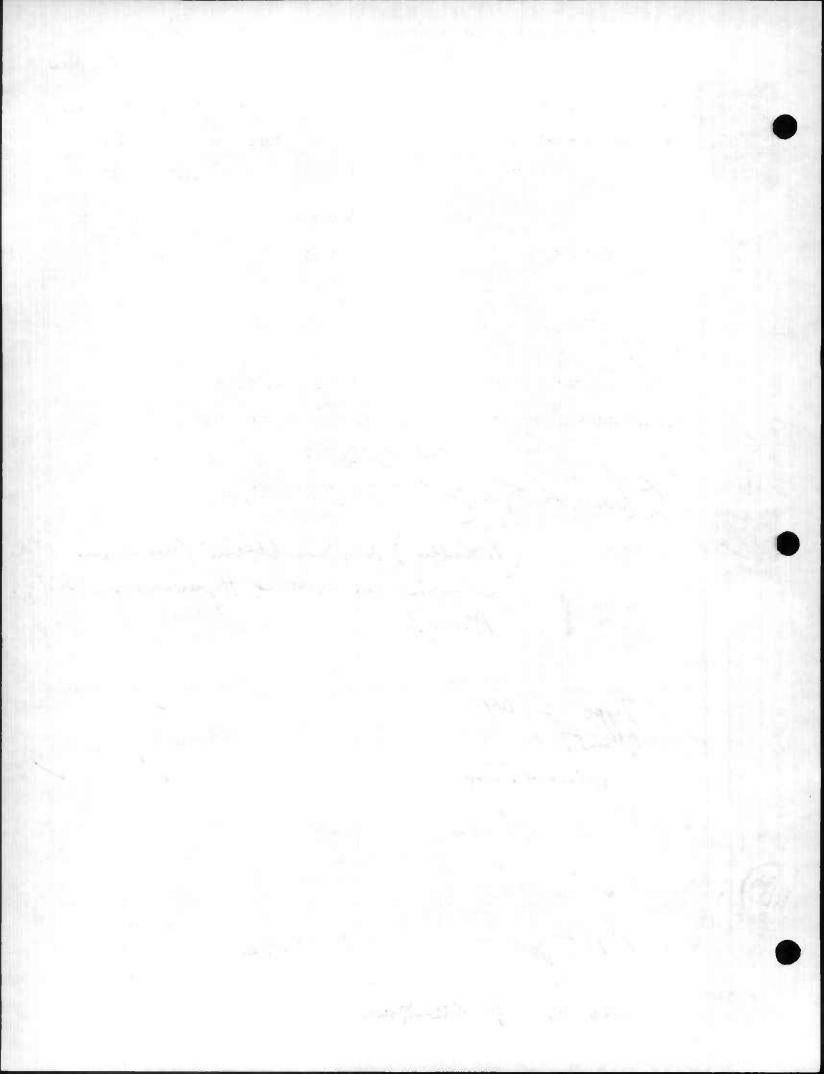
32. Registrar's Signatura who Davidson-Randall

31. Data filed (Month, Day, Yaar) 0 8 1998

29b. Signature and title of cartitier



ysician		1. Decedent's Neme (First, Mic	ddle I sett				rtificate of	Dealit	100		g. No.	_	2 7
•	1	HELEN M. CA							N.	ete of Deetl	Dey	Year	3. Time of De
Medical	-	4e. Fecility Nema (If not institut			umher)			4h City Toy	JA wn, or Location	NUARY	2, 1	998	6:05
kaminer	۱ ا	BON SECOURS			idiliber)			-	BALTIM		4c. County (N/A	
neral		5. Sociel Sacurity Number	6. Sax	21123	7. Aga (In yrs	s. last birthday)	If Under 1 Year	If Under 2	24 Hrs. R D	ate of Birth			ace (State or Fo
ctor		214-24-6969	101	M 2⊠ F	74	Yrs.	Months Days	Hours	Min. (A	Month, Dey,	Year) 1923	Count MARY	
1000	-	Usual Residence of Decedent 10a. Stete 10b. Cour			40. 0	T							
adail .			I/A		100. 0	City, Town or Lo		TMODE				10	od. Inside City L 1√2 Yes 2[
be nutified at	5	10e. Straet end Number	1/ A				10f. Zip Code	IMORE		4/	a China at M		Λ
od le		537 PARKSLEY	AMENII	T.				223		10	og. Citizen of W	nat Count	try r
Example man	E .	11. Meritel Stetus		2. Wes De	cedant Ever In	U,S. 13. \			in? (Specify)	as or No-	U.S.A.	- America	en Indien.
Funer m	2	1 Never Merried 2 XM	arried	Armed F	2X No		Was Dacedent of I f Yas, specify Cub		Puarto Rican	, etc.)		, Whita, a	
		3 ☐ Widowed 4 ☐ Divorc	ed	If Yes, G Yaer or	Bive Dates:		1 ☐ Yes 2 ☐XNo	Specify:			Specify:	WH	ITE
f, the Medical Exp	200	15. Deced (Specify only high	ent's Educa	tion completed	d)	(Give	lent's Usuel Occup	dunna most	of working	1	6b. Kind of Bus	sinass/Ind	ustry
a lom		Elementary/Secondary (0-12	-		(1-4or 5+)	life. L	DO NOT use retire	d)			*****	****	****
F 0		8TH GRADE 17. Fether's Neme (First, Middle)	le (ast)				HOMEMAK		re Nama (Eiro	t Middle A	HOM feiden Sumame	EMAK!	LNG
other traumatic event, the Medical	0	THOMAS W. BEU		ACHE	R				C. GLO		over sumame	2)	
To		19a. Informent's Name/Reletio				19b. Mailin	ng Address (Street				City or Town 5	State Zin	Code)
r trac		WILLIAM CASSE			ND)		PARKSLE					2122	
other t	1	20a. Method of Disposition			20b.	Place of Dispo	sition (Neme of		Da		20c. Location - 0	City or Tov	wn, Stete
Iry or		1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other		novel fron	n State LO		netory or other ple RK CEMET MAUSOLEU		1/6	/98	BALTIMO	DE	
any injury or	- 3	21. Signature of Fundal Sarvio	ce Licensee	1 1-	1	22	. Name end Addre	ss of Facility	1		DALLINO	KE	
6 0		Marin	4	K	lug		UBBARD F				OPE MD	2127	20
<u> </u>	to de	resulting In deeth)	0. ,	(Dug to	(or es e ednseq	uence of)	had	20.	he i	L	rys	201
as the bunal-transit	1000	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	b		ASC	(or es e emaeque (or es e conseque (or es e conseque (or as e cons		Loca	el;	Hyai	Aven nten!	on	_ 30
for use as the bur	1000	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events	c d	buting to	ASC Dua to (VD or as e consequ	uence of);						
be detached for use as the bur by Physician/Medical	and and an an an an an an an an an an an an an	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest	d	buting to a	ASC Dua to (VD or as e consequ	uence of);			/ 23b. Did tol	bacco usa con	Pibute to	the cause of d
be detached for use as the bur	ay in y stellar medical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest	b c d ttione contri	Ibuting to a	ASC Dua to (VD or as e consequ	uence of);			/ 23b. Did tol	bacco use con s 20 No	Pribute to 3 Proba	the cause of deably 4 University University
be detached for use as the bur	ay in y stellar medical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest	dd	buting to o	ASC Dua to (VD or as e consequ	uence of);			23b. Did tol 1 □ Ye	bacco use con s 20 No	Pribute to 3 Prob	the cause of d ably 4 Unl
99.2 should be detached for use as the bur mpleted by Physician/Medical		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	2 Tich	obuting to a D.	ASC Dua to (VD or as e consequ	uence of);	ven in Pert i.	2	23b. Did tol 1 Ve	pacco use con s 2000 n eutopsy s 2000	Pribute to 3 Proba	the cause of d ably 4 Uni re autopsy findl llebte prior to
ector, page 2 should be detached for use as the bur. Be Completed by Physician/Medical		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Part II. Other significent conditions.	2 5 1 1 1 1 1 1	D. Ca. 7	Dua to (or as e consequence of sulting In the un	uence of); nderlying ceuse given	zen in Pert I.	of Death (Che	23b. Did tol 1 Ye 24a. Wes arr perform 1 Ye	becco use contains 2 12 No	Pribute to 3 Probi	the cause of dealing along the cause of dealing autopsy find illebite prior to appletion of cause eath?
il director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions.	2 5 1 1 1 1 1 1	Spitel: 152	Dua to (or as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequ	uence of): Inderlying ceuse gh	zen in Pert i. 26. Place : ner: 4 □ Nurs	of Death (Che	23b. Did tol 1 Ye 24a. Wes arr perform 1 Ye eck only one	pacco use con s 2000 n eutopsy s 2000	Pribute to 3 Probi 24b. Wei avei com of d 1	the cause of deably 4 Unk re autopsy findli illebte prior to inpletion of cause eath? Yes 2 Ao
il director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions are summer? 1	2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Spitel: 152	Dua to (or as e consequence of sulting In the un	uence of): Inderlying ceuse given to 3 DOA Otto	zen in Pert i. 26. Place : ner: 4 □ Nurs	of Death (Chesising Home	23b. Did tol 1 Ye 24a. Wes arr perform 1 Ye eck only one	becco use contains 2 12 No	Pribute to 3 Probi 24b. Wei avei com of d 1	the cause of deably 4 Unk re autopsy findli fileble prior to reach? Yes 2 Ao
il director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Lest Part II. Other significent conditions axaminer? 1 Yes 2 No 27. Menyfer of Deeth 1 Naturel 5 Penc Invest 3 Suicide 6 Could	2 Cel Hos	D. Spitel: 1 28e. Date (Mo) 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e	Dua to (deeth but not re Minpatient 2E of Injury - At 1	or as e consequence of as e consequence of as e consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequen	uence of): Inderlying ceuse given to 3 DOA Otto	26. Place der: 4□ Nur	of Death (Chesing Home State 28d. I	23b. Did told 1 Yes 24a. Was arr perform 1 Yes 24a. Was arrespondent of the seck only one 5 Resided Describe how ocation (Str.	bacco use contains a 212 No n eutopsy led? s 212 No s) nce 6 Othe w injury occurre	Pribute to 3 Proba 24b. Wei avei com of d 1	the cause of de ably 4 Unker autopsy findli llebte prior to appletion of causeath?
director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significent conditions axaminer? 1 Yes 2 No 27. Menyler of Deeth 1 Naturel 5 Pence 2 Accident Inves	2 Cel Hos	D. Spitel: 1 28e. Date (Mo) 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e. Place 28e	Dua to (deeth but not re Inpatient 2E of Injury nth, Day Year)	or as e consequence of as e consequence of as e consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequen	t 3 DOA Ott	26. Place der: 4□ Nur	of Death (Chesing Home State 28d. I	23b. Did tol 1 Yes 24a. Wes arr perform 1 Yes 9ck only one 5 Resider	bacco use contains a 212 No n eutopsy led? s 212 No s) nce 6 Othe w injury occurre	Pribute to 3 Proba 24b. Wei avei com of d 1	the cause of de ably 4 Unker autopsy findli llebte prior to appletion of causeath?
igg/it/by the funerel director, page 2 should be detached for use as the bur Certification: To Be Completed by Physician/Medical		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest 25. Wes cese referred to medic axaminer? 1 Yes 2 No 27. Menyler of Deeth 1 Naturel 5 Pencal Investigation P	Cel Hos ding stigation Id not be mined	spitel: 1228e. Date (Moo	Dua to (deeth but not re Inpatient 2 e of Injury nth, Dey Year) ce of Injury - At the ding, etc. (Special Special	or as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a co	t 3 DOA Ott	26. Place of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the right of the r	of Death (Chesing Home : 28d. [23b. Did tol 1 Ye 24a. Wes ar perform 1 Ye 9ck only one 5 Resided Describe hor occation (Str ity or Town,	bacco use contains 2 12 No n eutopsy led? s 2 12 No e) nce 6 Other winjury occurre winjury occurre state)	Pribute to 3 Proba 24b. Wei avei com of d 1 Specify, ad	the cause of de ably 4 Unker autopsy findli liebte prior to appletion of causeath? Yes 2 12 No.
il director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significent conditions arminer? 1	ding ding stigation d not be mined ving Physical Examines	spitel: 1228e. Date (Moo	Dua to (deeth but not re deeth but not re in patient 2E a of Injury nth, Day Year) ce of Injury - At I ding, etc. (Spec	or as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a co	t 3 DOA Oth 28c. Inju M 1 aget, fectory, office	26. Place oner: 4 Number Nes 2 Number	of Death (Che sing Home : 28d. [23b. Did tol 1 Ye 24a. Wes arr perform 1 Ye 25ck only one 35 Resider Describe hor 25ct or Town, 25ct to the ca	bacco use contains 2 12 No n eutopsy led? s 2 12 No e) nce 6 Other winjury occurre winjury occurre state)	Pribute to 24b. Well system of d 1 Tr (Specify) and are or Rurel share as stand due to the stand due to the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the sy	the cause of deably 4 Unk re autopsy findil liebte prior to repletion of causeath? I Yes 2 Ano Route Number, aled. the ceuse(s)
pletely fillegith by the funeral director, page 2 should be detached for use as the bur 1 of the funeral control of the funeral of the funeral control of the f		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions axaminer? 1	ding ding stigation d not be mined ving Physical Examines	spitel: 1228e. Date (Moo	Dua to (deeth but not re deeth but not re in patient 2E a of Injury nth, Day Year) ce of Injury - At I ding, etc. (Spec	or as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a co	t 3 DOA Ott 28c. Inju Wo M 1 Deet, fectory, office	26. Place oner: 4 Number Nes 2 Number	of Death (Chesing Home : 28d. [23b. Did tol 1 Ye 24a. Wes arr perform 1 Ye 25ck only one 35 Resider Describe hor 25ct or Town, 25ct to the ca	bacco use contains a suppose of the contains	Pribute to 24b. Well system of d 1 Tr (Specify) and are or Rurel share as stand due to the stand due to the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the sy	the cause of de ably 4 Unker autopsy findli liebte prior to ripletion of causeath? Yes 2 Aoo
pletely fillegith by the funeral director, page 2 should be detached for use as the bur 1 of the funeral control of the funeral of the funeral control of the f		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions axaminer? 1	ding stigation d not be mined ving Physical Examined	spitel: 1 28e. Date (Moi 28e. Place build fan: To the rend mei pleted cau	Dua to (deeth but not re Inpatient 2E of Injury oth, Dey Year) te of Injury - At I ding, etc. (Special of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of	or as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of as e consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a c	t 3 DOA Otto	26. Place oner: 4 Number Nes 2 Number	of Death (Che sing Home : 28d. [23b. Did tol 1 Ye 24a. Wes arr perform 1 Ye 25ck only one 35 Resider Describe hor 25ct or Town, 25ct to the ca	bacco use contains a suppose of the contains	Pribute to 3 Prob 24b. Wei avei com of d 1 Cr (Specify, ed) In r or Rurel In many es stand due to (Month, D.)	the cause of de ably 4 Unker autopsy findli liebte prior to ripletion of causeath? Yes 2 Aoo



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Deeth Month Cotello 1998 JAN 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 322 HAWTHORNE ROAD BALTIMORE N/A ff Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day Year) Months Days Hours Min. JUNE 21, 1913 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) Months 1□ M 25 F Yrs. NY 127-10-0223 84 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ¥ Yes 2 □ No FL BROWARD COCONUT CREEK 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 33066 1801 ELEUTHERA POINT, APT. F-3 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give A Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 □ Never Married 2 □ Married WHITE 1 ☐ Yes 2 No Specify: 3X Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) BOOKKEEPER GRALLA PUBLICATION 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) (UNKNOWN) LOUIS GRAUSTARK HELEN 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ANDREA COHEN / DAUGHTER 322 HAWTHORN ROAD BALTIMORE, MD 21210 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other plece) SPRINGFIELD Own, State 1 ☐ Burial 2 ☐ Cremation 3 ☑ Removel from State 4 ☐ Donation, 5 ☐ Other (Specify) GARDENS, NY MONTEFIORE CEMETERY 1/6/98 Funeral Service Libr 22. Name and Address of Facility Sol Levinson & Bros., 8900 Reisterstown Road Pikesville, MD 21208 Part Enter the disease, or complications hat caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one godes on eech line. Immediete Cause (Final 9 MONTHS METASTATIC MALIGNANT MELANOMA diseese or condition resulting in death) Due to (or es a consequence of): Due to (or as e consequence of): Due to (or es a consequença of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 340 3 Probably 4 Unknown ASTHMA 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 No

Physician /Medical Examiner

Physician

Examiner

Funeral

Director

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene. Int: If them 27 is marked other than "natural", or items 23e or 28e-f show.

altimore, Maryland 21215-0020

7 is marked other than "natural", or itema 23e or 28e-f show traumatic event, the Medical Examiner must be notified at

other 1

8

/Medical

Director

Funeral

þ

Completed

Be 70

Physician/Medicai tha signed by þ 8 Completed

certificata

Be

10

Certification:

Medical

State

Registrar

29a. Certifier

P.O. Division of Vital Records, To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director; I

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, HYPERTUSION 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 PNo 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) and manner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and title of confier 29c. License number

031381

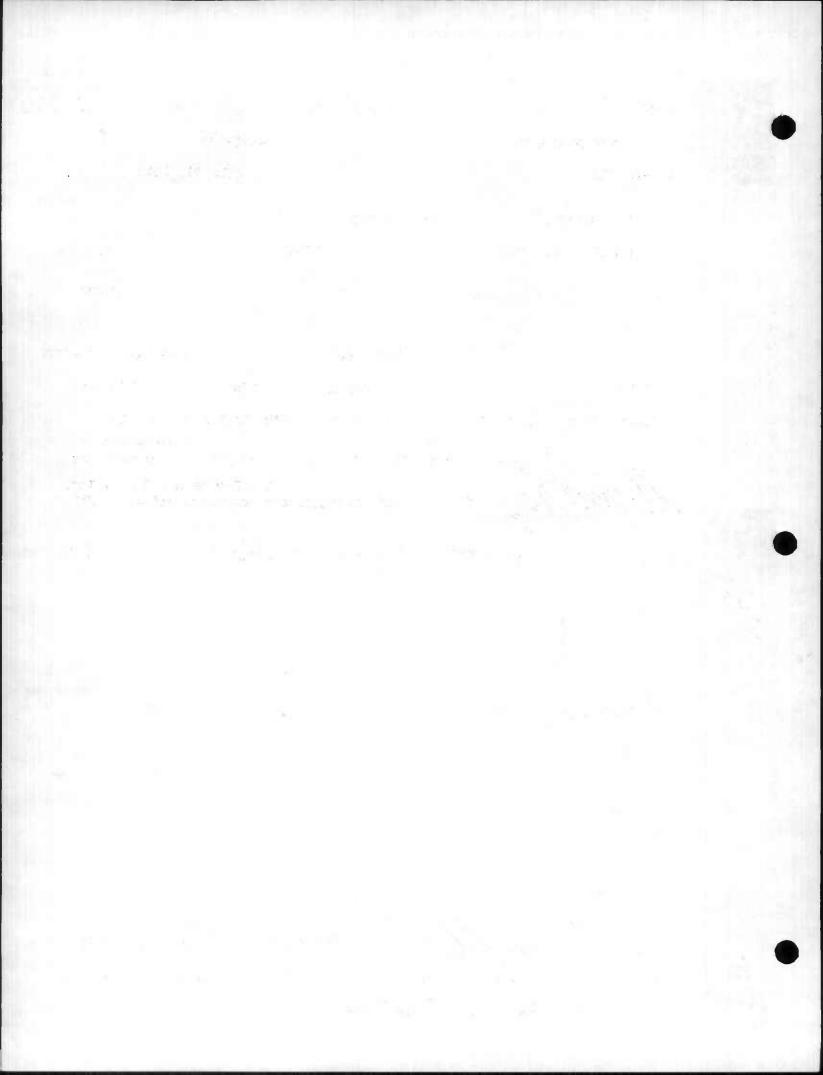
29d. Date signed (Month, Day, Year) JAN. 4, 1998

30. Neme and eddress of person who completed ause of death (Item 23a) (Type, Print) CHARUS

2200 KGRVAN DR. BALTO, MD 21207 ROSENTARS M.D.

31. Date filed (Month, Day, Year) JAN 08 1998

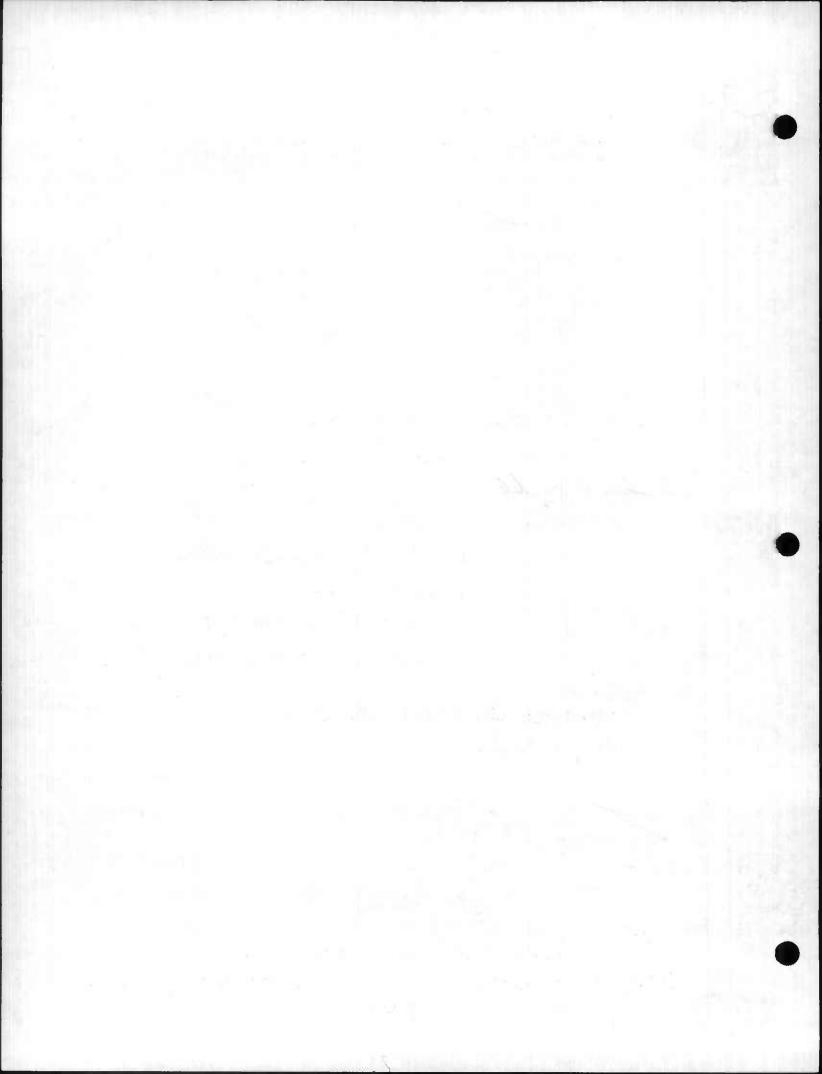




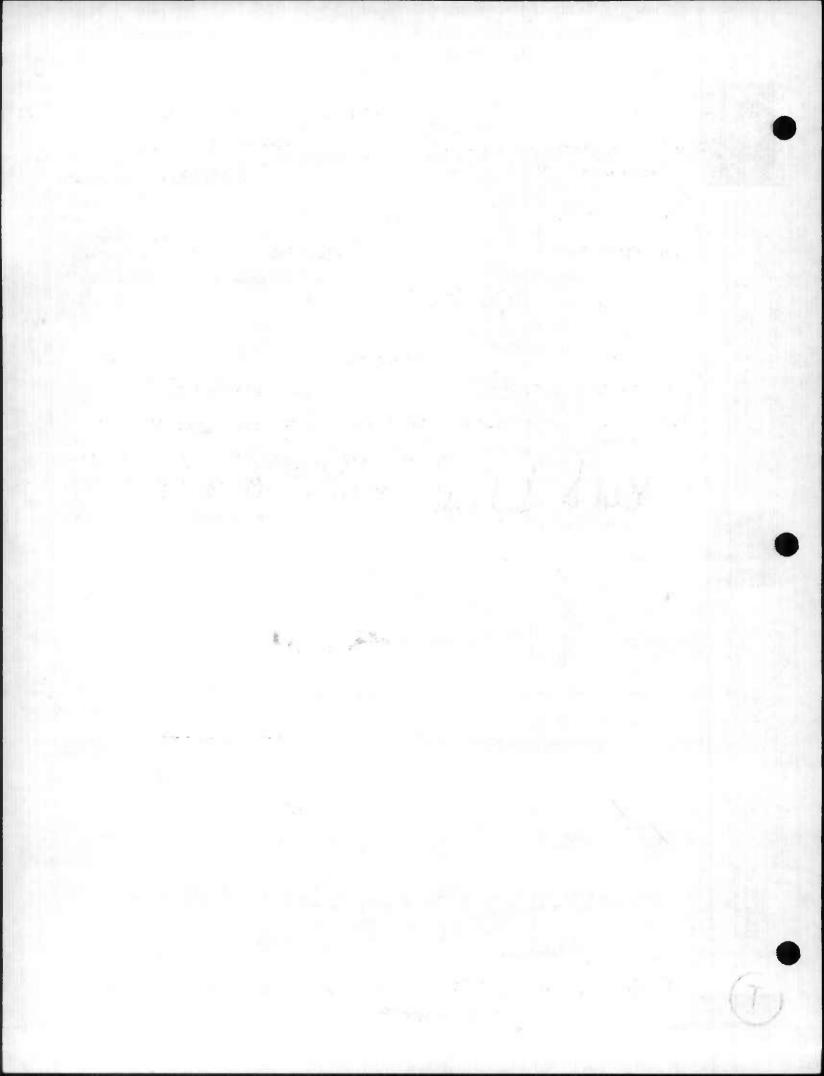
State of Maryland / Department of Health and Mental Hygiene o

Usas Residence of Decedent 10c. Celly Town or Location 10d. Inside 10g. Cells Town or Location 10d. Inside 10d. In		_	Decedent's Name (First, Middle, La	st)		Certificate of		2. Dete of Dee		3. Tima of Dee	əth
46. Foolity Name of for institution, give sines and number) 46. Foolity Name of for institution, give sines and number) 46. Foolity Name of for institution, give sines and number) 56. Social Sociality Number 106. Social Sociality Number 107. Social Sociality Number 108. Number Number 108. Number Number 109. Number Number of Number Number 109. Number Number of Number Number 109. Number Number of Number Number 109. Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Number Number of Numb	•	_	K	ay Cronin						777 65	
Anne Arunde! Sex Control Sex Sex Control Sex Control Sex Control Sex Control Sex Control Sex Control Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Control Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex		4.0		*			4b. City, Town, or I				am
So Social Sociality Number 6. Sox Month 7. App (pr.ys. Ass pinnship) Elizatin 1 February 1 Februa	ulliller		Anne Arundel M	edical Cent	er		Annano	lis	Anna	Arundal	
DS 3-18-3124 So	al	-	Sociel Security Number 6. S	ex 7. Age (In yrs.			If Under 24 Hrs.				reign
Special continuous process and completed Special Continuous process and completed Special Continuous process and completed Special Continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process and continuous process an	_	U	053-18-3124	□M 2 <u>N</u> F 80		Yrs. Months Deys	Hours Min.			ennsylvania	
181 Woods Drive 12-Mass Desident Ever in U.S. 13-Mass Desident of Hospital (Park See See See See See See See See See Se			Da. Stete 10b. County	10c. Ci	ty, Town	or Location				10d. Inside City Li	mits
Sequentiary Security Securi	cto	1	MD Anne A	rundel	A	nnapolis				1 ☐ Yes 2 ☐ X] No
181 Woods Drive 12-Mass Desident Ever in U.S. 13-Mass Desident of Hospital (Park See See See See See See See See See Se	ire	10							10g. Citizen of Whe	et Country?	
Segmentary Secretary Sec	a C		181 Woods Dri	ve		214	03	3	USA		
Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Spec	nec	11	1. Marital Status	12. Was Decedent Ever in U	,S.	13. Was Decedent of B	Hispenic Orlgin? (Spen Mexican Puert	pecify Yes or No-	14. Raca -	American Indien,	
Metro Pollock Mary Muhaw 19a. Informant's Name (Pirst, Moddle, Meible Surmene) Mary Muhaw 19a. Informant's Name/feliationship (Type, Pirin) 19b. Mailing Address (Street end Number or Plusal Rouse Number. City or Town, Stete, Zip Code) Mary Alice Long/daughter 1337 Mt. Oliver Rd. Stewartstown, PA 17363 Debug of Disposition 19b. Mailing Address (Street end Number or Plusal Rouse Number. City or Town, Stete, Zip Code) Mary Alice Long/daughter 1337 Mt. Oliver Rd. Stewartstown, PA 17363 Debug of Disposition 19b. Mailing Address (Street end Number or Plusal Rouse Number. City or Town, Stete, Zip Code) Mary Long of Disposition 19b. Mailing Address (Street end Number or Plusal Rouse Number. City or Town, Stete, Zip Code) Mary Long of Disposition 19b. Mailing Address (Street end Number or Plusal Rouse Number. City or Town, Stete, Zip Code) Mary Long of Code 19b. Mailing Address of Feelilly Commission or Commission 19b. Mailing Address of Feelilly Cremation Society of Mary Land, Inc. Ol/05/98 Rattimore, MD 21228 Pert Lefter the disease, or completions that caused the death. Do not enter the mode of dying, such es cardiac or respiratory entert. MD 21228 Pert Lefter the disease, or completions of the death of the Mary Long of the Steven Long of the Mary Long of the Steven Long of the Steven Long of the Mary Long of the Steven Long of the Mary Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the Steven Long of the St	by			1 ☐ Yes 2 ☐XNo If Yes, Give				o riioari, oto.,			
19. Mother's Neme (First, Middle, Lest) 19. Mother's Neme (First, Middle, Meible Surmene) 19. Mother's Neme (First, Middle, Meible Surmene) 19. Mother's Neme (First, Middle, Meible Surmene) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Number. City or Town, Stete, Zip Code) 19. Maling Address (Street end Number or Rhusi Rouse Rating in Code) 19. Maling Address (Street end Number or Rhusi Rouse Rating in Code) 19. Maling Address (Street end Number or Rhusi Rouse Rating in Code) 19. Maling Address (Street end Number or Rhusi Rouse Rating in Code) 19. Maling Address (Street end Number or Rhusi Rouse Rating in Code) 19. Maling Address (Street end Number or Rhusi Rouse Rating in Code) 19. Maling Address (Street end Number or Rhusi Rouse Rating in Rhusi Rating in Code) 19. Maling Address (Street end Number or Rhusi Rouse Rating in Rhusi Rating in Rhusi Rating in Rhusi Rating in Rhusi Rating in Rhusi Rating in Rhusi Rating in Rhusi Rating in Rhusi Rating in Rhusi Rating i	ted		15. Decedent's Ed	lucation	16e.	Decedent's Usuel Occup	petion most of wor	kina	16b. Kind of Busin	ess/Industry	
Metro Pollock Mary Minaw 19a. Informant's Name/Presidence in Circum. Princip. Mary Alice Long/daughter 20c. Maind of Disposition 10 During 2 (Commission 3 Demonstration 1 During 2 (Commission 2 During 2 (Commission 3 Demonstration 3	op de					life. DO NOT use retire	iding most or world)	Kirig			
Metro Pollock 19a. Informent's Neme (First, Modde, Medice, Surames) Metro Pollock 19a. Informent's Neme (First, Modde, Medice, Surames) Mary Alice Long/daughter 20c. Method of Disposition 1	Son				H	omemaker			Own H	ome	
Securitially its conditions College Coll			7. Fether's Neme (First, Middle, Last)				18. Mother's Nen	ne (First, Middle,	Meiden Sumeme)		
Mary Alice Long/daughter 20b. Mehod of Disposition 1	2		Metro Po	llock			Ma	ary Muh	aw		
20e. Memod of Disposition Date 20c. Location - City or Town, Stete Date 20c. Location - City or Town, Stete Date Disposition Name of the City of Town, Stete Date Date Date Disposition Date Date Disposition Date											
Commetatory of other pieces Metro Crematory Inc. 01/05/98 Baltimore, MD		-		9			ver Rd.	Stewarts	stown, PA	17363	
A contain of contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain contain		20	·		Place of cometer	Disposition (Neme of y, cremetory or other ple	oce)	Dete	20c. Location - Cit	y or Town, Stete	
21. Signeture of purposed and Address of Feelilly Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 28e. Pert If the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Onset end Immediate Ocisis. (Fine) Inc. List only one estate on each inc. Due to (or as a consequence of): Due to (o			4 □ Donetion 5 □ Other (Specific		tro	Crematory,	Inc. 01/0	05/98	Baltimon	re. MD	
Edward A. Cregorchik 299 Frederick Rd. Baltimore, MD 21228 28e. Pent Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 28e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease, or complications that cause in each time. 29e. Pent Enter the disease the death. Do not enter the mode of dying, such as consequence of the cause 9	2	1. Signeture of Funerel Service Light			22. Name end Addre	ess of Fecility					
29a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interest Biomset and little value of disease or condition resulting in deeth) Immediate Cause (Fine) disease or condition resulting in deeth) Sequentially list conditions, and the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the conditions of any leading the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the seq	ä		Edward A Gr								
Immediate Cause (Fine) disease or condition resulting in deeth) Bould (or as a consequence of): Duylo (or as a consequence of): Duylo (or as a consequence of): Duylo (or as a consequence of): Duylo (or as a consequence of): Duylo (or as a consequence of): Duylo (or as a consequence of): Duylo (or as a consequence of): Current (List print) and the conditions of early or of the conditions of early or of the conditions of early or of the conditions of death? Duylo (or as a consequence of): Current (List print) and the conditions of injury or of the conditions of injury or of the conditions of injury or of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the		2			h. Don	ot enter the mode of dyi	ng, such es cardiac	or respiretory er	re, MD 21	Approximate	
Dup to (or as a consequence of): Sequentially list conditions, dery, leading to immediate cause. Errier Underlying the Intelled events resulting in deeth) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. Wes an autopsy performed?	,		snock, or near tenure. List only	one ceuse on eech line.						Onset end Deet	h h
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury the immediate cause. Enter Underlying Cause (Disease or injury the immediate cause. Enter Underlying Cause (Disease or injury the immediate of each cause). Pert II. Other significent conditions contributing to debth but not resulting in the underlying cause given in Pert I. Pert II. Other significent conditions contributing to debth but not resulting in the underlying cause given in Pert I. Pert II. Other significent conditions contributing to debth but not resulting in the underlying cause given in Pert I. Pert II. Other significent conditions contributing to debth but not resulting in the underlying cause given in Pert I. 1 Pert II. Other significent conditions contribute to the cause the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of th	ıl	In	nmediete Ceuse (Finei	A	17	1 Rismi	RATTE	us Di	Milled	24/11	
Ceuse (Disease or injury in littled events resulting in deeth) Lest Due to (or es e consequence of): Church C Sturch C		re	esulting in deeth)	e. Due-to (c	or as a c	consequence of):	10/4 40		000 (0000	3 103	
Ceuse (Disease or injury included events included events resulting in deeth) Lest Due to (or es e consequence of): Current OS Stutchtur Due to (or es e consequence of): Current OS Stutchtur 23b. Did tobacco-use contribute to the cause seven in Pert I. 1	ner			. 02	100	Mum K	2			244	
Ceuse (Disease or injury in littled events resulting in deeth) Lest Due to (or es e consequence of): Church C Sturch C	E	S	equentially list conditions,	Due to (c		onsequenca of);	,				
Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other eignificent conditions contribute to the cause of the pert of the pert of the cause of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the pert of the	ũ	if of	eny, leading to immediate ause. Enter Underlying	Cu	Ш	me lus	DUATO	my 16	elul	lyea	n
Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert II. Other significent conditions contribute to the cause of the cause of the contribution of the cause of the contribution of the cause of the contribution of the cause of the contribution of the cause of the cause of the contribution of the cause of the contribution of the cause of the cause of the contribution of the cause of the cause of the contribution of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	lica	th	net initiated events asulting in deeth) Lest	Due to (o	r es e c	onsequenca of):	1	41			
Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert III. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert III. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Pert III. Other significent conditions contribute to the cause of the underlying cause given in Pert I. Pert III. Other significent conditions contribute to the cause of the underlying cause given in Pert I. Pert III. Other significent conditions contribute to the cause of the underlying cause given in Pert I. Pert III. Other significant conditions contribute to the cause of the underlying cause given in Pert I. Pert III. Other significant conditions contribute to the cause of the underlying cause given in Pert I. Pert III. Other significant conditions contribute to the cause of the underlying cause given in Pert I. Pert III. Other significant conditions contribute to the cause of the underlying cause given in Pert I. Pert III. Other significant conditions contribute to the cause of the underlying cause given in Pert I. Pert III. Other significant conditions of the underlying cause given in Pert I. Pert III. Other significant conditions of the underlying performed? Pert III. Other significant conditions of the underlying performed? Pert III. Other significant conditions of the underly condition of the underly completion of the underlying performed? Pert III. Other significant conditions of the underlying performed? Pert III. Other significant conditions of the underlying performed? Pert III. Other significant conditions of the underlying performed? Pert III. Other significant conditions of the underlying performed? Pert III. Other significant conditions of the underlying cause of the underlying performed? Pert III. Other significant conditions of the underlying cause of the underlying cause of the underlying cause of	15			. Ch	u	MC 055	SUICHIL	(Itali	your dis	100 15V	164
24a. Wes en autopsy performed? 24b. Were autopsy evaliable prior completion of of death? 1 Yes 2 No	an			0.			,	0	1		-
24a. Wes en autopsy performed? 24b. Were autopsy evaliable prior completion of of death? 25. Wes case referred to medical exeminer? 1 Yes 2 No North, Dey Year 28b. Time of Injury of Month, Dey Year 28b. Time of Injury of Month, Dey Year 28c. Injury et Work? 28c. Place of Death (Check only one) 28d. Describe how injury occurred Yes Sic	Pe	ert II. Other significent conditions o	ontributing to death but not res	ulting in	the underlying cause gi	ven in Pert I.	23b. Did t	obacco use contri	bute to the cause of de	eth?	
24a. Wes en eutopsy performed? 24a. Wes en eutopsy performed? 24b. Were service ble proposition of ord death? 25. Wes case referred to medical exeminer? 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2 to 1 Yes 2	P.		MIRION	2 18 Man MS	MIL	J NIZ	ndil	181	ras 2 No 3	☐ Probably 4 ☐ Unki	nown
25. Wes case referred to medical exeminer? 1			ragion) Compared C	4 600	200 30	5 1000				
25. Wes case referred to medical exeminer? 1	eted		Wasi	Musen				24a. Wes o	en eutopsy 2 med? 2	4b. Were autopsy finding eveileble prior to	
25. Wes case referred to medical exeminer? 1	pid	-	11							of death?	,
Hospitel: Tumpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify)	S							1 🗆 Y	es 2 No	1 ☐ Yes 2 ☐ No	
27. Manner of Coath 28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 28b. Time of Injury 38b. Tim	Be	25	5. Wes case referred to medical exeminer?					th (Check only o	ne)		
Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Solicide Could not be determined Cou	I	100		1 Lympatient 2	ER/Out	petient 3L DOA	4 LI Nursing n			(Specify)	
29a. Certifier (Check only one) 29b. Signeture and title of certifier 29b. Signeture and title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Dey, Yeer)	on:	27			28b. T	ime of 28c. Inju-	ry et rk?	28d. Describe h	low injury occurred		
29a. Certifier (Check only one) 29b. Signetyre and title of certifier 29b. Signetyre and title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Dey, Yeer)	cati		2 Accident investigation			M 1	Yes 2 No				
29a. Certifier (Check only one) 29b. Signetyre and title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Dey, Yeer)	E			28e. Pieca of Injury - At h	ome, far	m, street, factory, office		28f. Location (S City or Tow	Street end Number (m, Stete)	or Rurel Route Number,	
29b. Signetyre and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 114198											
29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 114198	caj	29	(Check only 2 Medical Exen	fnar: On the basis of examine	wledge,	death occurred at the till For Investigation, in my o	me, date end piece	end due to the o	ceuse(s) end menne date end pieca, end	er as steted. I due to the cause(s)	
Ty Comans 108314 1/4/98	Ped		one)	end manner stated.							
30 same and safety of person who completed cause of deeth (Item 23a) (Type, Print)	-	29	so. Signeture and title of certifier			29c. Licens	se number		290. Date signed (A	vionin, Dey, Yeer)	
30 mine and apprecia of person who completed cause of deeth (Item 23a) (Type, Print)			July (X	andun	1	7 190	0831	7	1141	98	
THE THE TOTAL TOTAL TOTAL THE THE THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE T		30	ame and andress of person who	completed cause of deeth (Item	n 23a) (Type, Print)	1 0	Λ	110- D.		
State 31. Dete filed (Month, Dey, Yeer) 32. Registrar's Signeture.			JEOISOF (') A	narras mi) .	205 luag.	ely low	DWI	NOD HER), MI) 21	401

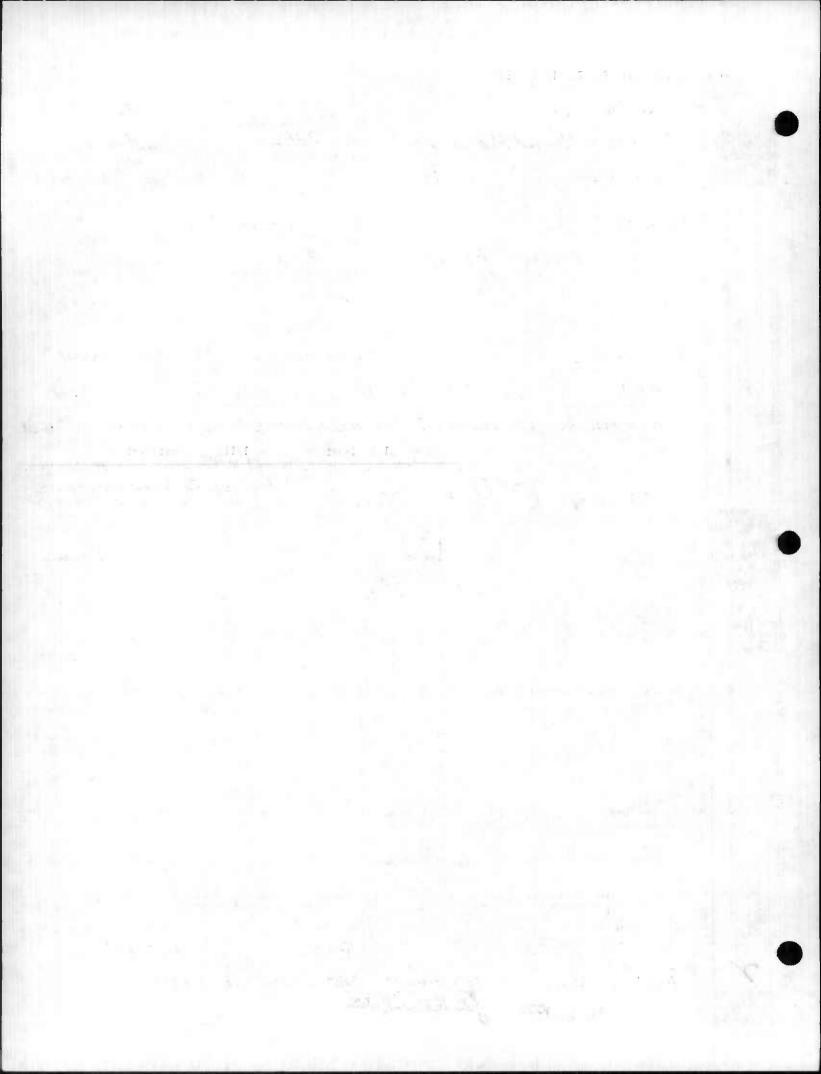
DHMH 16 Rav 6/95



					State of	Marylar		artment of F <i>tificate of</i>		d Mental H	/giene 9	8	00188
			1. Decedant's Nam	na (First, Middla, L	ast)			712/1/		2. Data of D	eath	Vana	3. Tima of Death
	Physici /Medic Examin	al	CARROLL 4a. Facility Nama (If not institution, g	iva street and num	nber)		COLEMAN		JAN 4 or Location of Dea	1	Yaar of Death	10:25 PM
F	uneral rector		Salisbur 5. Social Sacurity N 212-24-	lumbar 6.		s Elder 7. Aga (In yrs. 69		If Undar 1 Yaar Months Days	Salisk If Undar 24 Hours	oury, Md. Hrs. 8. Data of B. (Month, D. 9/10/	Wicom irth lay, Yaar) 1928	9. Birthp Cour	olaca (Stata or Foraign http:/ yland
pu	3_		Usual Residance o	f Decedent 10b. County		10c Cit	y, Town or Lo	cation					0d. Insida City Limits
Maryle	r 28a-f show	ctor	DE	Susses	c		elbyv						1 Yas 2 No
death with the Maryland	0 8	I Dire	10e. Straat and Nu 296 Sha					10f. Zip Coda 1997!	5-9799		10g. Citizan of V United		
- je	or items	by Funeral Director	11. Marital Status 1 Navar Marr 3 Widowed	riad 2 Marriad	12. Was Dace Armed For 1 Vas If Yes, Giv. Yaar or Da	cas? 2 No 1 2 /	48-	Vas Dacedant of I Yas, specify Cub	Ilspanic Orlgin an, Maxican, P	? (Specify Yas or N uarto Rican, atc.)		ca - Amaric ck, Whita,	can Indian, atc.
T =	"natur edical	Completed		15. Dacadant's E cify only highast gi	Education		16a, Deced	lant's Usual Occup kind of work dona OO NOT usa retire	oation during most of d)	working	16b. Kind of B		
	er the	Com		12	College (1	-401 5+)	Acco	untant			Utili	ties	3
Maryland 2		Be	17. Fathar's Nama	(First, Middla, Las Arthur		n				Nema (First, Middl		-	
larylan 2 should be and Mental	umark	To	19a. Informant's N			211	19b. Mailir	g Addrass (Street		Mildre	-		Code)
- 5 6	er trau		Robert :	L. Cole	man/bro	other	RR 2	Box 14	9-24	Frankfo	rd, DE	1994	15
Or OF H	* ×			☐Cramation 3 l		State	ematary, cran	sition (Name of natory or other pla ran's C		Data 1/8	20c. Location -		own, State
Baltimore, permit. Pages 1 a	important: If item any injury or othe			5 □ Other (Space unaral Sarvice Lice		2008	22	. Nama and Addra	is of Facility	Ambrose pring Re	Funer	a1 F	
Phys	sician		23a. Part1. Entar t shock, or has	ha disaasa, or con int failure. List only	nplications that cay ona causa on as	used tha daat ach lina.				diac or raspiratory		21	Approximata Intarvai Between Onset and Death
/Me	edicai miner		Immadiata Causa disaase or condition resulting in daeth)	(Final on	e. /C	enal Dua to (c	or as a conseq	welce.	•				inclas.
8760, sete be executed	ician and buriel-transit	ai Examiner	Sequantially list co if any, laading to in causa. Entar Unde Causa (Diseesa or	enditions, nmadiata erlying Injury	b. Ey	Dua to (c	or as a conseq	uanca of):	•				712.
Box 687	ed by the ettending physician deteched for use as the burie	Physician/Medical	that Initiated avants resulting in daeth)	5	d	Dua to (o	r as a conseq	uanca of):	-1				
Geath	ed for	sicia	Part ii. Othar signit	licant conditions	contributing to de	eth but not res	ulting In tha ur	idarlying causa giv	van in Part I.	23b. Did	I tobacco usa co	ntribute to	the cause of death?
, P.O	signed by the defects									10	Yss 2□ No	3 □ Pro	bebly 4 Unknown
SOL V	shoul	Completed by									s an autopsy formed?	av	ara autopsy findings ailabla prior to mplation of causa death?
A P	pege 2	EO								1	Yas 2 No	1[☐Yas 2☐ No
of Vital	is certificate director, per	Be	25. Was casa rafer axaminar?	red to medical	Hespitali			0.1		Daath (Check only	ona)		
Phys	0 D	2	1 ☐ Yas 2 🔀		Hospital: 1 🗆 Ir		ER/Outpatien	3LI DOA		ng Homa 5 ☐ Ras 28d. Dascribe	how injury occur		(y)
Division or Attending effer death.	To the Funeral Director: After thi completely filled in by the funeral	Certification:	1 Natural 2 Accident 3 Suicida 4 Homicide	5 Panding Invastigation 6 Could not I datarmined	(Monti	n, Day Year)	Injury	M 1 att, factory, office	rk? IYas 2⊡No	28f. Location	(Street and Numl		al Routa Number,
To the Hospital within 24 hours	To the Funeral Completely filled	edical Ce	29a. Certifiar (Check only one)	1 Certifying P 2 Medical Exa	hysician: To tha i minar: On the ba and mann	sis of exemine	wledge, deeth tion and/or inv	occurred at the tile astigation, in my o	me, dete and poplnion, death o	leca, end due to the occurred at tha time	cause(s) end me , data and placa,	enner as s and dua to	teted. o tha cause(s)
To th	To th comp	Me	29b. Signatura and	titla of cartifiar	10			29c. Licans	sa number	9	29d. Data signe	od (Month,	Day, Yaar)
17	1		Willia	ass of person who	obins	M.D.	110	4 HEALTH	WAY DR.	SALISBUR	Y, MD 2	1804	
	Sta Registra		31. Data filed (Mon	th, Day, Year) 0 8 1998	July	gistrar's Signa	- Pandal	2					



Ameno	led	#20b,20c per FH G755 1			ertificate of			Reg. No.	00189
Physic	ian	1, Decedent's Neme (First, Middle, L	ast)				2. Dete of Dea Month		3. Time of Deeth
/Med	ical	Beulah Care	7				1	-	8 21:01
Exam Funera		5. Sociel Sacurity Number 6.	myland Medica	n yrs. lest birthd	Months Dev		O Date of Die	Bali (Year)	9. Birthplece (State or Foraign Country)
Director		230-18-1908 Usuel Residence of Decedent	- 2д.	// Yrs			JULY 0	2,1926	VIRGINIA
Maryland -I ahow		10a. Stata 10b. County	10	C. City, Town or	Location				10d. inside City Limits
vith the Maryla or 28a-f show	to	MARYLAND N	1A		BA	LTIMOR	FO.	71/	1 Yes 2 □ No
or 28a-f	irec	10e. Street end Number			10f. Zip Coda			10g. Citizen of Wh	net Country?
death with the me 23a or 28a	a	1014 N. Fu	LTON AVE	ENUE		2121	7	us	A.
or its	by Funeral Director	11. Marital Stetus 1 □ Never Merried 2 □ Married 3 双 Widowed 4 □ Divorced	12. Wes Decedent Eve Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	r in U,S. 1	3. Wes Decedant of if Yes, specify Cu 1 ☐ Yes 2 ☒ No.	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	pecify Yas or No- Pican, etc.)		Amarican Indien, White, etc.
72 hours af	8	15. Decedent's I		16e, De	cedent's Usuei Occ	upetion		16b. Kind of Bus	
	Completed	(Specify only highest g Etementery/Secondery (0-12) 10 TH GRANE	College (1-4or 5+)	(G	1)	upetion e during most of work ed) = MAKER		own	HOME
e filed other	Bec	17. Fathar's Name (First, Middla, Las	1)					Meiden Sumeme,	
Maryland d2 should be file th and Mental Hy 7 is merked oth traumetic event	TOE	EARL 19e. Informent's Neme/Reletionship		HR157		CLAR et end Number or Ru			NKNOCON) tete, Zip Code)
DEJIIMOTE, MATYIANG 212. permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, the sangles.		CLARA MAHONE 20e. Method of Disposition 1 Serial 2 Cremetion 3 4 Donetion 5 Other (Spec	☐Ramoval from Stete	20b. Plece of Dis	56 GREE sposition (Neme of crematory or other p		DRIVE, Dete 1/11/98	SALTIM 20c. Location - C Westpoin	ORE, MD. 21061 ity or Town, Stele t, Va.
Physician /Medical		23a. Part1. Enter the disease, or cor shock, or heart failure. List only immediate Course (Finel		deeth. Do not	22. Neme end Add	FULTON	AVE.	BALTIM	PAL HOME ORE, M.D. 21217 Approximate Interval Between Onsat and Death
Examiner	Н	disease or condition resulting in deeth)		yThmia to (or as a con:	sequence of):				2 hours
- 72	ner			liony op	,				
Me burial-trans	edicai Examiner	Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	C	to (or as a cons	sequence of):				
eath confin			d						
death he atter	lcia	Pert ii. Other significant conditions	contributing to death but no	ot rasulting in the	underlying cause o	iven in Pert I	23h Did to	obacco usa conti	ibute to the cause of death?
d by the	by Physician/M	17-12 37-14							Probably 4 Onknown
s been	Completed t						24a. Wes a perfor		24b. Were autopsy findings available prior to completion of cause of death?
The le	Con						1□ Y	es 2 No	1 ☐ Yes 2 ☐ No
ysician: The	Be	25. Wes case referred to medical exeminer?				26. Place of Deel	h (Check only or	ne)	
Physician: this certific rel director,	2	1 ☐ Yes 2 ☐-N6	Hospitei: 1 Dinpatlant	2□ ER/Outpat	ient 3LI DUA			ence 6 Other	
5 5 5	Certification:	27. Menner of Deeth 1 PNeturel 5 Pending 2 Accident investigation 3 Sulcide 6 Could not I		28b. Time injury	/ W	ury et ork? ☐ Yes 2 ☐ No	28d. Describe h	ow injury occurred	
tal or Attendii ins after death.		4 Homicide determined	28e. Place of Injury - building, etc. (S	At homa, farm, pecify)	street, fectory, office		28f. Location (S City or Tow		or Rural Routa Number,
To the Hospital o within 24 hours aft To the Funeral DI completely filled is	edicai	29e. Certifier (Check only one)	nysician: To the best of my miner: On the basis of exe and mennar steted.	minetion end/or	eth occurred et the tinvestigetion, in my	time, dete end plece, opinion, deeth occur	and due to the c red et the time, d	ause(s) and menr lete end plece, en	ner es stated. d due to the cause(s)
To the I within 2.	Σ	29b. Signature and talle of certifier			29c. Licer	se number	2	9d. Dete signed (Month, Dey, Year)
6		mag			PI	0353		1/2	198
7		30. Name end address of person who Douglas N. Min i 31. Detertied (Month, Day, Yeer) JAN 08	completed cause of deeth	(Item 230) (Typ	e, Print) St., Belt	more, many	land 21	201	
Sta Regist		31. Dete filed (Month, Day, Yeer) JAN 08	1998 32. Registration	signadire a Davidson	-Mandate				7 7 7



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month Marian 1400 Jan. 4e. Facility Name (If not Institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death Baltimore 5. Sociel Sacurity Numb If Undar 1 Year | if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. lest birthday) Birthpiaca (State or Foreign Gountry) 215-28-1069 1 M 2 F Days 65 Yrs. Usual Rasidence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Ballimore 1 Yas 2 No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? USA Warwick 13. Was Decedant of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No 3 Wildowed 4 Divorced 15. Decedent's Education (Specify only highest grede complated) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Homemaker 12th Grade 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumama) Oscar Kobinson 19e. informent's Name/Relationship (Type, 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Baltimore, Maryland 21217 Kedmon Kenee 20c. Location - City or Town, Stete 20b. Place of Disposition (Neme of cematary, cremetory or other p 20e. Method of Disposition Baltimer Co., Manyland 1 Deuriai 2 Cremetion 3 Removei from Steta 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama and Addrass of Facily Kevin A. Farker Funeral Home 3512 Frederick Ave. Boltimore, Maryland 21229 21. Signeture of Funaral Seprice Licensee, 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. immediate Causa (Final disease or condition resulting in daath) Week Uro sepsis Dua to (or as a consequence of). Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Diseese or Injury that initiated events resulting in daeth) Last Due to (or es e consaguence of): Due to (or es e consequence of): Pert ii. Other aignificent conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Renal Failure, 24b. Were eutopsy findings aveileble prior to complation of cause of death? 24e. Wes en autopsy performed? Mypokension 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case raferred to medical axaminer? 28. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yes 2 XNo 1 ☑npatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28b. Tima of 28d. Dascribe how injury occurred 28c. injury et Work? 5 Pending Investigation 1 Naturai 1 ☐ Yes 2 ☐ No 2 ☐ Accident

Physician/Medical Completed by Medical Certification: To

Physician

/Medical

Examiner

Funeral

Director

itel Hygiene. of other than "naturel", or items 23a or 28a-f ahow event, tra Medical Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours efter or nent of Heelth end Mentel Hygiene.

Heelth e

or other 1

Department of Important: If any injury or

Physician

/Medicai

Examiner

Baltimore, Maryland 21215-0020

Funeral Director

Be Completed by

after death Director: within 24 hours a To the Funeral C å

State Registrar

Anna Kraszewska

29b. Signeture and title of certifier

8 Could not be

3 Suicide

29a, Certifier

4 Homicide

MI

29c. License number P11082

1 Certifying Physician: To the best of my knowledga, daath occurred et the time, dete and piece, and due to the ceuse(s) and menner as steted.

2 Medical Examinar: On the basis of axaminetion and/or investigetion, in my opinion, death occurred et the time, date end pieca, end due to tha causa(s) end manner steted. 29d. Data signed (Month, Day, Yeer)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

30. Nema and eddrass of person who complated causa of deeth (item 23a) (Type, Print)

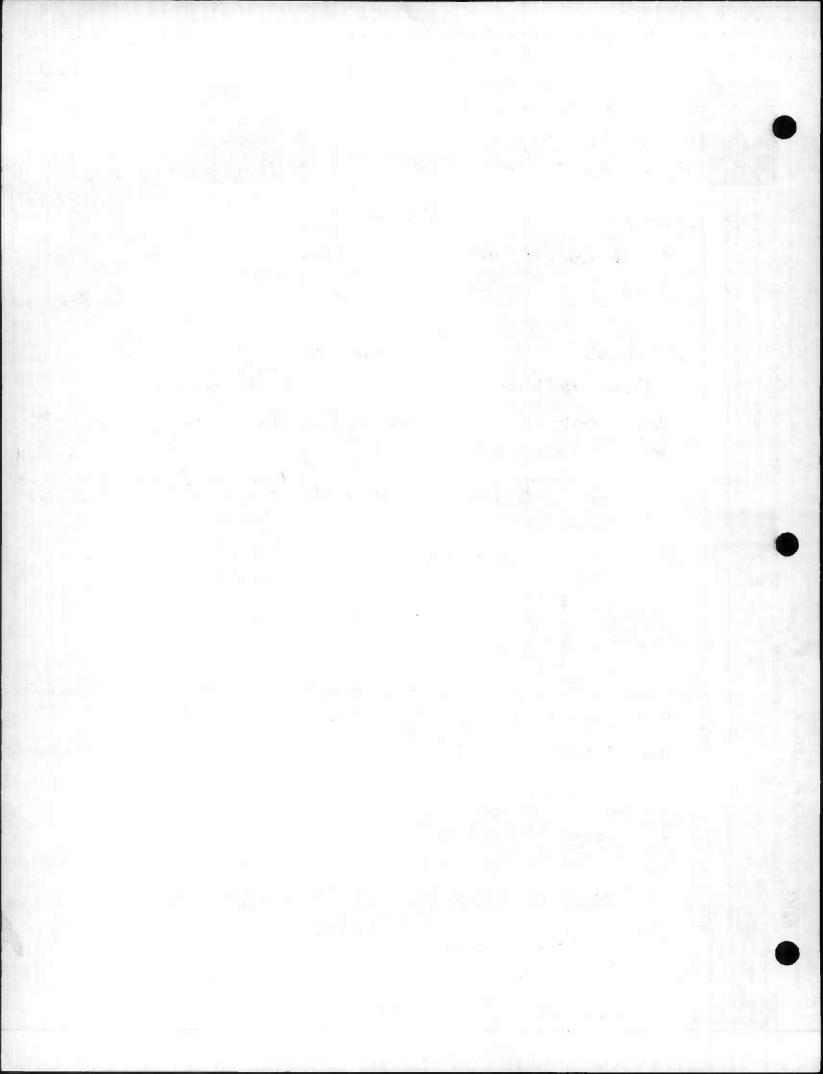
900

Caton Ave Baltimore, MD St. Agnes Hospital

31. Date filed (Month, Day, Year) JAN 08 1998



28a. Piaca of injury - At home, ferm, street, factory, offica building, etc. (Specify)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2 Dala of Death 3. Time of Deeth Month **Physician** 820 JOYCE DAVIS CROWLEY A-MUPRY /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner ALTIMORS CATONSVILLE 2411 ROCKWELL AVENUE If Under 24 Hrs. Hours Min. If Under 1 Year Months Days 8. Date of Birth (Month, Dey, Yea 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) Birthpiece (Steta or Foreign Country) **Funeral** 1□ M 2X F Vrs Director 217-30-2628 APR. 61 1936 MARYLAND Usuel Residence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner roust be not fied at BALTIMORE MARYLAND CATONSVILLE 1 Yes 2000 Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2411 ROCKWELL AVENUE 21228 U.S.A. death Funeral 13. Was Dacedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 12. Was Decedant Evar in U,S. Armed Forces? permit. Pages 1 end 2 should be filed within 72 hours after to Department of Health end Mantal Hygiena. Important: If Item 27 is merked other than "natural", or iter any injury or other traumatic avant 1 □ Never Merriad 2 □ Merried 1 ☐ Yes 2 No If Yes, Give Yaar or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No p Specify: 3 Widowed 4 Divorced WHITE Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 LEGAL SECRETARY LAW OFFICE 17. Fether's Neme (First, Middle, Last) 18, Mother's Neme (First, Middle, Meiden Sumeme) Be CLEO MADISON FORREST JAMES CARROLL DAVIS 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 610 MEYERS DRIVE, CATONSVILLE, MD 21228 MARY E. DAVIS, SISTER IN LAW 20b. Plece of Disposition (Neme of cemetary, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Steta Data 1 DBuriel 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) SAINT JOHN'S CEMETERY 1/10/98 ELLICOTT CITY, MARYLAND 22. Name and Addrass of Facility WITZKE FUNERAL HOMES, INC. 21. Signeture of Funerel Sarvice Licensee Robert 1630 EDMONDSON AVENUE, CATONSVILLE, MD 21228 23a. Pert1. Enter the disease, or complications thet caused the death. Do not anler the mode of dylng, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) Examiner buriel-transit Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest pue Due to (or es e consequence of) be exec Box 68760, nding physiclan Physician/Medical the Due to (or es e consequança of): use as atten P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? by the 1 Yes 2 10 3 Probably 4 Unknown Records, by 99 24b. Were eutopsy findings available prior to complation of causa of deeth? Completed 24e. Wes an autopsy performed? peeu The law certificate has page 1 🗆 Yes 2 1 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) exemined 1 les 2 No Other: 4 Nursing Home 5 Residence P 1 Inpatient 2 ER/Outpetient 3 DOA 6 ☐Other (Specify) After this 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Diveturel death. 1 Tes 2 No 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide à 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide filled in the Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as steted.

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as steted.

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as steted.

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as steted. 29a. Certifier Medical completely (Check only one) 29b. Signature and e of c 294. Date signed (Mogth, Dey, Year) 29c. License number 30. Name and ceuse of deeth (Item 23a) (Type, Print) RICKADO CATURSVILLES MARYLAND 21228

Som

32. Registrar's Signetura

ulia Davids

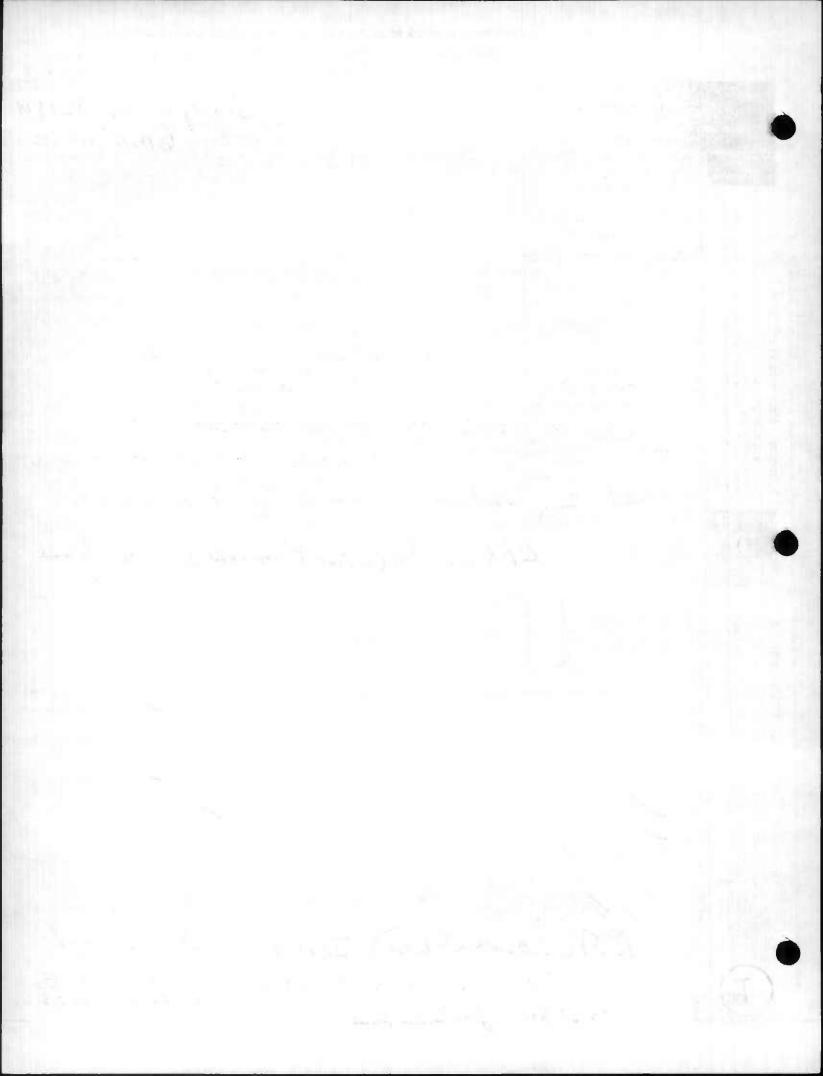
10

State

Registrar

31. Dete filed (Month, Day, Year)

JAN 08 1998



State of Maryland / Department of Health and Mental Hygiene

Physicia	n	1. Decedent's Neme (First, Middle, L			,			2. Dete of De Month	eth Dey	3. Time of Deeth
/Medica	ai	FRANK 4e. Fecility Name (If not institution, g		CWIE	4		lb. City, Town, or Lo	JANUA	RY 04.	
Examine	er		+OSPITAL		TER		BALTH		h 4c. County	
unerai irector		216 07 1137	Sex 7. A 12XM 2□ F	ge (In yrs. last b		Under 1 Year ionths Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De Oct. 1	7, 1913	Birthplece (Stete or Foreig Country) Maryland
MO NO		Usuel Residenca of Decadent 10e. Stete 10b. County		10c. City, To	wn or Locati	on				10d. Inside City Limit
Maria Maria	ctor	Maryland Anne	Arundel	Glen	Burn	ie				1 □ Yes 20%
23a or 2	Funeral Director	10e. Street end Number 306 Tetria Cour	t		1	10f. Zip Code 2106	51		10g. Citizen of V	
o.le	þ	11. Maritel Stetus 1 ☐ Never Marrled 2 ☐ Merrled 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decaden Armed Forces 1 Yes 2 If Yes, Give Year or Detes:	? 【No		Decedent of Hes, specify Cube	ispanic Orlgin? (Sp n, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specify	a - American Indian, kk, White, etc. White
"natural",	Completed	15. Decedent's I	Education rede completed)	16	e. Decedent	's Usuel Occup	etion during most of work f)	ing	16b. Kind of Bi	usiness/industry
ther than "natur	dw	Elementery/Secondary (0-12)	College (1-4or	5+)		NOT use retired k Drive			Truck	ing
	Be Co	8th 17. Fether's Neme (First, Middle, Las	st)				18. Mother's Nemo	e (First, Middle		
0 0	0 8		Martin Cwi	iek			Ma	ary	(not av	railable)
9 8		19e. Informent's Neme/Relationship					end Number or Run			
item 27 other tr	-	Patricia Rasins 20e. Method of Disposition	ski / daug			etria Co		len Bur		cyland 21061 City or Town, Stete
Important: if ite any injury or o once.		1 Donetion 5 Other (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	eity)	3	Cross	on (Neme of ony or other plea Cemete	ery 1	/6/98		ore, Maryland
any ir		21. Signeture of Funerei Service Llo	Low			ame end Addres	ie Highwa			Home P.A. Md. 21225
		23a. Pert1. Enter the disease, or cor shock, or heart failure. List onl	mplications that cause y one ceuse on eech	ed the deeth. Do	not enter th	ne mode of dyln	g, such es cardiec	or respiretory e	rrest,	Approximete Intervel Between
sician edicai	1	Immediate Ceuse (Final	D	EUM	0 x116					Onset end Deeth
niner	disease or condition resulting in deeth) Due to (or es e consequence of):									I WEEK
=	ner		b. CHRO				FIAR	LLA	TION	1 VEDR
physician end s the bunal-transit	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury C.								1	
		cause. Enter Underlying Cause (Diseese or Injury thet initiated events								
CD 65	VMedicai	resulting in death) Lest	consequen	ce oi).						
ed for use	Physician/M	Pert II. Other eignificent conditione	contributing to deeth	but not resulting	in the under	rlylng cause giv	en In Pert f.	23b. Did	tobecco use co	ntribute to the cause of deetl
80 .	by Phy	HYPERTEN.	SION					10	Yes 2016	3 Probably 4 Unknow
2 should be	Completed b	CEREBROVAS	CULAR	Accio	ENT			24a. Wes	en eutopsy ormed?	24b. Were eutopsy findings eveileble prior to completion of cause of deeth?
page 2	E							1 🗆	Yes 2 No	1 ☐ Yes 2 ☐ No
ector e	Q Q	25. Was case referred to medical examiner?	Hospital:			oct post Oth	26. Plece of Deet	h (Check only	one)	
P G		1 Yes 2	28e. Dete of Inj (Month, De	ury 28b.	Time of injury	28c. Injun	4 LI Nursing Ho		dence 6 Oth how Injury occur	
d in by the	Certification:	2 Accident investigation 3 Suicide 6 Could not determine	factory, office	163 2 110	281. Location (Street end Number or Rurel Route City or Town, State)					
Funer stely fill	edical C	29a. Certifier (Check only one) 1 Certifying P	hysicien: To the best miner: On the bests of and menner s	of exemination e	ge, deeth oco	curred et the tin igetion, In my o	ne, dete end plece, pinion, deeth occurr	end due to the red et the time,	ceuse(s) end me date end plece,	enner es steted. end due to the cause(s)
To the	_	29b. Signature end title of certifier	\ \ \ \	ESIDE	NIT	29c. Licens				d (Month, Dey, Year)
F 8		2~~	VIX	COIDE	4 1	1 1	21.1.11	1/4	2-	0.
2 2		0/				h)-1	27410	17	Janus	CENTER

Sale my first for the countries of white posts of Salesh

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month Vear Sophia Collison 5:30 P.M. January 1998 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Mariner Health of North Arundel Glen Burnie Anne Arundel 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthptece (State or Foreign Country) 1□M 20 F Deys Hours 220 09 0905 90 Yrs. Dec. 5, 1907 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 20 No Maryland Anne Arundel Riviera Beach 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 252 Carroll Road 21122 U.S. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 27% No If Yes, Give Year or Dates: 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Orlgin? (Specity Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11 Marital Status 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced White 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8th Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) John Michael Eidman Mary Griffith 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) M. Elaine Weddle / daughter 252 Carroll Road Riviera Beach, Maryland 21122 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 1/9/98 4 ☐ Donetion 5 ☐ Other (Specify) Glen Haven Mem. Park Glen Burnie, Maryland 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Gonce Funeral Home P.A. ramerouski 4001 Ritchie Highway Baltimore, Md. 21225 incations thet caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, the cause on each line. end Silent Cardio Voscula Dizion Immediete Cause (Finet diseese or condition resulting in death) Pert It. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 d Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed?

Physician /Medical Examiner

buriei-transit

the USB BS ŏ

and

ettending physician

been signed by the should be detached

certificate hes page 2

in by the funeral

Be

10

Certification:

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified

P.O. Box 68760.

Records,

Division of Vital

that the death certificate be

Physician

Examiner

Funeral

Director

r than "natural", or itsms 23s or 28s-f show the Medical Examiner must be notified at

"natural",

ia marked other than

permit. Peges 1 and 2 should be Depertment of Heelth and Mental Important: If Item 27 Is marked or any injury or other traumatic eve

Peges 1 and 2 should nent of Heelth and Men

the Maryland

death

72 hours after

Baltimore, Maryland 21215-0020

/Medical

10e. Stete

Director

Funeral

P

Completed

Be

Sequentielly tist conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Physician/Medical p Completed

25. Was cese referred to medicel examiner?

5 Pending investigation

6 Could not be determined

JAN 08 1998

1 Yes 2 No

27. Manner of Death 1 Matural

2 Accident 3 ☐ Suicide

4 I Homicide

29a. Certifier

1□ Yes 2₽No 1 ☐ Yes 2 ☑ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 28d. Describe how injury occurred 1 Yes 2 No 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State)

State Registrar

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, and due to the cause(s) and manner as steted.
2 Medical Examinar: On the bests of examination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner steted. 29b. Signature and title of certifier 29c. License number

28b. Time of

tulia Davidson-Mandalle

ann.

28e. Dete of Injury (Month, Dey Year)

29d. Date signed (Month, Day, Year)

iss of person who completed cause of deeth (Item 23e) (Type, Print)

3708 Maentain Rd. Pasadena MD. 21122 Mustopher de MD 31. Dete filed (Month, Dey, Year)

4.2

2 111129

2

(A)

>

may make the state of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 6: 45 pm Catherine Campbell Jan 1998 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Good Samaritan Hospital Baltimore If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. Birthplace (Stete or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year)
May 2, 1926 **Funeral** 1 □ M 2 0 F 247-40-1407 Yrs. **Director** South Carolina Usual Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Baltimore Maryland Middle River 1 Yes 2000 Director 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 6 1313 Fuselage Avenue 21220 U.S.A. 238 Funeral Herns 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 72 hours efter 1 ☐ Yes 2 ☑No if Yes, Give Yeer or Detes: 1 Never Married 2 Married 'natural', or 1 Yes 2 XNo Specify: Specify: White by 3 Widowed 4 Divorcad Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Housewife 12 Own Home marked other 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumame) th end Mental P William Inman Lillie Greene 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Donald Campbell (Husband) 1313 Fuselage Avenue Middle River, Md. 21220 t: If item 27 is y or other tra 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1/9/1998 1 Buriai 2 ☐ Cremation 3 ☐ Remove ifrom State Department of important: If any injury or once. Baltimore Co., Md. Dulaney Valley Mem. Gardens 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Bruzdzinski Funeral Home P.A. es of Auneral Service Licer Essex, Md. 1407 Old Eastern Avenue 23e. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, busk, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) 2 weeks Examiner Peripheral Vascular Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Htherosclerosus Physician/Medical Due to (or as a consequenca of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b þ 24b. Were autopsy findings available prior to Completed 24e. Was en eutopsy performed? completion of cause of deeth? certificete Peritonitis ai or Attanding Physician: Tis effer death.

I Director: After this certificated in by the funerel director, pa 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To inpatient 2 ER/Outpatient 3 DOA 27. Manper of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural
2 Accident 1 Yes 2 No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospitai c within 24 hours of To the Funeral C completely filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner state. 29a. Certifler Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 46907 MD

State

Registrar

30. Name and address of part

31. Date filed (Month, Day, Year)

completed cause of death (Item 23e) (Type, Print)

JAN 08 1998 Julia Swiden Bandere

ven B/vd
32. Registrer's Signeture

Loch Raven

Baltimore

Baltimore, Maryland 21215-0020

P.O. Box

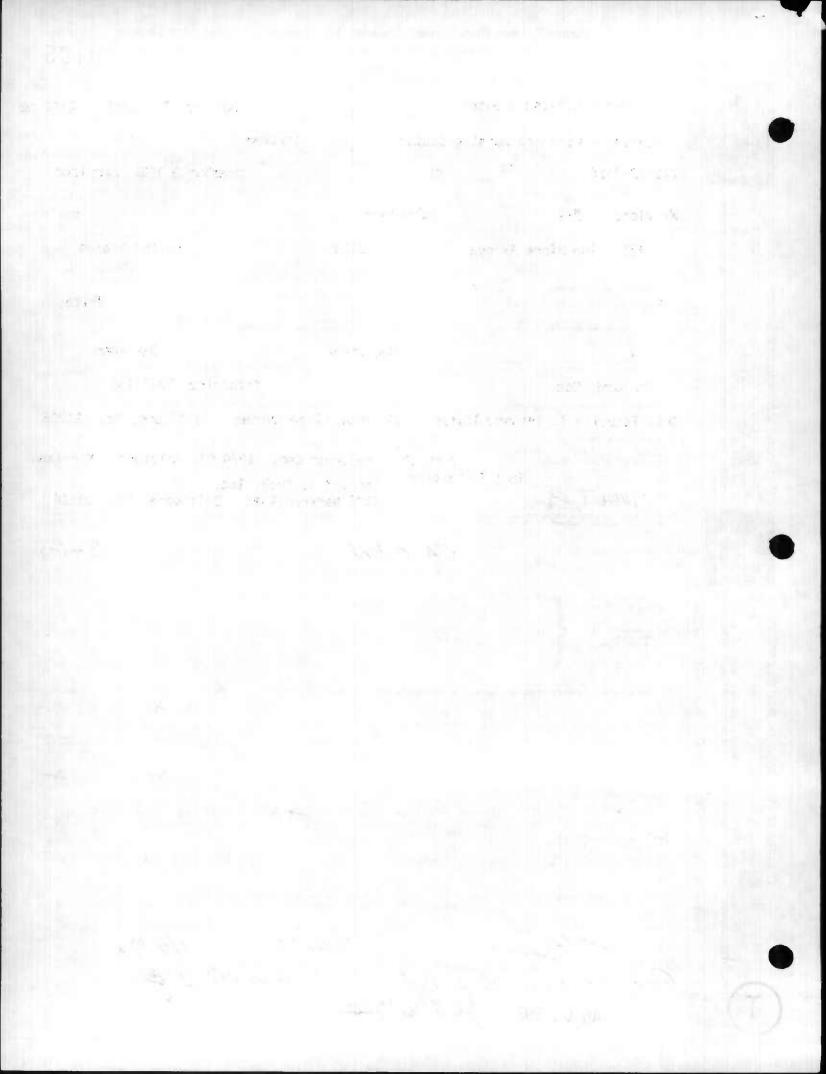
Records,

Division of Vital

With the economic Harbon Sirs Same The River and Department of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont the W. Lackward Street and the Street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the street and the stree service our state designed T + 373 - 0 (10)

ien - Fank rity Number 6 -4636 ce of Decedent 10b. County nd N/A d Number 111 Blue R tus Married 2 Merried 15. Decedent's Specify only highest services (0-12) reme (First, Middle, Later and Cox 1's Neme/Reletionship Sabelle I. Disposition 2 Cremetion 3 ion 5 Other (Spe	idge Avenue idge Avenue 12. Wes Decedent Armed Forces 1 Yes 2 If Yes, Give Yeer or Dates: Education grede completed) College (1-4or ast) Consee Mark T.	ing Cen ge (In yrs. les 81 10c. City. Ba t Ever in U.S. 7 No :	Town or Locate altimor 13. Was If Ye 10 16a. Deceden (Give kin life. DO Hom) 19b. Mailing A 4711 ce of Dispositionetery, cremate tholy	tion 10f. Zip Code 21206 10f. Zip Code 21206 Is Decedent of Fes, specify Cube 21 Yes 2 No 10f. Zip Code 21206 Is Decedent of Fes, specify Cube If Yes 2 No 10f. Zip Code 21206 10f. Sip Code 21206 10f. Normal of tory or other please.	Hispanic Origin? (: en, Mexican, Pue Specify: pation during most of world)	8. Dete of Birth (Month, Day, November Specify Yes or No- ro Rican, etc.) Matherine Turel Route Number	Og. Citizen of Wh. Vear) 13, 1916 Og. Citizen of Wh. United 14. Rece-Bleck, Specify: 16b. Kind of Busin Own Malden Sumeme) Philli	Death A Death A Death A Death A Death Deat
ien - Fank rity Number - 4636 ce of Decedent 10b. County nd N/A d Number 11 Blue R tus Married 2 Merried 15. Decedent's Specify only highest Secondery (0-12) reme (First, Middle, Land Cox 1's Neme/Reletionship sabelle I. Disposition 2 Cremetion 3 ion 5 Other (Specify Control of Funeral Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Number 1 Service Lie Numb	idge Avenue idge Avenue 12. Wes Decedent Armed Forces' 1 Yes, Give Yeer or Dates: Education grade completed) College (1-4or	ing Cen ge (In yrs. les 81 10c. City. Ba t Ever in U.S. 5+)	Town or Locate altimor 13. Was If Ye 10 16a. Deceden (Give kin life. DO Hom) 19b. Mailing A 4711 ce of Dispositionetery, cremate tholy	tion 10f. Zip Code 21206 10f. Zip Code 21206 Is Decedent of Fes, specify Cube 21 Yes 2 No 10f. Zip Code 21206 Is Decedent of Fes, specify Cube If Yes 2 No 10f. Zip Code 21206 10f. Sip Code 21206 10f. Normal of tory or other please.	Hispanic Origin? (: Hours Min Hispanic Origin? (: Hen, Mexican, Pue Specify: pation during most of world) 18. Mother's Ne	8. Dete of Birth (Month, Day, November) Specify Yes or Norto Rican, etc.) The street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street	N// Year) 13, 1916 Og. Citizen of Wh. United 14. Rece- Bleck, Specify: 16b. Kind of Busin Own Malden Sumeme) Philli City or Town, Ste	A D. Birthplece (State or Foreign Maryl and Maryl and 10d. Inside City Limit 12 Yes 2 Notes to Country? States American Indian, White, etc. White ness/Industry Home
tus Married 2 Merried 15. Decedent's Specify only highest of Secondery (0-12) The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	idge Avenue 12. Wes Decedent Armed Forces' 1 Yes 2 M If Yes, Give Yeer or Dates: Educetion grede completed) College (1-4or p. (Type, Print) Keenan / S Consee Mark T.	10c. City. Ba t Ever in U.S. No ster 20b. Plecent	13. Was If Ye 10 Hom 19b. Mailing A 4711 ce of Dispositionetery, cremate t Holy	Tof. Zip Code 21206 s Decedent of Fes, specify Cube Yes 2 No N's Usuel Occupation of More done NOT use retired Address (Street Blue R' Ion (Neme of tory or other ple	sen, Mexican, Pue Specify: pation during most of world) 18. Mother's Ne	November Specify Yes or Norto Rican, etc.) orking ome (First, Middle, I	0g. Citizen of Wh. United States and Specify: 16b. Kind of Busin Own Malden Sumeme) Philli City or Town, Sta	Maryland 10d. Inside City Limit 120 Yes 2 New New New New New New New New New New
tus Married 2 Merried 15. Decedent's Specify only highest of Secondery (0-12) The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	12. Wes Decedent Armed Forces' 1	ister 20b. Plecent Most	13. Was If Ye 10 16a. Decedent (Give kin life. DO Home) 19b. Mailing A 4711 ce of Dispositionetery, cremate Holy	as Decedent of Hes, specify Cube 21206 Is Decedent of Hes, specify Cube	sen, Mexican, Pue Specify: pation during most of world) 18. Mother's Ne	Specify Yes or No- roto Rican, etc.) orking mme (First, Middle, I	United : 14. Rece-Bleck, Specify: 16b. Kind of Busin Own Malden Sumeme) Philli City or Town, St	et Country? States Americen Indien, White, etc. White ness/Industry Home
Married 2 Merried Merried 4 Divorced 15. Decedent's Specify only highest s Secondery (0-12) Ame (First, Middle, La Anard Cox I's Neme/Reletionship Sabelle I. Disposition 2 Cremetion 3 ion 5 Other (Specific Funeral Service Lice Way The	12. Wes Decedent Armed Forces' 1	ister 20b. Plecent	16a. Decedent (Give kindlife. DO Hom) 19b. Mailing A 4711 ce of Dispositionetery, cremate tholy	s Decedent of Hes, specify Cubic Specify Cubic Specify Cubic Specify Specify Cubic Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Spe	sen, Mexican, Pue Specify: pation during most of world) 18. Mother's Ne	orking mme (First, Middle, I Katherine Turel Route Number	14. Rece-Bleck, Specify: 16b. Kind of Busin Own Malden Sumeme) Philli City or Town, St	American Indian, White, etc. White ness/Industry Home
15. Decedent's Specify only highest seeme (First, Middle, Laternard Cox t's Neme/Reletionship Sabelle I. Disposition 2 Cremetion 3 ion 5 Other (Specific Funeral Service Lie) Constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constan	College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print) College (1-4or Print)	ister 20b. Plecent Most	(Give kin- life. DO Hom 19b. Mailing A 4711 ce of Dispositionetery, cremate t Holy	Address (Street Blue R ion (Neme of tory or other plea	18. Mother's Ne	nme (First, Middle, I (atherine Turel Route Number	Own Malden Sumeme) Philli , City or Town, St	Home ps
rnard Cox I's Neme/Reletionship sabelle I. Disposition 2 Cremetion 3 ion 5 Other (Spe of Funeral Service Lic	p (Type, Print) Keenan / S Removal from Stete polity) censee Mark T.	ister 20b. Plea	4711 ce of Dispositionetery, cremate t Holy	Blue R	t end Number or F	Katherine	Philli City or Town, St	ps
Sabelle I. Disposition Cremetion 3 ion 5 Other (Spe of Funeral Service Lic	Keenan / S G Removal from Stete cirity) censee Mark T.	ister 20b. Plea	4711 ce of Dispositionetery, cremate t Holy	Blue R				ete, Zip Code)
2 Cremetion 3 ion 5 Other (Spectof Funeral Service Lice	censee Mark T.	Most	Holy	tory or other ple			cimol c,	
of Funeral Service Lic	censee Mark T.			Redeeme		Dete 12/9/97	20c. Location - Ci	ty or Town, State
nter the disease, or co	policetions that cause		L	ame end Addre	J. Ruck,	Inc.	imore, M	
use (Finel dition eth)	e	CA Due to (or e	er Calc	poly ince of):				Intervel Between Onset end Death 3 - 743
st conditions, to immediate Underlying se or injury vents ath) Lest	c		es e consequer					
ignificant conditions	s contributing to deeth b	but not resulti	ing in the unde	erlying ceuse giv	ven in Pert i.	23b. Dld to	1	ibute to the cause of dea
						24e. Wes e perfor	n eutopsy med?	24b. Were autopsy finding eveilable prior to completion of cause of deeth?
referred to medical				<u></u>	26. Place of De	1 ☐ Yo	-	1 □ Yes → NO
Deeth 1 5 Pending	28e. Dete of Inju (Month, De			28c. Injui	her: Nursing lay et ork?	Home 5 Reside	ence 6 Other	
e 6 Could not	t be 28e. Piece of In	njury - At home	e, farm, street	t, fectory, office		28f. Location (Si City or Town	treet end Number n, Stete)	or Rurel Route Number,
✓ Certifying I	aminar: On the basis of	of examinetion	edge, deeth oo n end/or invest	ccurred et the tire stigetion, in my c	ime, dete end pled opinion, deeth occ	e, and due to the curred et the time, d	euse(s) end mannate and plece, and	er es stated. d due to the cause(s)
(Check only one) 2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, de end menner steted.							1-10	Month, Dey, Year)
end title of certifier	pelel	3					21286	
	Deeth 5 Pending investige	Deeth 1	Deeth 1	Hospitel: 1 Inpatient 2 ER/Outpetient Deeth Solution	Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Of Deeth Social Pending investigation 28e. Dete of Injury 28b. Time of Injury Would not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 29b. Time of Injury M 10c. 10c	Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: Nursing Deeth 28e. Dete of Injury 28b. Time of Injury Work? 1 Yes 2 No Deeth 28e. Plece of Injury - At home, farm, street, fectory, office Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece Decritifying Physician: To the best of my knowledge, deeth occurred at the time, determined Decritifying Physician: To the best of my knowledge, deeth occurred at the time, determined Decritifying Physician: To the best of my knowledge, deeth occurred at the time, determined Decritifying Physician: To the best of my knowledge, deeth occurred at the time, determined Decritifying Physician: To the best of my knowledge, deeth occurred at the time, determined Decritifying Physician: To the best of my knowledge, deeth occurred at the time, determined Decritifying Physician: To the best of my knowledge, deeth occurred at the time, determi	Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: Truising Home 5 Reside Deeth Signature of Injury 2 Beb. Time of Injury Work? Something investigation 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office 28f. Location (Signature of City or Town 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, deep not be and menner steted.	Hospitel: 1 Inpatient 2 EP/Outpetient 3 DOA Other: Nursing Home 5 Residence 6 Other Deeth Solution of Injury 28b. Time of Injury 4 Work? 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Steemined Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No Secretary 1 Yes 2 No

DRMM 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death - Month Maru B. Dawson 6 1998 4b. City, Town, or Location of Death 11:45 am 4e. Fecility Name (If not Institution, giva street end number) 4c. County of Death N/A Johns Hopkins Bayview Medical Center Baltimore 9. Birthpiaca (State or Foreign Country) Maryland 5. Social Security Number 7. Aga (In yrs. lest birthday) 1 □ M 2 X F 55 216-42-2361 Usuel Residance of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5007 Delagrande Avenue 21205 U. S. A. 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Giva Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 Navar Married 2 Marriad 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Cotlege (1-4or 5+) 12th Grade Cook Restaurant 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surname) John Kane Eva Phaller 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Numbar, City or Town, Stete, Zip Coda) Elbert R. Dawson (Husband) 5007 Delagrande Avenue, Baltimore, Maryland 21205 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cramatory or other piece) 20c. Location - City or Town, State 1 Buriei 2 ☐ Cremation 3 ☐ Ramoval from Stete 5 Othar (Specify) Oak Lawn 1/10/98 Baltimore, Maryland 4 Donetion 21. Signature prineral Service licensee 22. Name and Address of Facility Schimunek Funeral Home Inc. lus 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part . Enter the disaasa, or shock, or heart faiture. List plications that causad the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrest, one cause on each line. Approximate Interval Between Onsat and Death Immediate Cause (Final disease or condition resulting in deeth) . Metastatic breast cancer 3 years Due to (or es e consequenca of) Gequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown 24b. Were autopsy findings availabla prior to completion of causa of death? 24a. Wes an autopsy performed? 1 ☐ Yas 2 No 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 ☐ Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Day, Year)

January 6 1998

Physician /Medical

Physician

/Medicai

Examiner

Funeral

Director

28a-f show

ò 238

Hems 2

9

"natural",

should be filed within 7. and Mental Hygiene.

. Peges 1 end 2 should be filt ment of Health end Mental Hant: If Item 27 is marked oth jury or other treumatic even

Department or Important: If any injury or once.

72 hours efter

Baltimore, Maryland 21215-0020

event, the Medical Examiner must be notified at

Director

Funerai

by

Completed

Physician/Medicai **BSI** P Completed Be Certification: To

been signed by the should be detach page 2 s

P.O. Box

Records,

Division of Vital

spital or Attending Physician: Theoris effer death.
Ineral Director: After this certificate filled in by the funeral director, px To the Hospital within 24 hours e To the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled in the Funeral Completely filled Hospital

Medical 29b. Signature and this of certifie

30. Name end and on who completed cause of deeth (Item 23a) (Type, Print) Lisa Seyfried MD 31. Data filed (Month, Dey, Year) State Registrar JAN 08 1998

27. Manner of Daath

1 Naturel

2 Accident 3 Sulcide

4 - Homicide

29a. Certifier

5 Pending investigation

6 Could not be

4940 Eastern Ave. Baltimore HD 21224 32. Redstyar's Signature Randall

28b. Time of

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

(x) Cartifying Phyaician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as steted.

2 Medicat Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the tima, date end place, and dua to tha cause(s) end manner steted.

29c, License number

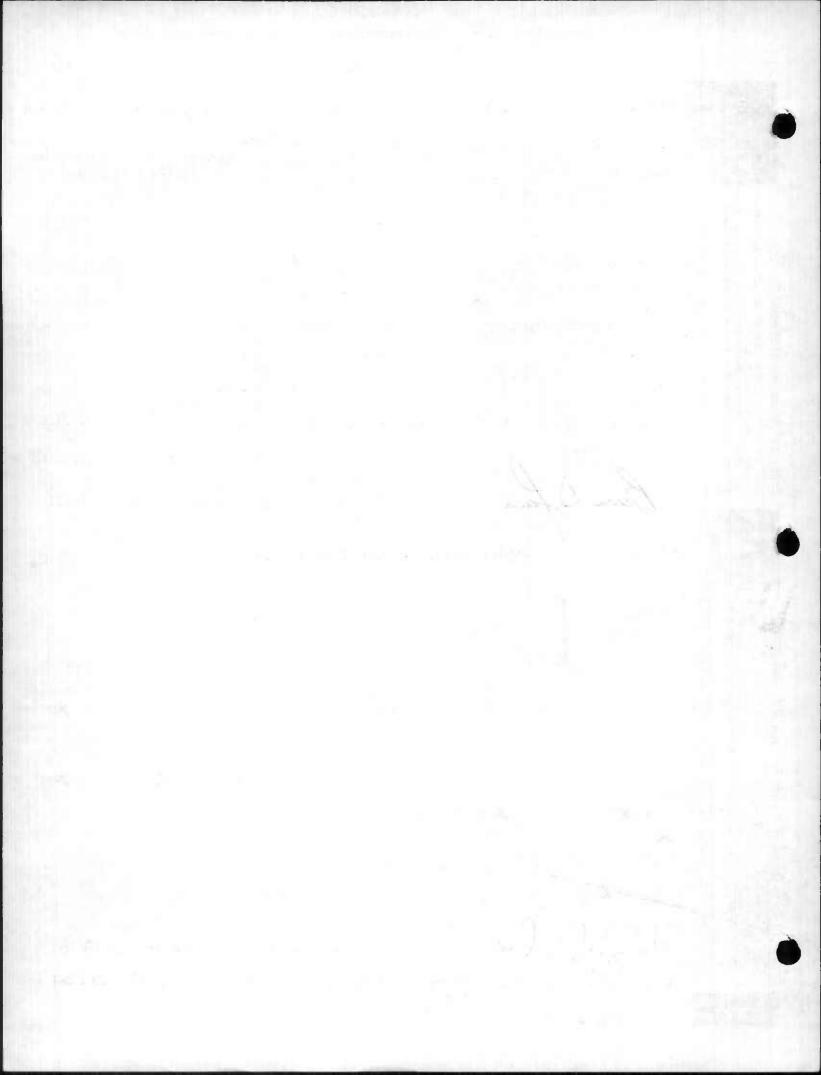
1 Yes 2 No

RES-000

28a. Date of Injury (Month, Dev Year)

MD

DHMH 16 Ray 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death Month Dey 1998 6 Laura Virginia Dean Jan. 7:00 am. 4b. City, Town, or Location of Death 4e Fecility Name (If not Institution, giva street and number) 4c. County of Deeth 120 Church Rd. Owings Mills Baltimore If Under 24 Hrs. Hours Min. 8. Dele of Birth Month Day, 1919 If Under 1 Year 5. Social Security Number 7. Age (In vrs. last birthdev) 9. Birthpleca (Stata or Foreign Months 1□ M 20 F Deys Mary Tand 78 219-58-4129 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. inside City Limits 1 Yes 2 No Maryland Baltimore Owings Mills 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 120 Church Rd. 21117 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Giva Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Marital Status Bleck. Whita, etc. 1 Never Married 2 Married 1□ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) None None 17. Father's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumema) Joseph E. Dean Matilda Bright 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 7215 York Rd. Baltimore, Md. 21212 Ardena Ray 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Dete 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovei from Sleta Elkridge, Md. Meadowridge Mem. Park Jan. 9,1998 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility Eckhardt Funeral Chapel 21. Signature of Funeral rvice Licens 11605 Reisterstown Rd. Owings Mills, Md. 21117 anauch se, or complications thet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, List only one ceuse on each line. Approximete Intervel Between Onset and Death Immediete Ceuse (Finei disaasa or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 ☐ Probably 4 ☐ Unknown mental retardation 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy 2X No 1 Tyes 1 Yes 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ inpalient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Dascribe how injury occurred 27. Menner of Deeth 28b. Time of 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide

Physician/Medical-Examiner by Completed

Be

Certification: To

Medical

detached

been signed by the should be detach

certificate

completely filled in by the

or Attending Physician: after death. Director: After this certifica funeral director

To the Hospital within 24 hours a To the Funeral D

Physician

/Medical

Examiner

Directo

Funeral

2

Completed

Be

Funeral

Director

tr than "natural", or items 23s or 28s-f show the Medical Examiner, must be notified at

the Manyland

death with

Baltimore, Maryland 21215-0020

P.O. Box 6878

Records,

Division of Vital

permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiena. Important: If from 27 is marked other than "natural", o

traumatic avent,

other

50

Physician /Medical

Examiner

25.	Wes cese	referred	10	medice
	axaminer?	N		
	axaminer?	21/No		

31. Dete filed (Month, Dey, Year)

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Straet end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

4 Homicide

Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, deeth occurred at the time, date and plece, and due to the ceuse(s) and manner stated.

29b. Signature end litle of certifie

29c. License number

29d. Dete signed (Month, Day, Year)

Deboroh Morris, M.D.

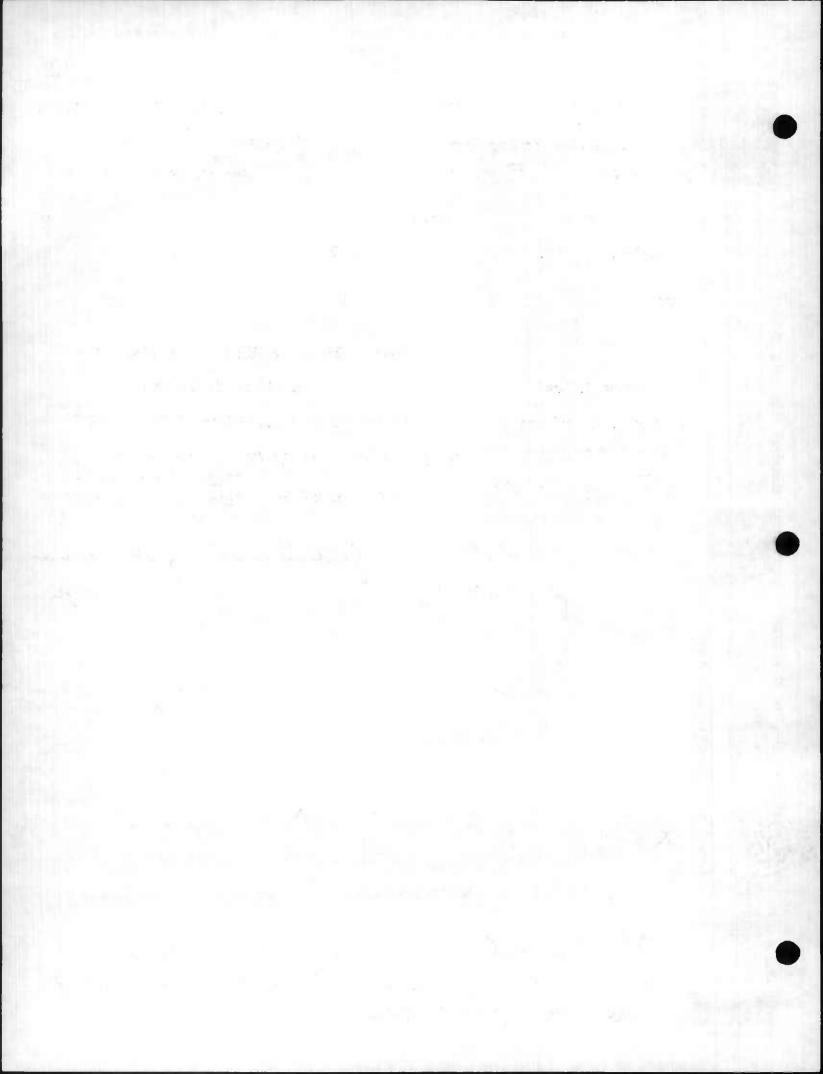
State Registrar

32. Registrar's Signetura JAN 08 1998

and the synthesis TOT, TOTAL LLL-177 I are I lament to the

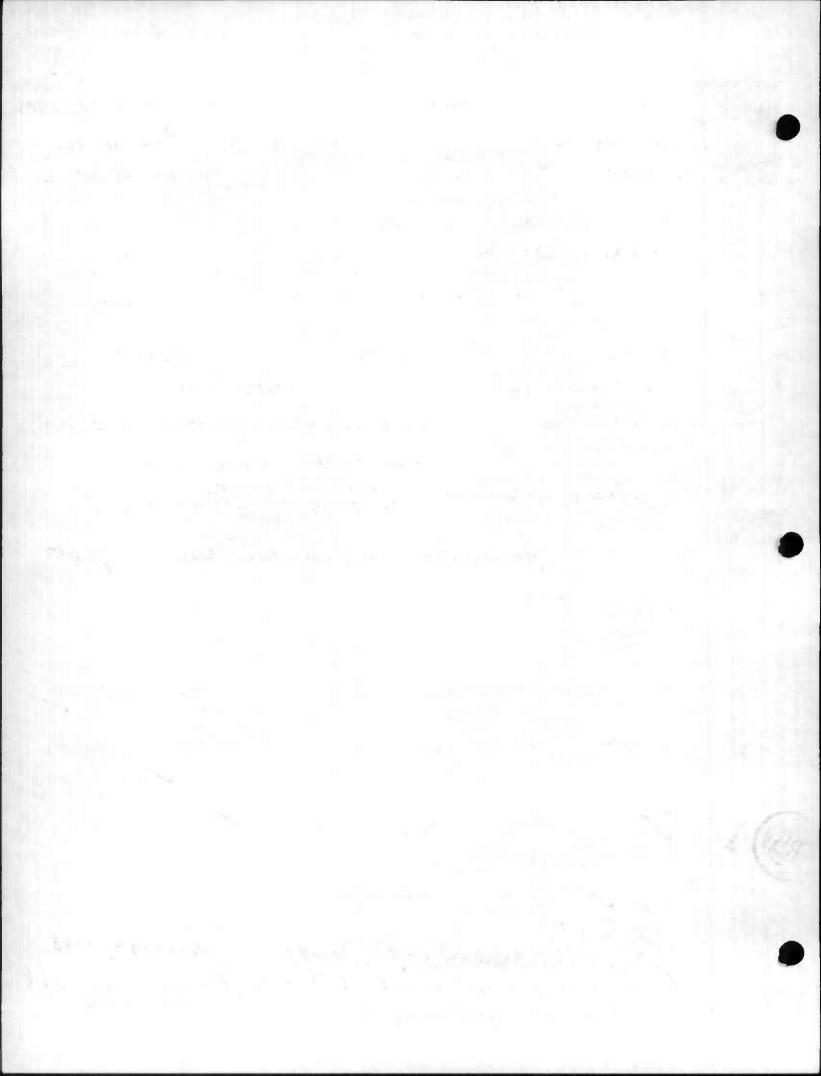
State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** MARGARET LEAF **ENSOR** 5. 1998 11:35pm Jan. /Medical 4a. Facility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Carroll Long View Nursing Home Manchester 8. Dete of Birth (Month, Dey, Year, If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthpiace (State or Foreign Country)
 MD Age (In yrs. lest birthday) **Funeral** 1 □ M 200 Months Days Hours 89 Yrs. Director 219-10-2885 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ns 23a or 28a-f sh mart be nutitied Director 1 ☐ Yes 2 ☐ No Carroll Hampstead the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1140 S. Main St. 21074 USA Funerai 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: нетв. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indian. "natural", or item edical Examiner Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 ☐ No Specify. Completed by Specify: white ₩idowed 4 Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Dacedant's Education (Spacify only highest grede completed) 16b. Kind of Business/Industry than Elemantary/Secondary (0-12) Hygiene. Collaga (1-4or 5+) assembly line - Bendix Corp manufactoring 12 i. Peges 1 and 2 should be filed w tment of Heelth and Mental Hygier tant: If item 27 is marked other ti jury or other traumatic avent, In altimore. Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be Joshua H. Leaf M. Elizabeth Larmore 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 3501 Gwynnbrook Ave., Owings Mills, MD 21117 George W. Ensor/ son 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Pege Department of Important: If any injury or 1/9/98 Black Rock Cemetery Butler, MD 21. Signature of Funeral Service Licenses 22. Name end Address of Facility 11824 Reisterstown Rd Eline Funeral Home Reisterstown, MD 21136 ine 23a. Palt1. Enter the disaasa, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shick, or heart failura. List only ona causa on aach lina. Approximate Interval Between Onset and Death **Physiclan** /Medical Immediate Cause (Final disaasa or condition resulting in daath) Examiner Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as e consequence of) P.O. Box 68760, certificate be Physician/Medical 94 Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 40 3 Probably 4 Unknown Records, by 3 24b. Were autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy performed? The law 1 Yes 2/ No 1 Yes 2 No Vital 25. Was case refarred to medical examinar? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 ☐ Yes 2 No Medicai Certification: To 27. Manner of Deat 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 2 Accident 5 Panding investigation 1 Yes 6 Could not be determined 3 ☐ Suicide 28e. Place of injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours To the Funeral 29a. Certifie Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. å 29b. Signature and title of Portille 29c. License number 29d. Date signed (Month, Dey, Year) 30. Na Westminder 31 Date Glect (Month, Day, Year) State JAN 07 1998 Registrar



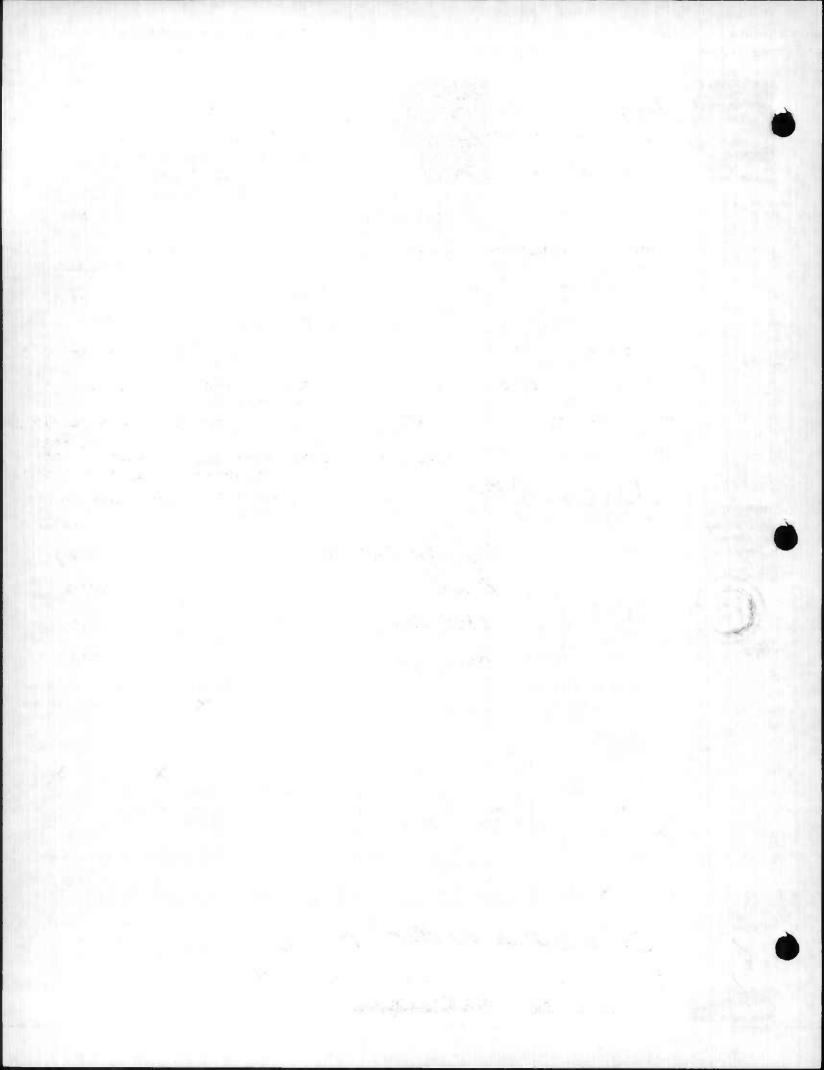
State of Maryland / Department of Health and Mental Hygiene

Physician /Medicai Examiner	_	SAMUEL CHAR	TEC									
			LES	FASC	IANA	1			JANUARY	Z Day 04	Year 98	1050Am
	4	a. Facility Name (If not institution, gi	ve street end number	er)				4b. City, Town, or	Location of Death	4c. County	of Death	
	Ų,	1250 PLEASANT VA						CATONS		BAL	Tin	10Re
Funeral Director	2	212-07-4409 Usual Residence of Decedent	Sex 7 1 1 2 F	Aga (In yrs		thday) If Un Monti	der 1 Year 18 Days	If Under 24 Hrs Hours Min				placa (State or Foreign http) NSYLVANIA
show d at	-	Oa. Stata 10b. County		10c. C	ity, Tow	n or Location					1	Od. Inside City Limits
ms 23e or 28e-f show constituted at meral Director		MD BALT	IMORE			CATON	SVIL	LE				1 ☐ Yes 2 No
be not red		0e. Street and Number				10f.	Zip Code			10g. Citizen of V	Whet Cour	ntry?
23°		1250 PLEASANT VA	LLEY DRIV	E			2122	28		U.S	.A.	
Examiner must		Marital Status Never Marriad 2 Married Wildowed 4 Divorced	12. Was Decede Armed Forca 1 [3] Yes 2 [If Yes, Give Year or Date:	s? ∃No ™	u,s. I II		cedent of h pecify Cub 2 No	dispanic Origin? (San, Mexican, Puel Specify:	Specify Yes or No to Rican, etc.)	14. Rac Blac Specify	k, White,	
ygiene. Not then "naturel" Not the Medical Ex		15. Decadent's E (Specify only highest gi Elementary/Secondary (0-12) 8TH GRADE	ducation rede complated) College (1-4c	r 5+)			work done use retire	during most of wo	orking	16b. Kind of Bu		
d other event, Be Cc		7. Father's Name (First, Middle, Las	t)			TRUCK D	KIVE		me (First, Middle,	MARYLAN Meiden Sumen		WS
m • 6 5		JAMES FASCIA	NA						ETTA ROMA		-/	
		19e. Informant's Neme/Retationship	(Type, Print)		19b	Meiting Addr	ess (Street	end Number or F			Stete, Zip	Code)
= OI F	-	PAUL FASCIANA (S	ON)		12	250 PLE	ASANT	VALLEY	DRIVE-CA	TONSVII	LE.	MD 21228
ment of Heal ant: If Item 2: ury or other	2	0a. Method of Disposition 1	□Removal from State	te	Place of camerer	Disposition (/ y, cremetory o	Verne of or other pla	ce)	Date /8/98	20c. Location - BALTIMO	City or To	
Departmen Important: eny Injury once.	DOUBLE THE OFFICE OF BA										210	20
m and ial-transit (aminer Examiner	0	mmediate Cause (Final disease or condition esulting in death)	a. Arher	Due to (or as a	consequenca consequenca consequenca	of):	PSC-LA	OR Wise	ASO	1	YORK
ng physicia as the bur Medical	a concar	Sequentially list conditions, lany, leading to immediate ause. Enter Underlying Jeuse (Disease or Injury hat Initiated events esulting in death) Last	c			onsequence o						
e atta	P	art tl. Other algnificant conditions	contributing to death	but not re	sultina In	the underlyin	n cause ch	en In Pert i	23h Did	lohacco una coi	atribute to	the cause of death?
igned by the attendii be detached for use by Physiclan/					outing in	uno underrym	g cause gn					bably 4 Onknown
s been s 2 should pleted									24a. Was perfo	an autopsy med?	av	ere eutopsy lindings aliable prior to mpletion of cause deeth?
cate ha									101	res 20 No	10	☐ Yes 2☐ No
director, pag	2	5. Was case referred to medical axaminer?	Hospitai:				044		eth (Check only o	ne)		
T di di		1 12 Yes 2 □ No 7. Mennet of Death	1 L Inpa		ER/Out		DOA Oth	4 Li Nuising i	Homa 5 Resid	denca 6 Other		y)
od in by the turbers ed in by the turbers Certification:		1 Patural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	100		Ir	ime of njury M		yat rk? Yes 2□No				
		4 ☐ Homicida determined	building,	etc. (Speci	fy)				City or Tov			
n 24 hound he Funer plataly fill	1	9si. Certifier 1 Certifying Pl	nysician: To the bes miner: On the besis and manner:	of examina	owledge, etion end	death occurre Vor Investigeti	ed et the tir on, In my o	ne, dete end place pinlon, deeth occ	e, and due to the surred et the time,	ceuse(s) end ma date and place, o	nner as st end due to	ated. the cause(s)
To the	2	90. Signature and title of persition /					9c. Licens	e number		29d. Date signer	d (Month,	Day, Year)
> - 0		DEANV.	21. 4.	^	15/	, DE	7					1998 = 21278 16.
		()/. / / / /	UKUN	un	In	C)	11	11//		17 10 0 3	1 1	
	3	0. Name and Administ of parson who	completed cause of	death (Ital	m 23a) (I voe. Trinti		/				



State of Maryland / Department of Health and Mental Hygiene 8 00200

						CE	ertificat	e of	Death		R	eg. No.		
rsician		1. Decedent's Neme	(First, Middle, L	-							2. Date of Dear Month	Dey	Year	3. Time of Death
ledical aminer		le. Facility Nepre (If	not institution, g	FQ/					4b. City, To	own, or Lo	JANUARY ocation of Death	2 4c. Count	1998 of Death	01:00a
		THE JOH	NS HOPK	INS HOSP	ITAL				BALTI	MORE	CITY		NA	
ral	63	Social Security Nu 214-12-		Sex 1 M 2 F		rs. lest birthdey Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Dete of Birth (Month, Dey		9. Birthp	place (State or Foreigntry) SC
tor	1	Jsuel Residence of [XX	78	113.					05-17	7-19		SC
			10b. County			City, Town or L							1	0d. Inside City Limit
Director		Md.	NA		1	Baltim								XXYes 2□N
- E		1825 No		atterso	n Ave	nue	10f. Zip	Code	3		1	0g. Citizen of USA	What Cour	ntry?
Funeral	5	11. Marital Status		12. Was Dec	edent Ever Ir					igin? (Sp	ecify Yes or No- Rican, etc.)	14. Ra	ce - Americ	
Fu		1 Never Marrie	11-11	Armed Fo	2 No		if Yes, spe-				Rican, etc.)	Specia	ck, White,	
Ag þá		3 XWidowed 4	100	Year or D	ates:	100 B							PI	ack
Completed	-	(Specify		rade completed)		16a. Dece (Given life.	edent's Usua e <i>ki</i> nd of wo DO NOT us	al Occu _l erk done se retire	pation during mos ed)	st of work	ing	16b. Kind of E	usiness/in	dustry
E		7th Gra		College (1-4or 5+)		abore					Bethl	ehem	Steel
Be		17. Fether's Name (F	irst, Middle, Las						18. Moth	er's Nem	e (First, Middle, I			
2		Brooks	-	Fair					Mae		Pear!		lerri	
		19a. Informant's Nan Rosa M	3.11	air							el Route Number			
	2	Oa. Method of Dispo	sition			D. Plece of Disp cemetery, cre	osition (Ner	me of		on	Date	Balt1 20c. Location	More - City or To	Md.212 wm. State harlott
		1 Burial 2 4 Donation 5								. 7 i	on Cem.			
any injury or once.		21. Signature of Fund	eral Service Lice	ensee A	1		2. Name ar							nd 2120
ā		· Ul	1lso2	-CA	A>	> 1	WM.C.	Ma	arch	FH	1101 E.	Nort	h Av	enue
		23a. Pert1. Enter the shock, or heert	disease, or co failure. List oni	mplications that on each one course on each	aused the deech line.	eath. Do not er	nter the mod	le of dyl	ng, such as	cardiac	or respiratory arr	est,		Approximate Interval Between Onset end Death
n il		immediate Cause (F	inal		m	, ,	T ,	1.						Onset end Death
		disease or condition resulting in deeth)		a/		o (or es e conse			77					10 days
Per					Diabu		quonoc ory.							OVA
харь		Sequentielly list cond	litions,	D		(or as e conse	quence of):							
熉		Sequentielly list cond fany, leading to immo cause. Enter Underly Cause (Disease or in that Initiated events	ylng jury	C	EtOF		(/	'oys
Po		Due to (or es e consequence of): Tobally Abust									W. w.			
an/Na				d	100011	u Mb	ر) (1	NYS
Physician	P	ert it. Other signific	ant conditions	contributing to de	eath but not i	resulting in the	underlying o	euse gi	ven in Pert	1.	23b. Did to	bacco use co	entribute to	the causs of deat
											J ≪(v	98 2□ No	3 Pro	bebly 4 Unkno
d by											24a. Was a	n autopsv	24b. W	ere autopsy findings
olete	-										perform	ned?	co	ailable prior to mpletion of cause death?
Completed											1 D Y	s 2 No		Yes 2 No
Be	2	25. Was case referre examiner?	d to medical						28. Pleci	e of Deet	h (Check only on	e)		
2		1 ☐ Yes 2 N	0	-		☐ ER/Outpatie		JA			me 5 Reside			y)
Certification:	12	7. Manner of Death	5 Pending investigati		of injury th, Dey Year	28b. Time (Injury	of 2	28c. Inju Wo	ryet rk?]Yes 2.□		28d. Describe ho	w injury occu	rred	
fica		2 ☐ Accident 3 ☐ Sulcide	6 Could not determine	be 28e. Place	of Injury - A	t home, farm, s			, , , , ,		28f. Location (St		ber or Rura	il Route Number,
Cert		4 Homicide		buildi	ng, etc. (Spe	ecify)					City or Town	n, Stete)		
edical		(Check only 2	Csrtifying P	miner: On the bi	asis of exam	nowledge, dee	th occurred evestigetion	et the ti	me, dete er opinion, des	nd plece, eth occurr	end due to the or	euse(s) end mate and place,	enner as s	tated. the cause(s)
Med		One)	le of cartifier	and man	ner stated.	,	29/		se number			9d. Date sign		
	Charles De Drake M.D /Ph.D RES-000 JA/2,							1/2.	1998					
	3	0. Neme and eddres	s of person who	completed caus	e of deeth (I	tem 23e) (Type	. Print)				0,	11-11	//0	
		Charles !	G. Diake	, Tower	100, 60	NWW	IA ST	Ba	Himm	MO				
		11. Date filed (Month	-	4	ed strar's			_						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 1 Decedent's Nama (First Middle Last) 3. Time of Death KATHRYN JEFFRIES FAULKNER 6 JAN. 1998 1:30 A.M. 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death TOWSON BALTIMORE DULANEY TOWSON NURSING HOME If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Days 1 □ M 2 🛛 F Months Yrs. MARYLAND 213-20-6119 9/5/20 Usuel Residence of Deceden 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 💢 No BALTIMORE GLENDALE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? APT. 423 21239 USA 6401 LOCH RAVEN BLVD. 12. Was Decedant Evar In U,S. Armed Forces? Was Decadent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status Bleck, Whita, etc. 1 ☐ Yas 2 ☑ No If Yes, Give Yaer or Dates: 1 Navar Married 2 Merried 1 Yas 2X No Specify: Specify: 3X Widowed 4 ☐ Divorced WHITE 16a. Decedent's Uauel Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Spacify only highest grade complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) OWN HOME 4 YEARS HOMEMAKER 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) JOHN J. JEFFRIES MARGARET DEAL 19e. Informant's Neme/Ralationship (Type, Pnint) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stete, Zip Code) RICHARD GOLDSBOROUGH SON 1016 LARCH LANE ELDERSBURG, MD 21784 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 XBurlal 2 Cremation 3 Ramoval from State 4 Donation 5 Othar (Specify) NEW CATHEDRAL CEMETERY 1/9/98 BALTIMORE, MD 21. Signature of Funaral Sarvice Licensaa 22. Name and Addrass of Facility JOHNSON FUNERAL HOME, P.A. ent I. Entar tha disaesa, or complications that causad the daath. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. TOWSON, MD 21286 Approximata Intarval Batween Onset and Deeth Myocardial Infarction Immediata Cause (Final diseasa or condition rasulting in daath) minutes Cardiovascular Atheroscleratic +es 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings eveileble prior to 24a. Was an autopsy completion of cause of daath? 1 Yas 2 No 26. Pleca of Death (Check only ona)

Physician /Medical Examiner

Physician

/Medical

Directo

Funeral

þ

Completed

Be

Examiner

Funeral

Director

7 is marked other than "natural", or flams 23s or 28s-f show traumstic event, the Medical Externment must be notified at

the Marylend

with

filed within 72 hours after death

Hygiene.

Peges 1 and 2 should be filt ment of Heelth and Mental Hant: If Item 27 is marked oth lury or other traumstic even

permit. Pege Department of important: If any injury or once.

altimore, Maryland 21215-0020

Division of Vital Records, P.

or Attending Physician:

Examine Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseese or Injury that initiated evants rasulting in daath) Last Physician/Medical

þ

Completed

Be

70

Certification:

edical

29a. Certifiar

(Check only one)

30. Nama and addrass

certificate has t

funeral

6

completaly

After

death.

aftar deati

24 hours aft Funeral Dis letaly filled in Hospital

within 2 To the 4

Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

25. Was cesa referred to medical examinar? 1 Yas 2 No

27. Mannar of Death 5 Pending invastigation 1 Naturel

2 Accidant 6 Could not be determined 3 Suicida 4 Homlcida

Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Dey Year)

28b. Tima of

28c. Injury at Work? 1 Yas 2 No

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)

Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Cartifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and dua to the causa(s) and mennar as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deterand place, and due to the cause(s) and manylar stated. 29c. License number

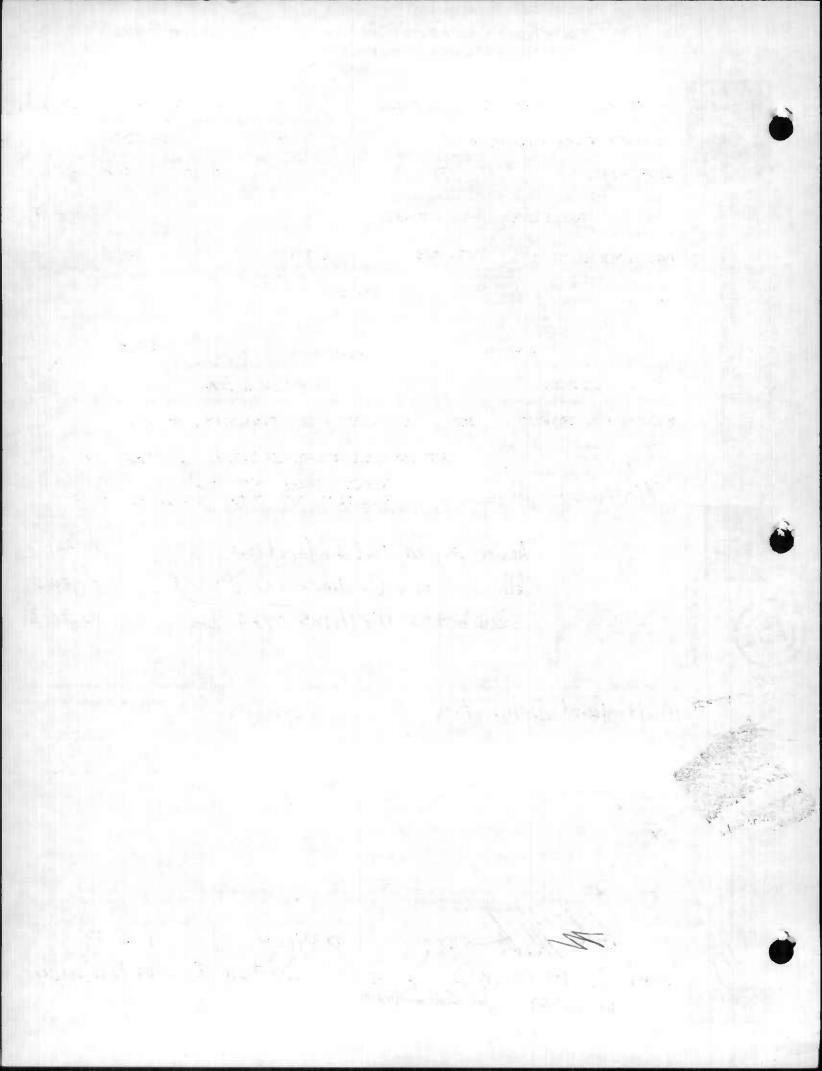
29b. Signatura and title of cartifian

29d. Date signed (Month, Dey, Year)

eleted causa of daath (Itam 23e) (Type, Print) Osler Dr#311 7600

State Registrar

OKN 0 8



State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Jan. 8 65 A **Physician** 04 Lillie B. Graham 8:50am /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1511 Abbotston Street Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 10 M 20X 63 Director 259-54-0162 01 - 29 - 34GA Usual Residence of Decedent Parios 1 and 2 should be filed within 72 hours after deeth with the Manyland and to Health and Mental Hygiene.

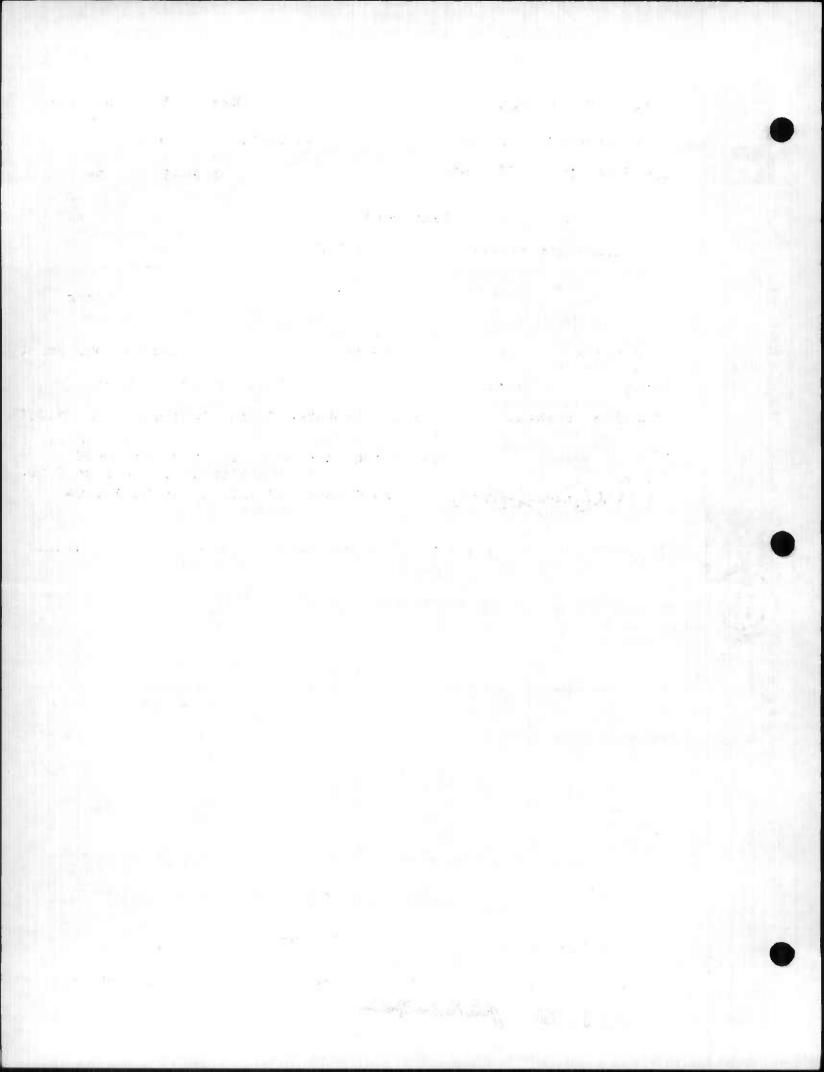
The filed 27 is marked other than "natural", or items 23s or 28s-f show any or other treams to a north and any or other treams to northing at 10a. State 10c. City. Town or Location 10d, Inside City Limits 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Yes 2□ No Directo Baltimore Md. 10e Street and Number 10f. Zlp Code 10g. Citizen of What Country? 1511 Abbotston Street 21218 USA Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 14. Race - American Indian, Black White etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: þ Black 3 ☐ Widowed 4 ☐ Divorced Year or Dates Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Coilege (1-4or 5+) Church Home Hosp. 11th Grade Dietary 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Heath Henry Thomas Anna Maria 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informent's Name/Relationship (Type, Print) 1511 Abbotston Street Baltimore, Md. 21218 Charles Graham, Jr. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Co 20a. Method of Disposition Burial 2 Cremation 3 Removal from State permit. Page Department of Important: If any injury or odde. GA New Springfield Bapt. Ch. Cem. 01-10-98 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23a. Part T. Enter the disease, or completations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only on a cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final metastatic Adeno carumna 11 months disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medicat Division of Vital Records, P.O. Box 687 Due to (or as a consequence of) The law requires that the death certifi signed by the a Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause should 24a. Was an autopsy Completed is certificate has to director, page 2 s 1 Yes 2 No 1 ☐ Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p. Be 25. Was cese referred to medical 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide 29a, Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 030377 30. Neme and address of person was completed cause of deeth (item 23e) (Type, Print) N. Broad way Robert m. 196000 840 INV 98 CW 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State whice Davidson

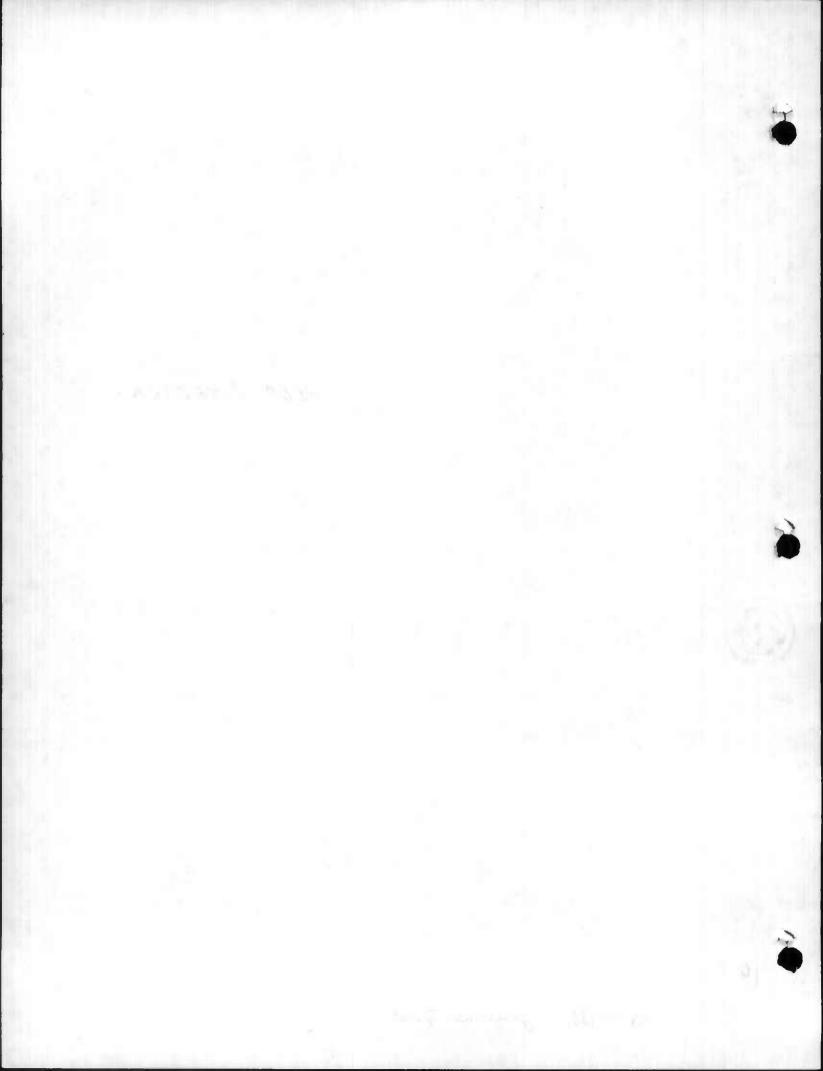
Registrar

DHMH 16 Rev 6/95

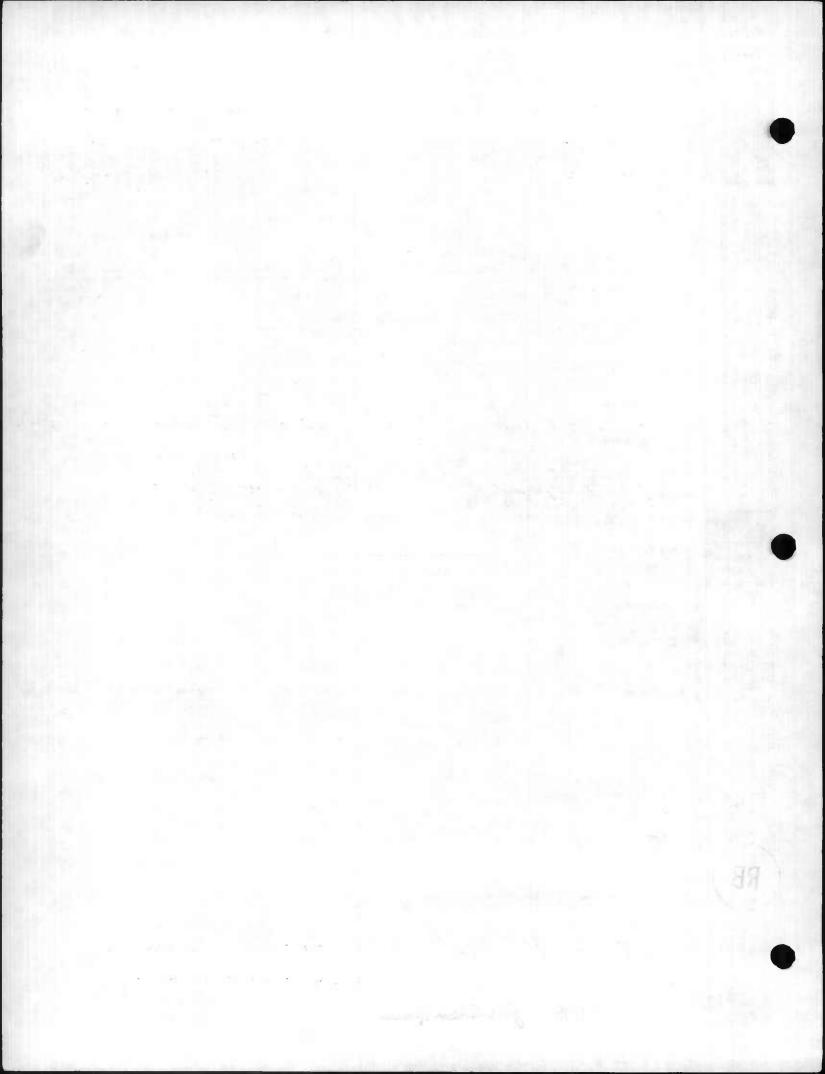
JAN 071998



	Decedent'e Name	a (First Middle 1	est)		Cer	tificate	OI L	realn		2. Dete of D	Reg. N	lo.		2 Time	ne of Death	
an al	William		rrity							Month JAN	D	199	Yeer 8		55PM	
	4a Fecility Neme (III Saint	not Institution, giv Joseph	re street end num Medica:	ober) L Cent	ter		4t		vn, or Lo	ocation of Dee	th 4		of Deeth	mor	e	
	5. Social Security No. 212-22-1359		Gex IDM 2□F	7. Age (In yrs	. lest birthday) Yrs.	If Under 1 Months	Year Days	If Under 2 Hours	24 Hrs. Min.	8. Date of B (Month, D August	irth Day, Yea 6,19	") 28	9. Birthp Coun Baltin	lece (State)	ate or Foreign	
	Usuel Residenca of 10a. State	Decadent 10b. County		10c. C	ity, Town or Loc	cation							·		le City Limits	
	Maryland	Baltimore			cimore Co										Yes 2 No	
	10e. Street end Num 8045 Babiko					10f. Zip 0					10g. 0	Citizen of	Whet Coun	itry?		
	11. Marital Status 1 Never Marrie 3 Widowed		12. Was Deced Armed For 1 Yes If Yes, Give Year or Da	ces? 2 ☑ No		Vas Decede Yes, specif		spenic Orig n, Mexican, Specify:	rigin? (Specify Yes or No- an, Puerto Rican, etc.)			14. Race - American Indien, Black, White, etc. Specify: White			n.	
	Elementary/Secon	15, Decedent's Edity only highest grandery (0-12)	Cotlege (1-	4or 5+)	(Give I life, D	ent's Usual kind of work OO NOT use	done du retired)	uring most		ing			usiness/inc	-		
	10 17. Father's Name (i Edward Joh				Plumber	<u> </u>		mploye		(First, Middle	e, Maide					
-	19a. Informant's Na				19b. Mailin	g Address (Street a	nd Numbe	r or Rura	A Route Num				Code)		
Mamie E. Garrity (Wife) 8045 Babikow Road Baltimore, Maryland 21237																
	20a. Method of Disposition 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Discemetery, cr						atory or oth	er place		7, 19	Date 998			City or To		В
	21. Signature of Funeral Servica Licensee 22. Name and Address of Facility Lassahn Funeral Home, Inc. 7401 Belair Road Baltimore, Maryland 21236–4625 23a. Partl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate															
	Immediate Cause (F disease or condition resulting in death) Sequentially list con if eny, leading to immediate. Enter Under Cause (Disease or lithat initiated events resulting in death) Li	ditions, nediate lying njury	RESPI e PNEUM b c	Due to (i	or as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as	uence of):	SSY	/NDR(OME							
			d													
	Pert II. Other signific	cent conditions of	ontributing to dea	th but not res	sulting in the un	derlying cau	ise giver	n in Pert î.					ntribute to		Unknow	
										24a. We	s en aut ormed?	opsy	con	ilable pri	osy findings ior to of cause	
										1 🗆	Yes	2 00 No	10]Yes	280 No	
	25. Was case referred examiner? 1 ☐ Yes 2 🛣 N		Hospital: 1X In	patient 2	ER/Outpatient	3□ DOA	Other	,		n <i>(Check only</i> me 5□ Res		6 🗆 Oth	er (Specific	,)		
	27. Manner of Death 1 Natural 2 Accident	5 Pending Investigation	28a. Date of (Month		28b. Time of Injury		tnjury i Work?			28d. Describe				,		
	3 Sulcide 4 Homicide	6 Could not be determined	building	, etc. (Specii						28f, Location City or To	wn, Ste	10)			√um <i>ber</i> ,	
	29a. Certifier (Check only one)	CertifyIng Phy D Medical Exam	ilner: On the bas	is of examina	wledge, death tion end/or inve	occurred at estigation, in	the time my opi	e, date and nion, death	plece, o	end due to the ed et the time	cause(, date er	s) and me nd place,	enner as sta end due to	ated. the ceus	se(s)	
Ballo	(Check only one) 2 Medical Examiner: On the basis of examination end/or invessand manner stated. 29b. Signeture and title of certifier							29c. License number				29d. Date signed (Month, Dey, Year)				
) Signature and the	7 Det	DD			030	263				- 1	5	198			



	ARK I	tems	s: 23 part I,27,28a-f 23a part I,27 per MEO	State of Mary per MEU G-757 G-756 2/18/98	land / D	epartme Certifica	nt of h	lealth and Death	Mental Hy	/giene9 8	01	0204
	Dhiroini		1. Decedent's Name (First, Middle, La	st)		11217			2. Date of De Month	eath Day	Year	3. Time of Death
	Physici /Medi Examir	al	Mark 4a Facility Name (# not institution, giv	E. Groff re street and number)				4b. City, Town, o	JANUAF or Location of Dea	X 5, 19	98	9:47A.M.
	Funeral Director		285-74-6810	Gex 7. Age (fn	yrs. last birth	day) If Und Months	ar 1 Year Days	CHESAP If Under 24 H Hours Mi	n. (Month, D		9. Birthp Coun	NTY place (Stata or Foreign placy)
	and and		Usual Residence of Decedent 10a. State 10b. County	100	c. City, Town	or Location					1	Od. Inside City Limits
	with the Maryland a or 28a-f show	to	MD Cec	i l		C	hesa	peake	City			1 ☐ Yes 2 ☑ No
	or 28a-f	Director	10e. Street and Number			10f. Z	ip Code			10g. Citizen ot V	Whet Cour	ntry?
	23a ath wi		216 Bohemia	Avenue A	pt. 3			915			SA	
	er death	Funeral	11. Marital Status	12. Was Decedent Ever Armed Forces?	in U,S.	13. Was Dec If Yas, sp	edent of F ecify Cubi	lispanic Origin? an, Maxicen, Pu	(Specify Yes or Narto Rican, atc.)	o- 14. Rac Blac	e - Americ ck, Whita,	en Indian, etc.
21215-0020	in 72 hours after n "natural", or fte	by	1 ☑ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 🕅 Yes 2 🗆 No It Yes, Give Year or Dates:		1 ☐ Yes	2 🗓 No	Specify:		Specify	" W]	hite
5-6	72 h	Completed	15. Decedent's Education (Specify only highest gradual)	ducetion ade completed)	16a. C	Decedent's Us Give kind of w	ual Occup	ation during most of w d)	vorking	16b. Kind of Bu	isiness/in	dustry
121	within	dm	Elementery/Secondary (0-12)	College (1-4or 5+)				3)		TTIOL	C = 1	- 1
	be filed tel Hygie d other event, tr		17. Father's Name (First, Middle, Last	5+		Teach	er	18. Mother's N	leme (First, Middle	High e, Maiden Suman		001
Maryland	0 2 7 0	o Be	Philip E. Gro	ff					aret Y.			
a Z	d 2 should b th and Mante 7 Is marked fraumatic e		19a. Informant's Name/Relationship (19b. l	Mailing Addre	ss (Street		Rural Route Numi			Code)
Baltimore, Ma	ges 1 an t of Heal if item 2 or other		Philip E. Grof	Removal trom State	Ob. Place of Cometery,	Disposition (No. crematory or	ame of other pla	ce)	Date	20c. Location -	City or To	
tim	permit. Peg Department Important: I any Injury o	-	4 Donation 5 Other (Special		Metro (Cremato			01/08/98	Balti	more	e, MD
Bal	Departm Departm Importar any Inju		21. Signature of Funeral Service Licer	Regulil				ss ot Facility 1 Socie	ety of	MD. Inc		
-			Edward A. G	regorchik		299 F	red	erick I	Rd. Ba	ltimore	, M	D 21228
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	one cause on each line.	death. Do no	x enter the mo	ode ot dyli	ig, such as card	ac or respiratory	arrest,	1	Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Ceuse (Final									
	Examiner		disease or condition resulting in death)	a	AC ARRHY			IDE POISO	NING			
	THE R.	Je.		Ode	to (or as a co	onsequence of).					
	be executed ician and burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. Due	to (or es a co	onsequence of):				1	
260	e be ey	cai	that initiated events	C	to for as a co	nsequence of	١٠	_	_			
89	leath certificete t ettending physi I for use es the t	8	rasulting in death) Last		10 (0) 45 4 00	nacquenice of	,.					
Вох	tendii r use	an	5.577 75-	d								
0.	the et the et hed fo	/sici	Part II. Other eignificant conditions of	ontributing to death but no	t resulting in I	the underlying	cause giv	en in Pert I.	23b. Dic	i tobacco use co	ntribute to	o the cause of death?
P.O.	that the de ned by the deteched	y Ph							1	Yee 2 No	3 Pro	bably Unknown
	aw requires that the death certificete seen signed by the ettending phys 2 should be deteched for use es the	Completed by Physician/M							24a. Wa	s an autopsy lormed?	CO	ere autopsy tindings reliable prior to empletion of cause death?
<u>a</u>	The law ate hes b page 2 s	Con							15	LYes 2□No	15	≥ 2 No
ita	clan: The	Be	25. Wes case referred to medical examiner?						eath (Check only	one)		
5	hyale his o	2	Yes 2□ No	Hospital: 1 ☐ Inpatient		patient 3 0	JOA		Home 5 Res			fy)
5	theri uneth	on:	27. Manner of Death TXXIvatural 5 ☐ Pending	28a. Date of Injury (Month, Dey Yea	28b. Ti	yry A	28c. Inju			how injury occur		
S	Breith for: /	cati	2 ☐ Accident investigatio	100110 2/0/30	3	9:10 "		Yas 2 No		ingested c		
1	DD \	Certification:	4 ☐ Homicide determined	building, etc. (S	At home, farr pecify)	n, street, tacto	ory, office		City or To	(Street and Numbown, State) 216	Bohen	nia Ave.
6	MI D	2	200 Codifice 4 Codifice Of	Residence	to an de de e	d-16	al a sha si			ke City, M		ababa d
1	825	edical		yalclan: To the best of my niner: On the basis of exa and manner stated.								
	within To the	M	29b. Signetyre and title of certifier	200		2	9c. Licens	e number		29d. Date signe	d (Month,	Day, Year)
	->-0		1 Commi	1 Chutes			0.0	C.M.E.		JANUARY	6.19	98
			D. T /1	completed cause of death	(Item 23e) (T				at Balta			
6	Sta	100	31. Date tiled (Month, Day, Year)	1 ute mo			ı rei	m Stree	er, bdlf	more, M	тАта	and 21201
	Registr	ar	JAN 08 1998	June David	son-Rand	lell						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 9 1. Decedent's Neme (First, Middle, Last) 2. Date of Death GRIGGS CLARA JAN UARY 06 1998 5123 PM 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Baltimo.

If Under 24 Hrs.

S. Date of Birth
(Month, Dey, Year)

1 102 26, 1911 Baltimore City Union Memorial Hospital 7. Age (In yrs. lest birthdey) If Under 1 Yeer 5. Social Security Number 9. Birthplace (State or Foreign 1□M 2XF Months Days 216-07-3530 86 Yrs. Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore City N/A 1 Yes 2 No Md. 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 21213 2881 Chesterfield Avenue United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. 11. Marital Status 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☑ No Specify: 3 Nidowed 4 Divorcad White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Own Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Bremer Henry Mary Held 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code, Arbutus, Maryland 21227 905 Stormont Circle (Son) William B. Griggs 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removel from Stete Holy Redeemer Cemetery 1/12/98 Baltimore 4 ☐ Donation 5 ☐ Other (Specify) Knight Jr 22. Name and Address of Facility 21. Signature of Funeral Service Licensee Milton J Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 23a. Part1. Enter the disease of complications that clusted the South. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on such line. Approximete Intervel Between Onset and Death Immediate Cause (Final CARDIAC FAILURE DALYS disease or condition resulting In deeth) Due to (or es a consequence of): ARDION940PATHY- ISCHEMIC YEAR Due to (or es a consequenca of) CEPSIL SKAIC Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 ☐ Yes 2 D No 1 □ Yes 2 □ No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how Injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

10e. Stete

Director

Funeral

þ

Be

2

Funeral

Director

r than "netural", or items 23a or 28a-f show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mettel Hygiene. Important: if item 27 Is marked other than "natural", or item any finlury or other traumatic event, the Mod call Examine

Baltimore, Maryland 21215-0020

the Maryland

deeth with

Examiner Physician/Medical þ Completed Certification:

sician end burial-transit be executed nding physician euse eshibe burial-USB signed by the etten I be deteched for u certificate this funeral After

Box 68760 P.O. Records, Division of Vital Are Hospital or Attenta.

24 hours effer death.

-eral Director: AF

-in by the To the Hospital within 24 hours e

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 25. Was case referred to medical 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier The properties of the past of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner stated.

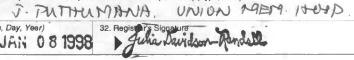
2 ■ Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and manner stated. (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Yeer) JANUARY, 06, 1998

BALTIMORE, MID

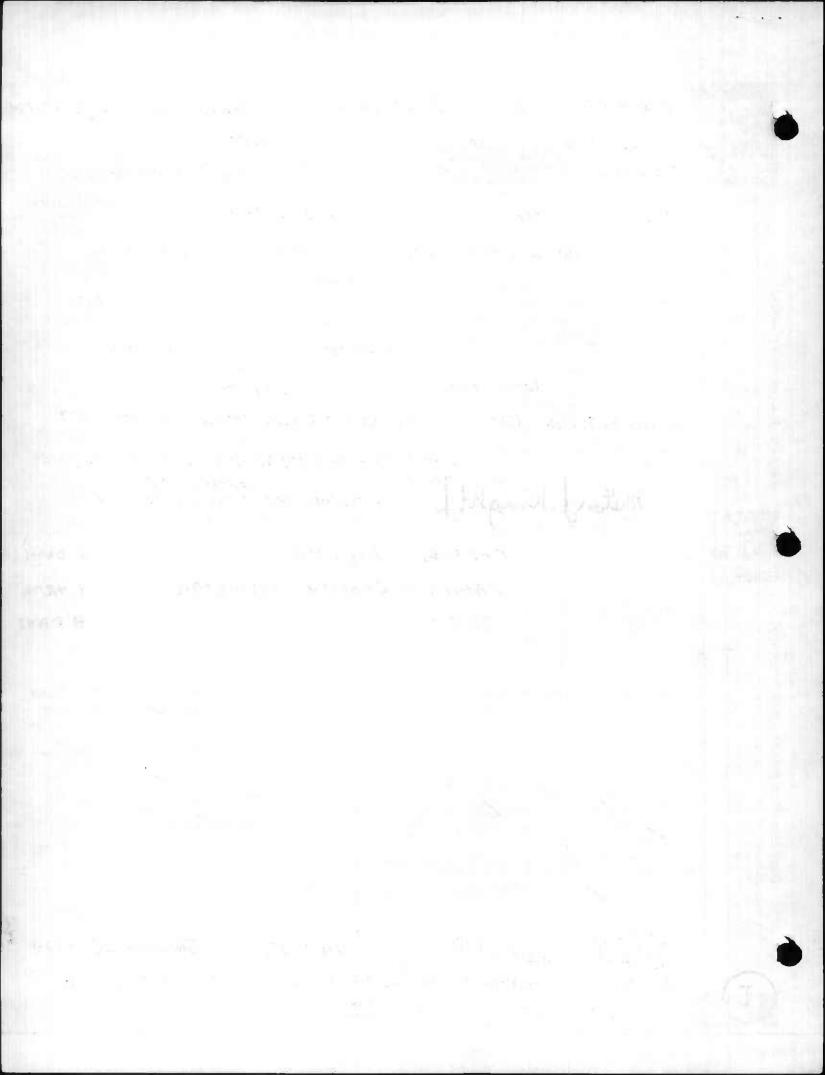
State Registrar

Medical

31. Date filed (Month, Day, Yeer) JAN 08 1998



address of person who completed cause of death (Item 23a) (Type, Print)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month ANNIE GORDON 7:05 PM JANUARY 4a. Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE BALTIMURE HOSPITAL SINAL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 10 M 20 F 62 Yrs 216-32-9454 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits NA Baltimore LETYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3309 Men 10 21215 4.5.4 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 DNo If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married 1□ Yas 2NNo Specify: Specify: Black 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Baltimore City Elementary/Secondary (0-12)
12th grade College (1-4or 5+) Investigator grade Department 5. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Brewer Almeta Hough James 19g. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Webb - Sister Road Woo amoor Woodlaun, 4d 21207 nita 20b. Place of Disposition (Name of gemetery, cremetory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from Stata Cenetery 1-10-98 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses ren F. 4 4300 0 Avenue Balto, my 21215 Walash 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

Ma

Director

Funeral

þ

Completed

Funeral

Director

7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Modical Examinar must be notified at

"naturel",

pernit. Peges 1 and 2 should be filed within i Depertment of Health and Mentel Hygione Important: If Iem 27 is marked other than "n any Injury or other traumatic swant

the Marylend

deeth

Saltimore, Maryland 21215-0020

90 funeral

þ

signed by the certificate has Attending Physicien: After this deeth. To the Hospital or Attence within 24 hours after deel! To the Funeral Director: filled in by the

Physician/Medical Completed 2 Certification:

P.O. Box 6876

Division of Vital Records.

State Registrar

Immediate Cause (Final Ischemic Iwcck disaasa or condition resulting in death) Due to (or es e consequence of) Failure Spiratory Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Last Due to (or es audonsequence of) Due to (or as a consequenca of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? Hrtery Disease. 1 Yes 2 No 3 Probably 4 ☐ Unknown oronary 24b. Were autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No 25. Wes case referred to medicat examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Netural 2 Accident 1 Yes 2 No 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

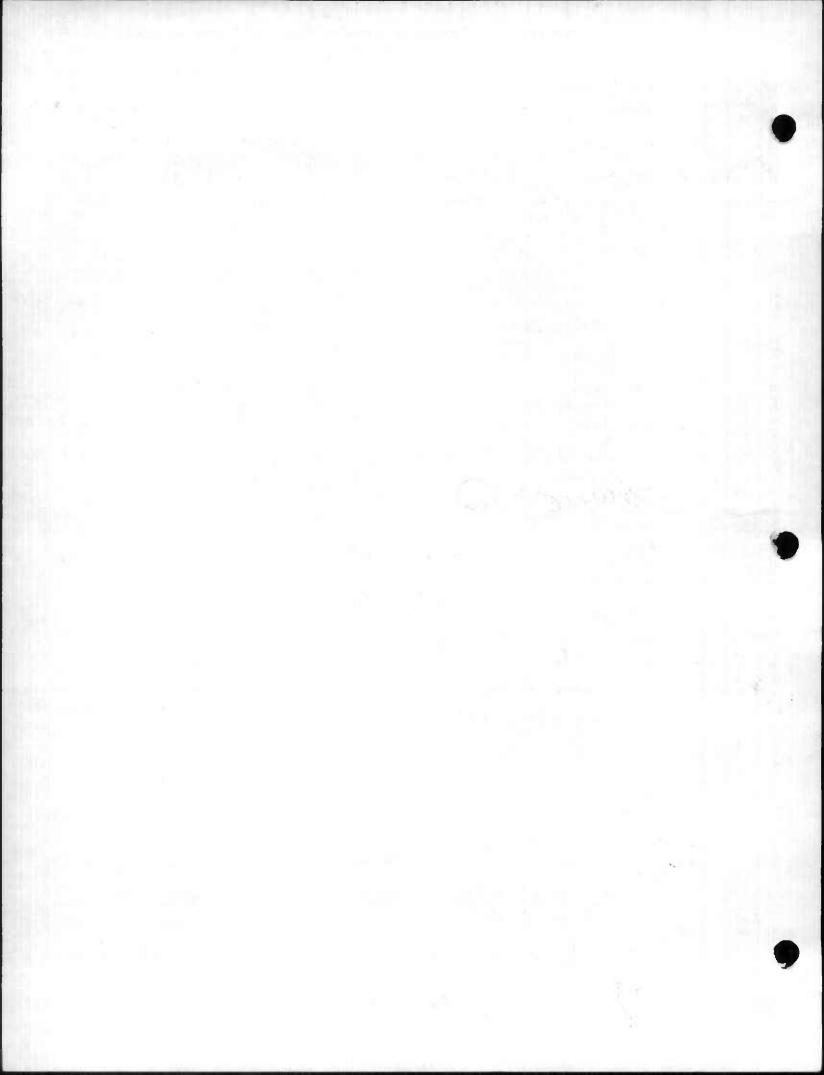
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. Medical 29b. Signature and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ER

0 8 1998

JW16H7

31. Date filed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Year **Physician** Clara I. Gerlach 6, 1998 1:45 AM January /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Fernsell Court - Apt. 1D Baltimore Rosedale 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 1□M 2XF Months Devs Hours 212-22-3450 74 Director June 2 1923 MD Usual Residence of Decedent 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits rithan "natural", or items 23s or 28s-f show the Medical Examiner insult be notified at 1 ☐ Yes 2 No Director MD Baltimore Rosedale 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4 Fernsell Court - Apt. 1D 21237 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Meritel Status Black, White, etc. IXYes 2□ No If Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: Specify: by 3 XWidowed 4 □ Divorced White Year or Dates: Completed 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) . Pages 1 and 2 should be fil ment of Health end Mental H lant: If Itam 27 is marked off lury or other traumatic even h end Mental F Be Joseph Bishop Marie Ruffini 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Dennis Gerlach / 8620 Goldenwood Rd Baltimore, MD 21237 20a. Method of Disposition 20b. Piace of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 🕅 Burial 2 □ Cremation 3 □ Removal from State Jan 8 permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 1998 Baltimore, MD 22. Name and Address of Facility
Connelly Funeral Home of Dundalk 21. Signature of Funeral Service License NON 7110 Sollers Point Rd 23a. Part1. Enter the dise of or complications that caused the death shock, or heart tailure list only one ceuse on each line. not enter the mode of dying, such as cardiac or respiratory Approximete Intervel Between Onset end Death Physician /Medical Immediate Ceuse (Finel Cancer DOO years diseese or condition resulting in death) Examiner Due to (or as a consequence of) Examiner end I-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Last Due to (or as e consequence of) ettending physician for use as the bunel Physician/Medical Due to (or as e consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy tindings available prior to completion of cause of death? been si 24a. Was an autopsy Completed is certificate hes t director, page 2 s 2X No 1 ☐ Yes No 1 ☐ Yes 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1□ Yes 2☑ No 1 Inpatient 2 ER/Outpetient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident Director: / 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 150 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of exemination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical 29d. Date signed (Month. Dav. Year) 29b. Signature and title of cartifier 29c. License number

Lutherville, MD

To the Hospital o within 24 hours eff To the Funeral Di completely filled in

DHMH 16 Rev 6/95

The law requires that the death certificate be executed

P.O. Box 68760

Records,

Division of Vital

Hospital or Attending Physician:

death.

the Marylend

with

72 hours after deeth

filed within

Baltimore, Maryland 21215-0020

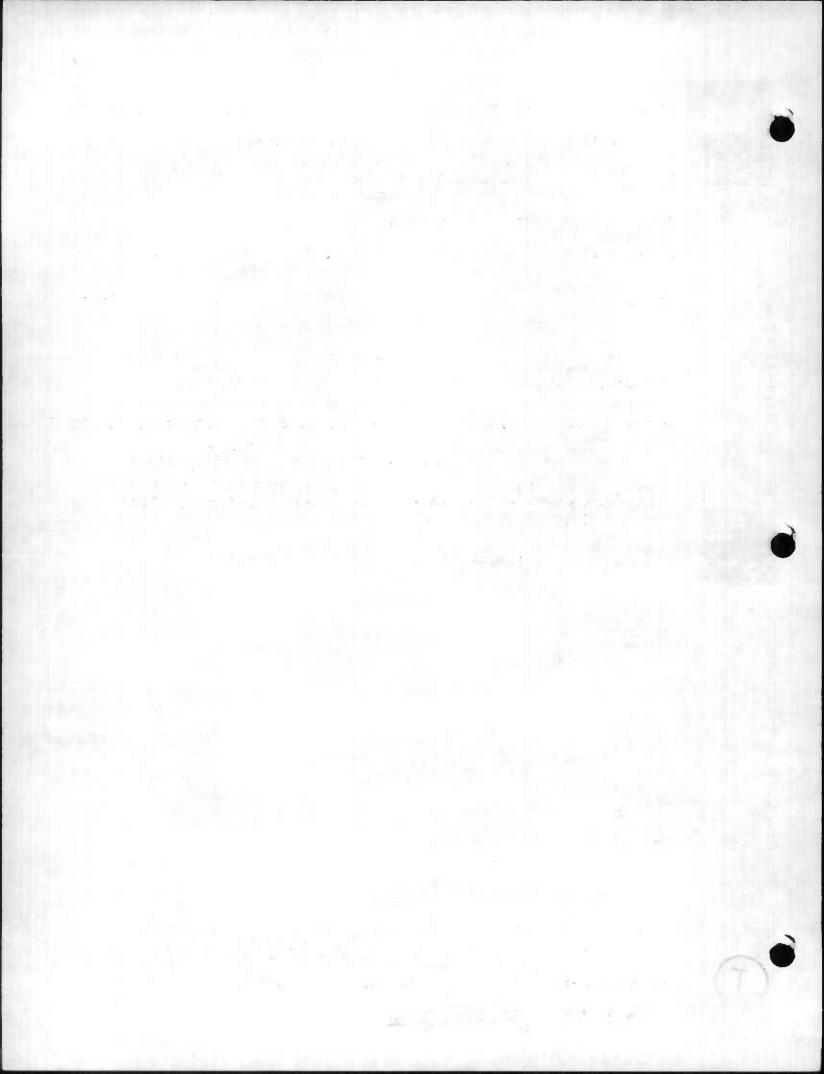
Janet Cooper, 31. Dete filed (Month, Day, Year) State Registrar

1447 York Rd. Registrar's Signeture -Rando Ba

JO DE 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

JAN 08 1998

M.D.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month Day LILLIE HILTNER JANUARY 12:30 PM 86 4a. Fecility Nema (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE if Under 1 Year | Months Days If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Year) 9. Birthpieca (Stele or Foreign 1□ M 2□ F Jan. 12, 1900 Balto. Md. 214-22-7092 Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Baltimore Owings Mills 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21117 IISA 4 Bitterroot Court 12. Was Dacadent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian Bleck, White, etc. 1 ☐ Yas 2 ☑ No Specify: White 16e. Decedent's Usuei Occupation 16b. Kind of Businass/Industry (Giva kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Housewife Own Home

Onset end Death

YEARS

24b. Were eutopsy findings aveilabla prior to completion of ceuse of deeth?

1 ☐ Yes 2 ☐ No

Funeral Director met be notified at Herns o altimore, Maryland 21215-0020 "natural", Hygiene. permit. Pages 1 and 2 should be file.
Department of Health and Mental Ity.
Important: If New 27 is marked oth.
any Injury or other traumatic evenions.

Physician

/Medical

Examiner

10e. Stete

Director

Physician /Medical Examiner

physician and s the burial-transit that the death certificate be executed Box 68760. P.O. signed by t Records, certificate Vital Attending Physician: o Division If or Attending after death. Director: After d in by the fun

Funeral 1 Navar Married 2 ☐ Marriad À 3 Nidowed 4 Divorcad Completed 15. Decedent's Education (Specify only highest greda completed) Elementary/Secondary (0-12) 7 th 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Frankland Haslup Mary A. Rogers 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2406 Appaloosa Way Mrs. Anna M. Proescher Finksburg, Md. 21048 20b. Pleca of Disposition (Name of cametery, cremetory or other placa) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 ☐ Buriel 2 ☐ Crametion 3 ☐ Removal from State 1/8/98 4 Donetion 5 ☐ Othar (Specify) Loudon Park Cemetery Baltimore, Md. 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility 11824 Reisterstown Road Reisterstown, Md. 21136 ELINE FUNERAL HOME ans 23a Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest, and the cause on each line. Immediete Ceuse (Final . ISCHEMIC CARDIOMIYOPATHY diseasa or condition resulting in death) Due to (or es e consequenca of): Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events Due to (or es e consequence of): Physician/Medical Due to (or as e consequenca of): Part II. Other algorificant conditions contributing to deeth but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 45 Unknown ARTERY DISEASE þ 24e. Wes en eutopsy performad? Completed RENAL INSUFFICIENCY 1 ☐ Yes 2 No 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 III Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 70 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 X Naturel 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Spacify) 28f. Location (Straet end Number or Rurel Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) end menner es steted. 2 Madical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. 29b. Signeture end title of cartifiar 29c. Licensa number 29d. Data signed (Month, Day, Year)

State Registrar

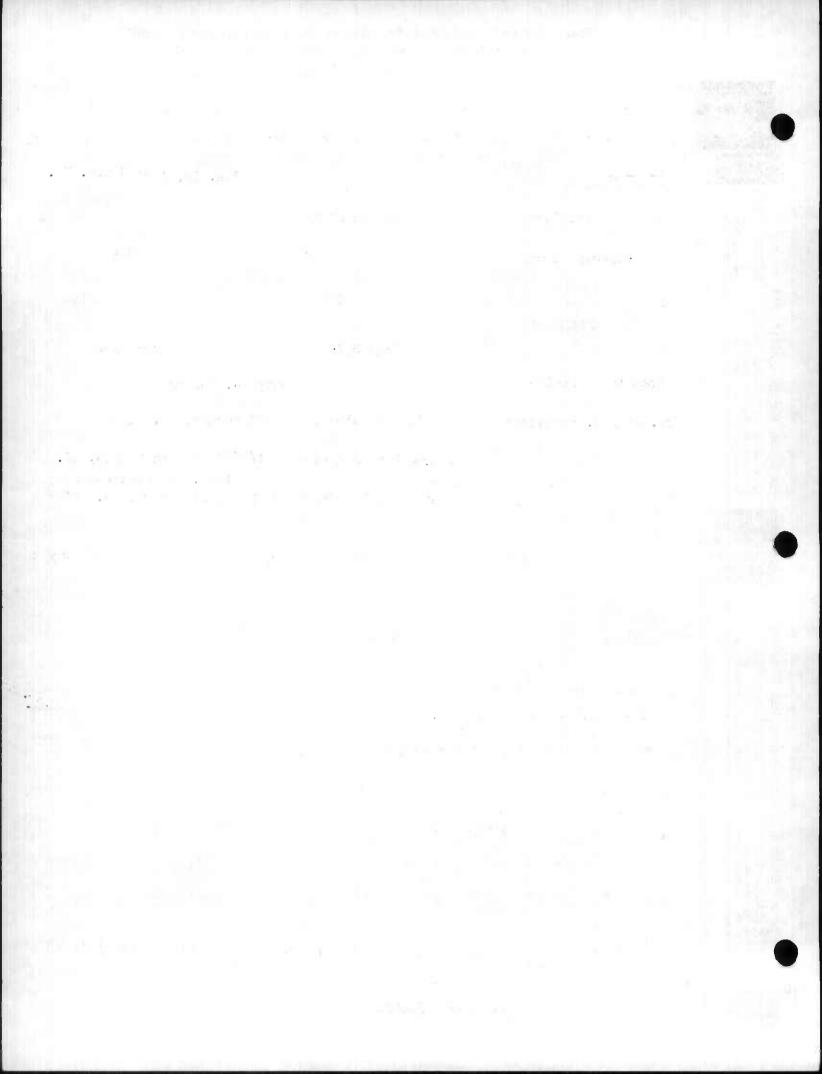
31. Dete filed (Month, Dey, Year) JAN 07 1998

K.S.RAO.M.D.



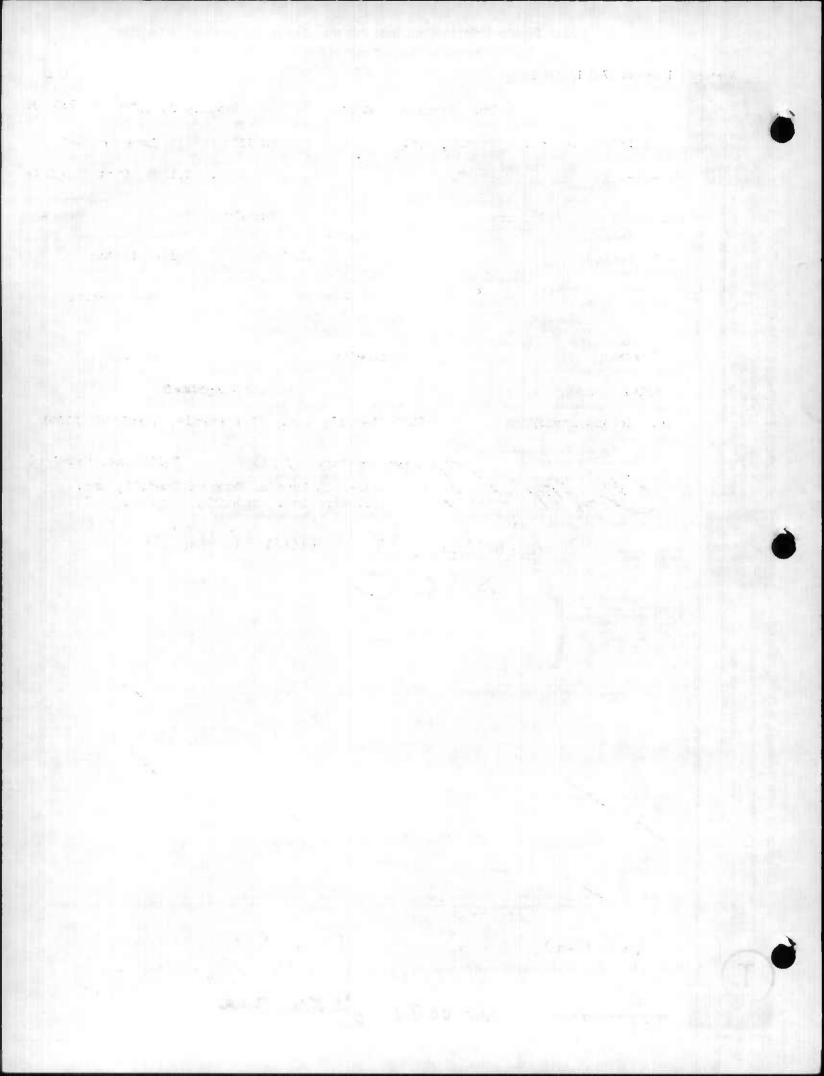
30. Name and address of person who completed cause of death (Item 23e) (Type, Print) / C. S. RAO. M.O.

043462



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. 98 Certificate of Death Amended #31 per VR G755 1/8/98 EW 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Dey Month **Physician** 7:00 AM January 2, 1998 Helen Virginia Helman /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Fecitity Name (If not institution, give street and number) Examiner Fairfield Home Health Nursing Ctr. Anne Arundel Crownsville If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Days Hours Min 1 M 2 M F Yrs. Director Jan. 30,1905 West Virginia 232-07-2318 Usuel Residence of Decedent with the Meryland 10a State 10b. County 10c. City, Town or Location 10d, Inside City Limits r 28a-f show Dundalk 1 Yes 2000 Maryland Baltimore Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or Hams 23a or 21222 United States 2918 Yorkway Pagas 1 and 2 should be filed within 72 hours efter death nent of Health and Mental Hygiene.
Int: If flean 72 is marked other than "natural", or flame 23.
Ity or other traumatic event, I'm Medical Exertine mustry or other traumatic event, I'm Medical Exertine mustry or other traumatic Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14 Race - American Indian 11. Marital Stetus Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 □ Never Married 2 □ Married 1 ☐ Yes 20 No Specify: White Specify: þ ₩Widowed 4 Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) College (1-4or 5+) Elementary/Secondary (0-12) 8 Years Housewife Own Home 18. Mother's Name (First, Middla, Maidan Sumame) 17. Father's Name (First, Middle, Last) Be Lettie Carpenter Melvin Tucker 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 7842 Cheverly Lnae Glen Burnie, Maryland Mr. Richard Davis/Son 20b. Place of Disposition (Name of cametery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition permit. Pagas Department of Important: If it eny injury or o 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 1/5/1998 Baltimore, Maryland 21. Signature of Funeral Bervice Latenses 22. Name and Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Pertl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervat Batween Onset and Death **Physician** /Medical Immediata Causa (Final disease or condition resulting In daath) Examiner Examine and I-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disaase or injury that initiated evants resulting in death) Lest Due to (or as a consequence of): physician at s the burief-t Box 68760 Physician/Medical Dua to (or as a consequence of): as USB 0 23b. Did tobacco use contribute to the cause of death? signed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to should 24a. Was an autopsy Completed completion of cause of death? paga 2 hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No cartificata Physician: 25. Was cese referred to medical examiner? Be 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 1 Yes 2 No 10 this funaral 27. Manner of Death 28d. Describe how injury occurred 28b Time of 28c. Injury at Work? Certification: 28a. Date of Injury (Month, Day Year) Aftar or Attanding 1- Natural 5 Pending 1 ☐ Yas 2 ☐ No death. Invastigation Director: / 2 Accident 6 Could not be detarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, atc. (Specify) eftar 4 Homlcide To the Hospital or within 24 hours eft To the Funeral Di completely filled in 29a. Certifier 🕊 Cartifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and dua to tha causa(s) and manner as stated Medical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature end title of cartifier ath (Item 23a) (Type, Print) TIC NUI 32. Registrer's Signeture

NAN 0 8 1998 31. Date, State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Arthur 4:45 Pm bruan 1998 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Irvington Knoll Baltimore If Under 1 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country), Days Months 1 M 2 F Hours 98 6-14-4044 Fabruary 11, 1899 Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits NA Ma 1 Yes 2 □ No Himore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ·S.A 4130 The Alameda 21218 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married 1□ Yes 2 No Specify. Black 3 Widowed 4 □ Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Bethlehem Steel Elementary/Secondary (0-12) College (1-4or 5+) Construction NA Worker grade 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Ella Edward Threatt 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Deborah Baltoco Hardy Halltiela Mid 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Nethod of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State Kan 4 ☐ Donation 5 ☐ Other (Specify) Heyonal elallstown, red Parte 21. Signature of Funeral Service Licenses 22, Name and Address of Facility 300 Walast 12a 140,49 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) arcinoma 050 Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or es a consequence of) Due to (or as e consequenca of): 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy periormed? 2 NO 20 NO 1 Yes 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one)

1 Yes

Physician Examinar

Physician

/Medical

Examiner

Funeral

Director

ahow

28a-f

6

naturel', or items 23a

the Medical Examiner must be notified

Director

Funeral

py

Completed

Be

20

the Maryland

death

Pages 1 end 2 should be filed within 72 hours after

permit. Pages 1 end 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is merked other than any Injury or other traumatic event, the Magnites.

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

Physician/M Completed by Be Certification: To

Medical

The law requires that the death certificate attending | been signed by should be detac cate has certificate Hospital or Attending Physician: 24 hours effer death.
Funeral Director: After this certifica etely filled in by the funeral director, p To the Hospital of within 24 hours e To the Funeral D completely filled in

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work?

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28d. Describe how injury occurred 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

Cartifying Phyalcían: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) and menner es stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and placa, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number H. Nacem

29d. Date signed (Month, Dey, Year)

30. Name end address of person who completed cause of death (Item 23e) (Type, Print).

MAEEM, AMATUN

31. Date filed (Month, Dey, Yeer) State JAN 08 1998 Registrar

1 Yes 2 No

5 Pending Investigation

6 Could not be determined

27. Manner of Death

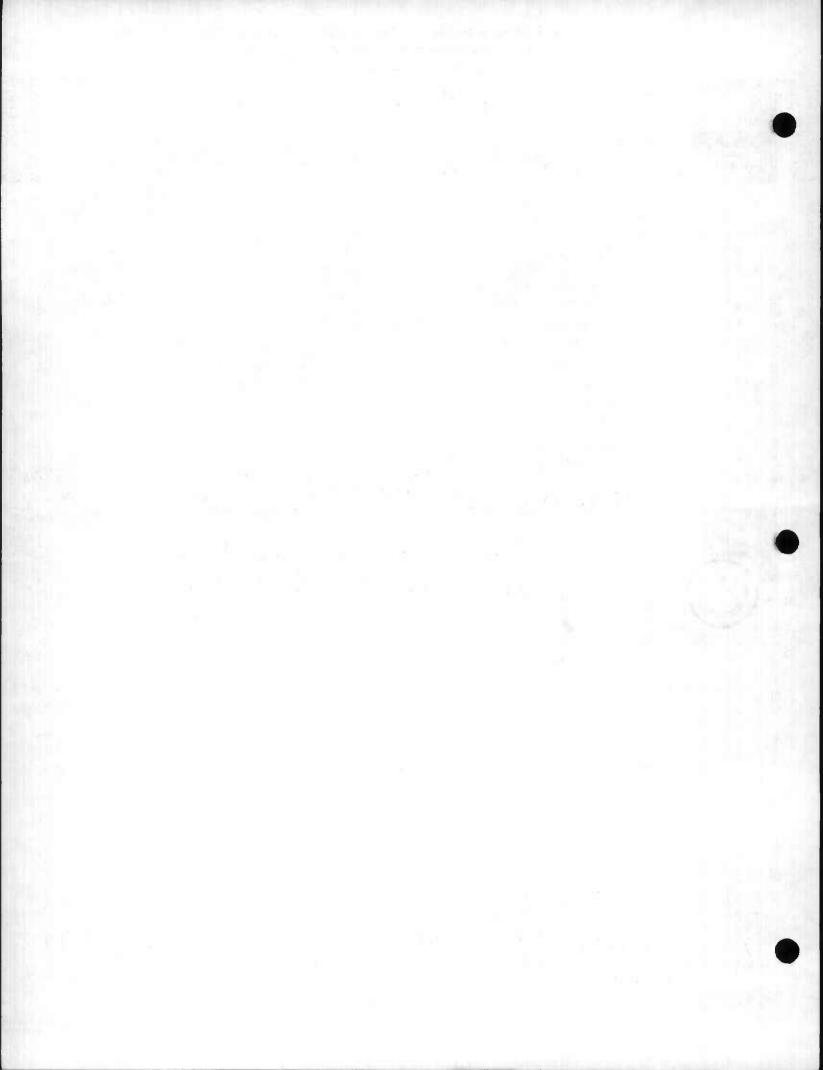
1 Natural 2 Accident

3 Sulcide

29e. Certifier

4 - Homicide

olphin Street



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth **Physician** Month James Robert Hartman, Sr. JAN 10.20 PM. 1998 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Laurel Regional Hospital Laurel Prince George's Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Mar. 22, 1924 5. Social Sacurity Number If Under 1 7. Aga (In yrs. lest birthday) 9. Birthplece (Steta or Foreign **Funeral** XXM 2DF 73 Yrs. Pennsylvania 190-14-4254 Director Usual Residence of Decedent the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Maxical Exampler must be notified at Director Howard 1 ☐ Yes 2XXIo Md. Laurel 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20723 9640-Q Barrel House Road USA Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? 1 12XYes 2 □ No If Yes, Give Yeer or Dates: WWII Wes Decedant of Hispanic Origin? (Specity Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Marriad XX Merried Baltimore, Maryland 21215-0020 1 Yes XXNo Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traument. Flementery/Secondery (0-12) College (1-4or 5+) Electronics Technician U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) James Jacob Hartman Edna M. Hinnershitz 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 9640-Q Barrel House Road Laurel, Maryland 20723 Shirley Hartman spouse 20a. Mathod of Disposition Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burial 2 【**Cremetion 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) 1/7/98 Metro Crematory, Inc. Catonsville, Md. 21. Signature of Funerel Service Licansee 22. Name and Address of Facility
Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Md. 20707 23a. Part 1. Enter the disease, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiretory errest, shock, or heert feilure. List only one ceuse on eech line. **Physician** e. CARDIAC ARRYTHMIA

Due to (or es e consequence of):

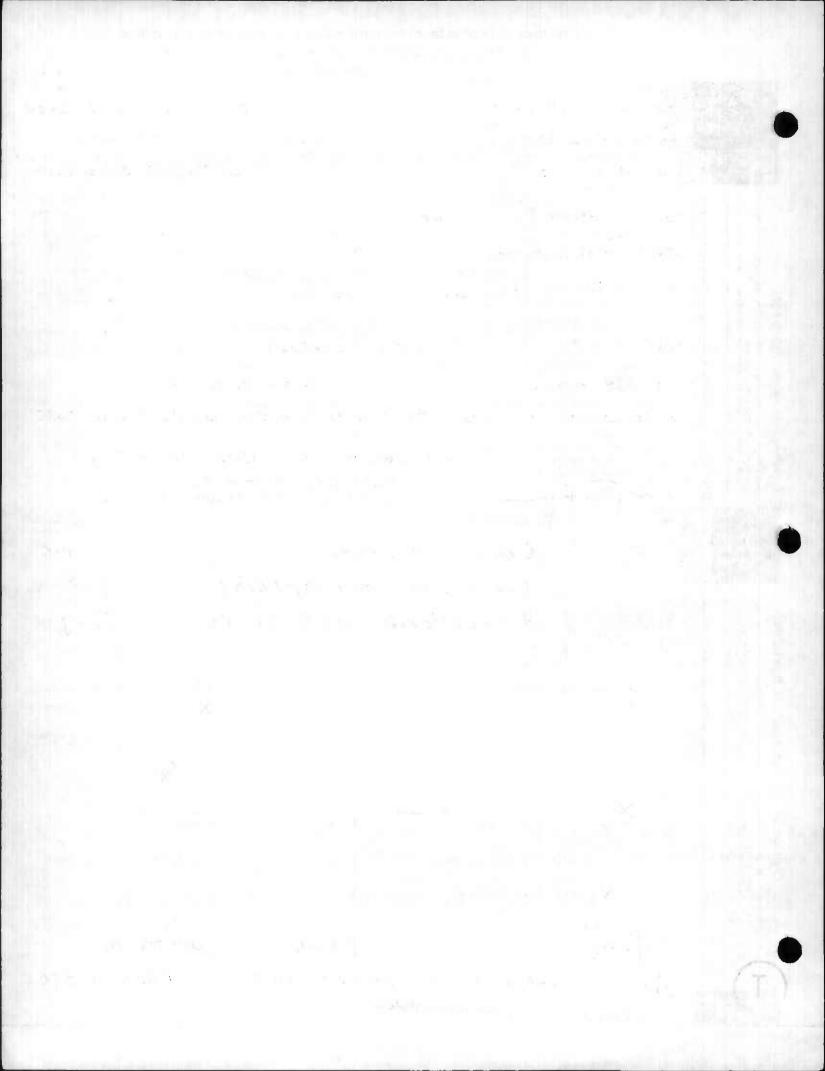
CONGESTIVE CARDIO MYSPATHY

Due to (or es a consequenca of): /Medical Immediete Cause (Finel One HOUR disease or condition resulting in deeth) **Examiner** Examiner that the death certificate be executed physician and s the buriel-tran Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Lest ATHEROSCIEROTIC HEART Box 68760, Physician/Medical P.O. 1 Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown should be deta Records, p 24b. Wera eutopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed page 2 s 2 X No After this certificate 1 □ Yas 2 □ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funersi Director: After this certifica complately filled in by the funeral director; 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Quipatient 3 ☐ DOA 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, date end plece, end due to the cause(s) end menner es stated.

2 Medicat Examiner: On the best of axeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end pleca, end dua to the cause(s) and menner stated. 29e. Certifier 29b. Signature and title of certifiar 29d. Date signed (Month, Dey, Year) 29c. Licansa number JAN 7Th, 1998. 022910 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) QADRI, 4700 BERWYN HOUSE RD, COLLEGE PARK MD20740 32 Aggistrar's Signetura Randese 31. Dete filed (Month, Dey, Year) State 08 1998 Registrar

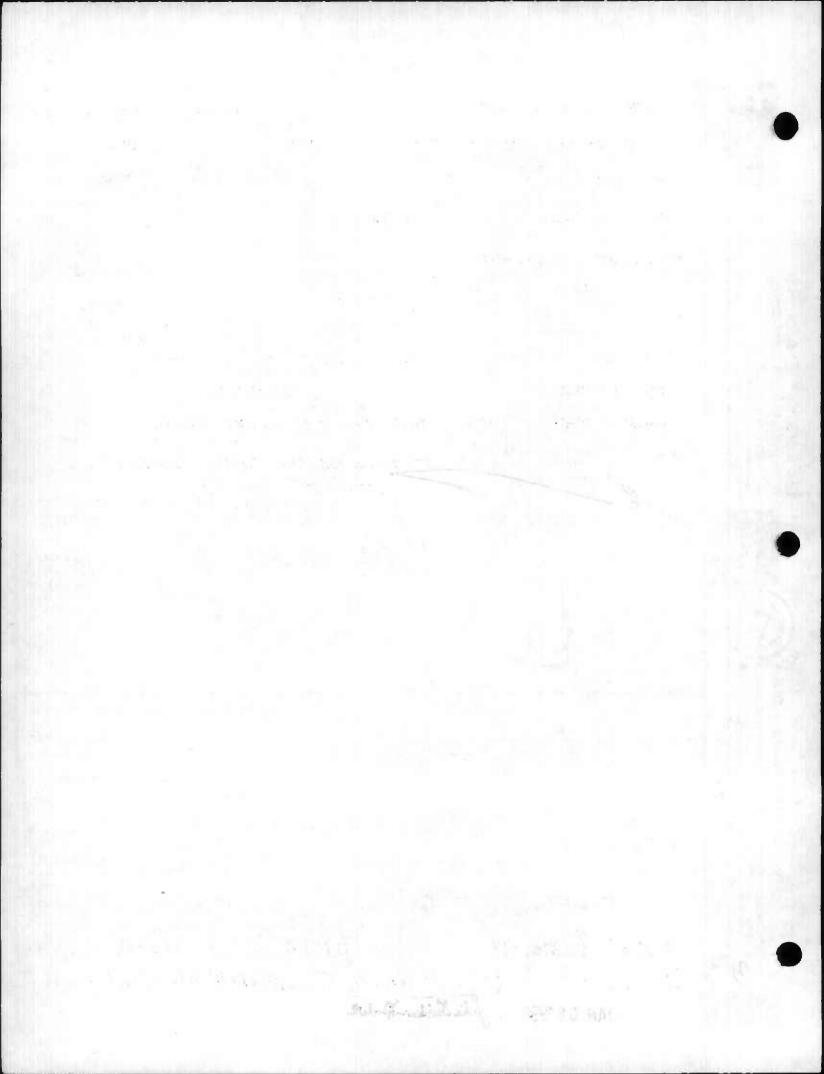
70-41 DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 98 02 2

178–34–9034 Usual Residence of Decedent 10a. State 10b. County	Va street and number) ORE MEDICAL Sex 1 DXM 2 F	CENTE o (In yrs. last b	Yrs. If Und Months wn or Location	der 1 Year	. City, Town, or L TOWSON If Under 24 Hrs. Hours Min.	2. Date of De Month JANUAI ocation of Deat 8. Date of Bir (Month, De 9/3/4	Day RY 06 th 4c. Coun BAL		lace (State o
4e. Facility Neme (If not institution, git GREATER BALTIM 5. Social Security Number 6. 178-34-9034 Usual Residence of Decedent 10a. State 10b. County MD BALTIMO 10e. Street and Number 8202 PLEASANT PL 11. Marital Status 1 Never Married 2 Married	va street and number) ORE MEDICAL Sex 1 DXM 2 F ORE	CENTE o (In yrs. last b	Yrs. If Und Months wn or Location	der 1 Year I	TOWSON If Under 24 Hrs.	JANUAI ocation of Deat 8. Date of Bir (Month, De	RY 06 th 4c. Coun BAL'	1998 ty of Deeth TIMORE 9. Birthpi Coun	E lace (State o
GREATER BALTIMO 5. Social Security Number 6. 178—34—9034 Usual Residence of Decedent 10a. State 10b. County MD BALTIMO 10e. Street and Number 8202 PLEASANT PL 11. Marital Status 1 □ Never Married 2 【X Married	ORE MEDICAL Sex 7. Age 10XM 20 F	(In yrs. last b	Yrs. If Und Months wn or Location	der 1 Year I	TOWSON If Under 24 Hrs.	8. Date of Bir	BAL'	TIMORE 9. Birthpi Coun	E lace (State o
5. Social Security Number 178-34-9034 Usual Residence of Decedent 10a. State 10b. County MD BALTIMO 10e. Street and Number 8202 PLEASANT PL 11. Marital Status 1 □ Never Married 2 ★ Married	Sex 7. Age 1DXM 2□ F	(In yrs. last b	Yrs. If Und Months wn or Location	der 1 Year	If Under 24 Hrs.	8. Date of Bin (Month, De 9/3/4	rth ey, Year)	9. Birthpl Coun	lace (State o
178-34-9034 Usual Residence of Decedent 10a. State 10b. County MD BALTIMO 10e. Street and Number 8202 PLEASANT PL 11. Marital Status 1 □ Never Married 2 ★ Married	1DXM 2DF	54	Yrs. Months			8. Date of Bi. (Month, Di 9/3/4	rth ey, <i>Year)</i> 3		
MD BALTIMO 10e. Street and Number 8202 PLEASANT PL 11. Marital Status 1 Never Married 2 Married		10c. City, To							SYLVAN
10e. Street and Number 8202 PLEASANT PL 11. Marital Status 1 Never Married 2 Married			MD BALTIMORE TOWSON 10e. Street and Number 10f. Zip Code						
8202 PLEASANT PL 11. Marital Status 1 Never Married 2 X Married	AINS ROAD		TOMSON						1 🗆 Yes
11. Marital Status 1 □ Never Married 2 🛣 Married	AINS ROAD		10f. Z	Zip Code			10g. Citizen of	What Coun	itry?
1 Never Married 2 X Married				212	286		T.	JSA	
	12. Wes Decedent E Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:				panic Origin? (Sp Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	o- 14. Ra	ace - America eck, White, e	
15. Decedent's E	ducation	160	e. Decedent's Us	ual Occupation	ion		16b. Kind of		
(Spacify only highast grant (0-12)	College (1-4or 5-	+)	lifa. DO NOT	vork dona dur usa retired)	ring most of work	ing	US GEC	LOGIC	AT.
12th GRADE			HYDROLI	C TECH	INICIAN		SURVEY		
17. Father's Neme (First, Middle, Last	1)			18	8. Mother's Nam	e (First, Middle	, Maiden Suma	ma)	
FRANK HELINSKY					CECILI	A LUCZA	K		
19a. Informent's Name/Reletionship (b. Mailing Addres	ss (Straat and	d Number or Rur	a <i>i Rout</i> a Numb	er, City or Town	n, State, Zip	Coda)
EMMALOU HELINSKY	WIF	-	3202 PLE		PLAINS I	ROAD T	OWSON,	MD 2	1286
	Removal from State					Date	20c. Location	- City or To	wn, State
		DULANE	Y VALLE	Y MEM.	GAR.	1/9/98	COCKEY	SVILLI	E, MD
21. Signature of Funeral Service Lice	nsee					WD D 1			
1								ID 211	206
23 art1. Enter the disease, or com	plications thet caused	the death. Do	not enter the mo	ode of dying,	such es cardiac	or respiretory e	rrest,	ID 21.	Approximate
snock, or neart failure. List only	one ceuse on eech line	θ.							Onset end D
Immediate Cause (Final		Par	2 nand	- 1	mari			i	1 100
resulting In death)	a	1 WI	noway	e U	onical			1	1 //4
		oue to (or as a	consequenca of):				Harri I	
	b	to (as as as		6.				<u> </u>	
if any, leeding to immediate		oue to (or as e	consequence of).				1	
Ceuse (Disease or injury that initieted events	c	un to for on a	connectioned of	· ·					
resulting in death) Last		na to (or as a	consequenca or)):					
	d								
Part II. Other eignificent conditions	contribution to double but	han han a wikin a	la da con de don		I. D. al	Anh mid	A-b		
other argumount conditions o	Anthouring to death but	HOLIESURING	in the underlying	canze âlveu	nı raı(I.		_/		
						10	Tes 2 Mo	3 ∐ Prob	ably 4 🗆 l
						24a, Was	an autopsy	24b. We	re sutopsy fi
						perfo	rmed?	ava	illable prior to apletion of ca
							ri.	of d	death?
0.7.11						10	Yes 2 No	1	Yes 200
examiner?	Hospitel: /					1 (Check only o	ona)		
	Inpatien			JUA	4 LI Nursing Ho				"
		Year) 28b.				28d. Describe I	how Injury occu	rred	
4 ☐ Homicide determined	28e. Plece of Injur building, etc.	y - At home, fo (Spacify)	arm, street, fector	ry, office		28f. Location (3 City or To	Street and Num wn, Stata)	ber or Rural	Routa Numi
non Courties and a use or	yelcian: To the best of	my knowledge	e, death occurred	d et the time,	date and plece, a ion, death occurr	and due to the ed at the time.	cause(s) and m date and place.	anner es ste , and due to	eted. the cause(s)
Medical Exam	niner: On the basis of e	A TION OF A	wor investigation	the state of the state of					
one)	niner: On the basis of e	ed.						- d /4/c=+t =	2-1- V1
Medical Exam	niner: On the basis of e	ed.		9c. License nu			29d. Date sign	ed (Month, D	Day, Year)
one)	niner: On the basis of e	ed.						ed (Month, D	Day, Year)
P 2	4 Donetion 5 Other (Special Control of Country of Pending Investigation of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Country of Co	1 Suriai 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licensee 21. Art 1. Enter the disease, or complications that caused shock, or heart failure. List only one ceuse on each line Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last 25. Was case referred to medical examiner? 1 Yes 26. Was case referred to medical investigation investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month, Day Investigation 2 Sexual Peace of Injury (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate Camate C	Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Comment Service Serv	Serial 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify)	1	10X Burial 2 Cremation 3 Removal from State 4 Donellon 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TO 8521 LOCH RAVEN BLVD. TO 8521 LOCH RAVEN BLVD. TO 9521 Loch Raven BLVD. To 95321 L	1 IX Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility JOHNSON FUNERAL HOME, P.A. 23. Sart1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, which, or heart failure. List only one ceuse on each line. 23. Sart1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, which is any, teeding to immediate Cause (Final disease or condition resulting in death) 24. Sequentially list conditions, if any, teeding to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): 25. Was case referred to medical cause. Enter Underlying cause given in Part I. 26. Due to (or as e consequence of): 27. Augure of Death (Check only ona) 28. Place of Death (Check only ona) 28. Dete of Injury At North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco use of Injury at North, Day Year) 28. Did tobsecco	1 Removal from State DULANEY VALLEY MEM. GAR. 1/9/98 COCKEYSVILL



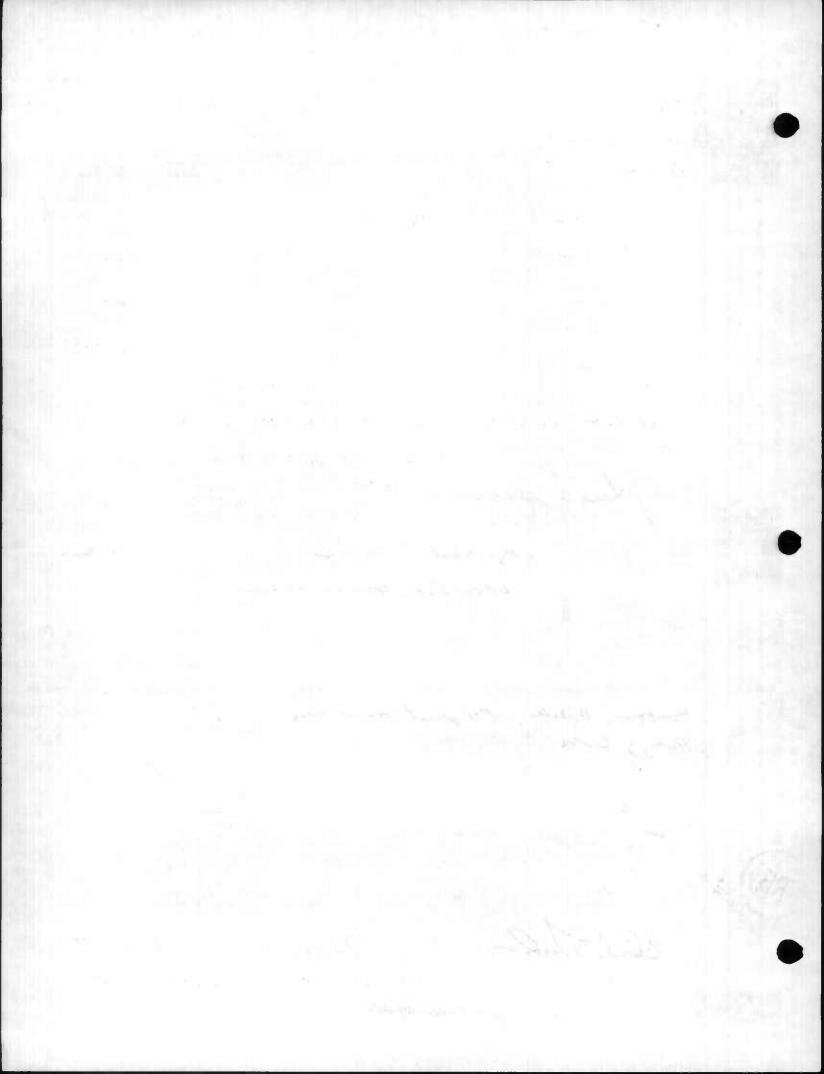
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Deceded Non- (Final)				00,	tificate of	Death		Reg. No.	0	0410		
cian		. Decedent's Neme (First, Ma				~~~~~			2. Date of De Month	Day	Year	3. Tim 1		
lical		Alice		izabeth		INGLI	MA	41 Oh T-	Januar			7:37 ar		
iner	46	e. Fecility Name (If not institu			•	tr o se	71.54		Location of Deet					
	5.	Franklin Squ Social Security Number	6. S			last birthday)	If Under 1 Yea	Rosed			ltimo			
l r	2	215-22-7089	1	☐ M 2 反 F	76	Yrs.	Months Days		. (Month, Da	24, 1921	Maryl	aca (State or For ry) and		
	1	Isual Residence of Decedent Oa. Stete 10b. Cou			10c. Ci	ity, Town or Lo	cation				110	d Inside Challin		
tor	M	Maryland Balti		е		oundalk					10	d. Inside City Lin		
ai Director		0e. Street end Number 103 Kentway				A1 3	10f. Zip Code 2122	22		10g. Citizen of U.S		ry?		
by Funeral	1	1. Marital Status 1 Never Merried 2 N 3 WWidowed 4 Divorce 1. Marital Status 1. Marital Status		12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	? No	1	Vas Decedent of f Yes, specify Cu I ☐ Yes 2X No	Hispanic Orlgin? (ban, Mexican, Pue Specify:	Specify Yes or No rto Rican, etc.)	14. Rac Ble	ca - America ck, White, e	tc.		
Completed		15. Deced	dent's Ed	fucation		16e. Decad	lent's Usual Occi	petion		16b. Kind of B				
pie		(Specify only hig Eiementary/Secondary (0-12		de completed) College (1-4or	5+)	life. L	kind of work don OO NOT use retir	during most of wood)	orking					
000		7				Но	usewife			Own	Home			
Be	17	7. Father's Name (First, Midd Joseph S. Par							ame (First, Middle		ne)			
10		9a. Informant's Name/Relation				1			. Dobson					
		lvin Parlett						ach Road						
	_	Da. Method of Disposition	-		20b. I	Place of Dispos	sition (Neme of		Dete	20c. Location				
		1 ☑Buriai 2 ☐ Cremetic 4 ☐ Donetlon 5 ☐ Other			Ebe	enezer C	hurch Ce	metery 1,						
	2	Signature of Pineral Servi	ice Lices	300 D	0	22 B	Neme and Add	ess of Facility Ki Funer	al Home	РА				
'		John W.	K	intowisk	0						sex. Md. 21221			
	2	3a P. F. Enter the disease, k, or heart failure. L	or comp	olications that cause one ceuse on each I	d the deer	th. Do not ente	er the mode of dy	ing, such es cardie	oc or respiratory a	rrest,		Approximete		
ar:	1											Interval Between Onset and Death		
	d	nmediete Cause (Finel isease or condition												
1		esulting in deeth)		Acute	Myoca	ardial	Infarct	Lon				20 Minu		
edical Examiner		esulting in deeth)		a	Due to (or as a conseq	uenca of):	Lon				20 Minu		
miner		esulting in deeth)	•	a	Due to (e	oras a conseq rtery D	uenca of): isease	Lon				20 Minut		
Examiner	S	esulting in deeth)	ſ	a	Due to (e	or as a conseq	uenca of): isease	Lon				20 Minut		
cal Examiner		equentially list conditions, any, leading to Immediate ause. Enter Underlying ause (Disease or Injury	ĺ	a	Due to (c	or as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequ	uenca of): isease uence of):	Lon				20 Minu		
edical	C th	esulting in deeth)	{	a	Due to (c	oras a conseq rtery D	uenca of): isease uence of):	Lon				20 Minu		
Medical	C th	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury hat Initieted events	{	a	Due to (c	or as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequ	uenca of): isease uence of):	Lon				20 Minu		
Medical	C th	esulting in deeth) equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury nat initieted events soulting in death) Lest	{	c. Corona	Due to (corp A) Due to (corp A)	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uenca of): isease uence of):		23h Did	tohacco use co				
Medical	C th	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury hat Initiated events southing in death) Lest		b. Corona c. d	Due to (corp A) Due to (corp A)	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uenca of): isease uence of):			tobacco use co	ntribute to t	the cause of de		
Physician/Medical	C th	esulting in deeth) equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury nat initieted events soulting in death) Lest		b. Corona c. d	Due to (corp A) Due to (corp A)	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uenca of): isease uence of):		23b. Dld	~	ntribute to t			
by Physician/Medical	Pa	equentially list conditions, any, leading to immediate ause. Enter Underlying lause (Disease or Injury nat initieted events southing in death) Lest Systemic Amy	loid	b. Corona c. d	Due to (c	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uenca of): isease uence of):		1 🗆 24a. Was		ntribute to t	the cause of dea		
by Physician/Medical	Pa	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury hat Initiated events southing in death) Lest	loid	b. Corona c. d	Due to (c	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uenca of): isease uence of):		1 🗆 24a. Was	Yes 20 No an autopsy	ntribute to 1 3 Probe 24b. Wer avail	the cause of dea ably 4 □ Unkr		
by Physician/Medical	Pa	equentially list conditions, any, leading to immediate ause. Enter Underlying lause (Disease or Injury nat initieted events southing in death) Lest Systemic Amy	loid	b. Corona c. d	Due to (c	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uenca of): isease uence of):		1 🗆 24a. Was	Yes 20 No an autopsy med?	ntribute to to 3 Probe	the cause of dealed with the cause of dealed autopsy finding to lebit of cause		
Be Completed by Physician/Medical	C thire	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury nat initieted events soulting in death) Lest Art II. Other significant cond Systemic Amy Renal Failur 5. Wes case referred to medi	loid	cdontributing to death to	Due to (c	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uenca of): isease uence of): uence of): uence of):	iven in Pert I. 26. Placa of De	1 ☐ 24a. Was perfo	Yes 25 No an autopsy med? Yes 25 No	ntribute to to 3 Probe	the cause of dealers of the cause of dealers of cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of		
To Be Completed by Physician/Medical	Pe 25	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury lat Initiated events soutling in death) Lest art II. Other significant cond Systemic Amy Renal Failur 5. Wes case referred to mediate and the systemic and the systemic and the systemic art in the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic and the systemic a	loid	d contributing to death to losis	Due to (c Ty A) Due to (c Due to (c	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uence of): isease uence of): uence of): uence of):	iven In Pert I. 26. Placa of Deher: 4□ Nursing	1 □ 24a. Was perfo	an autopsy rmed?	ntribute to 1 3 Probe 24b. Wer avail com of de	the cause of dealers of the cause of dealers of cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of		
To Be Completed by Physician/Medical	Pe 25	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury lat Initiated events assulting in death) Lest art II. Other significant cond Systemic Amy Renal Failur 5. Wes case referred to medievaminer?	rloid ce	c. Corona b. Corona c. d	Due to (c Due to (c Due to (c	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uenca of): isease uence of): uence of): uence of): derlyIng cause g	26. Placa of Deher: 4□ Nursing	24a. Was perfect the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	an autopsy rmed?	antribute to 1 3 Probe 24b. Wer avaicom of de 1	the cause of dealers of the cause of dealers of cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of		
To Be Completed by Physician/Medical	Pe 25	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury lat initieted events soutling in death) Lest art II. Other significant cond Systemic Amy Renal Failur 5. Wes case referred to mediexaminer? 1 Yes 20 No 7. Manner of Death 1 Shatural 5 Peniver	rloid	d. Corona c. d. losis Hospitel: 1 Suppation (Month, Da	Due to (c Due to (c Due to (c Due to (c	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequenc	uenca of): isease uence of): uence of): uence of): uence of): deriying cause g	26. Placa of De her: 4□ Nursing iny at ork?	24a. Was perfo	Yes 25 No an autopsy med? Yes 25 No one) dence 6 □Oth how Injury occur	antribute to to 3 Probe 24b. Wer avail common of do 1 I I I I I I I I I I I I I I I I I I	the cause of dealship 4 Unkries autopsy finding lebile prior to pletion of cause seth?		
To Be Completed by Physician/Medical	Pe 25	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury hat Initiated events soutling in death) Lest art II. Other significant cond Systemic Amy Renal Failur 5. Wes case referred to mediexaminer? 1 Yes 2 No 7. Manner of Death 1 Natural 5 Pen inve 3 Suicide 6 Cou	rloid	d. Corona c. d. losis Hospitel: 1 Suppation (Month, Da	Due to (c Ty A1 Due to (c Due to (c Due to (c Due to (c) Due to (c) Due to (c)	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or a consequence or a consequence or a consequence or a consequenc	uenca of): isease uence of): uence of): uence of): derlyIng cause g	26. Placa of De her: 4□ Nursing iny at ork?	24a. Was perfo	Yes 25 No an autopsy med? Yes 25 No one) dence 6 □Oth how Injury occur Street and Numb	antribute to to 3 Probe 24b. Wer avail common of do 1 I I I I I I I I I I I I I I I I I I	the cause of dealship 4 Unkries autopsy finding lebile prior to pletion of cause seth?		
Certification: To Be Completed by Physician/Medical	Per 25	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury lat initieted events soutling in death) Lest art II. Other significant cond Systemic Amy Renal Failur 5. Wes case referred to mediexaminer? 1 Yes 20 No 7. Manner of Death 1 Matural 5 Pen investigation of the condition of the cond	loid ce ical iding stigation ald not be semined	d. Corona b. Corona b. Corona c. d. Dentributing to death to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	Due to (c Ty A1 Due to (c Due to (c Due to (c)	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as	uenca of): isease uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of):	26. Placa of De her: 4 \(\triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle	24a. Was performed to the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only only only only only only only only	Yes 25 No an autopsy med? Yes 25 No one) dence 6 Oth how injury occur wn, State)	anner as sta	the cause of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers of dealers o		
edical Certification: To Be Completed by Physician/Medical	25 27 29 29 29 29 29 29 29 29 29 29 29 29 29	equentially list conditions, any, leading to immediate ause. Enter Underlying lause (Disease or Injury nat Initiated events southing in death) Lest art II. Other significant cond Systemic Amy Renal Failux 5. Wes case referred to mediexaminer? 1	rloid re iding stigation lid not be armined ying Physal Exam	d	Due to (c Ty A1 Due to (c Due to (c Due to (c)	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as	uenca of): isease uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of):	26. Placa of De her: 4 \(\text{Nursing} \) iny at ok? 2 \(\text{No} \) No sime, dete and plac opinion, death occ	24a. Was performed to the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only only only only only only only only	Yes 25 No an autopsy med? Yes 25 No one) dence 6 Oth how Injury occur Street and Numb wn, State) cause(s) and ma date and placa,	anner as sta	the cause of dealship debty 4 Unkries autopsy finding lebtle prior to pletion of cause seth? Yes 2 No Route Number, ted. he cause(s)		
Certification: To Be Completed by Physician/Medical	25 27 29 29 29 29 29 29 29 29 29 29 29 29 29	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury lat initieted events soutling in death) Lest art II. Other significant cond Systemic Amy Renal Failur 5. Wes case referred to mediexaminer? 1 Yes 20 No 7. Manner of Death 1 Matural 5 Pen investigation of the condition of the cond	rloid re iding stigation lid not be armined ying Physal Exam	d. Corona b. Corona b. Corona c. d. Dentributing to death to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	Due to (c Ty A1 Due to (c Due to (c Due to (c)	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as	uenca of): isease uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence o	26. Placa of Deher: 4 Nursing and Narsing at order and placopinion, death occurse number	24a. Was performed to the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only only only only only only only only	Yes 25 No an autopsymmed? Yes 25 No one) dence 6 Oth how injury occur Street and Numb wn, State) cause(s) and ma date and placa, 29d. Date signe	anner as sta and due to t	the cause of deal by 4 Unkrish to the cause of deal by 4 Unkrish to be successful by the cause of deal by the caus		
edical Certification: To Be Completed by Physician/Medical	25 27 29 29	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury lat initieted events soutling in death) Lest art II. Other significant cond Systemic Amy Renal Failur 5. Wes case referred to mediexaminer? 1 Yes 2 No 7. Manner of Death 1 Natural 5 Pen inve 3 Suicide 4 Homicide Homicide 9a. Certifier (Check only 2 Madic One) 9b. Signature and title of cartifications	rloid ce ding estigation and the emined tyling Physical Example ifier	d	Due to (c Ty A1 Due to (c Due	or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as a consequence or as	uence of): ISEASE uence of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence	26. Placa of De her: 4 \(\text{Nursing} \) iny at ok? 2 \(\text{No} \) No sime, dete and plac opinion, death occ	24a. Was performed to the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only only only only only only only only	Yes 25 No an autopsy med? Yes 25 No one) dence 6 Oth how Injury occur Street and Numb wn, State) cause(s) and ma date and placa,	anner as sta and due to t	the cause of deal by 4 Unkrish to the cause of deal by 4 Unkrish to be successful by the cause of deal by the caus		
edical Certification: To Be Completed by Physician/Medical	25 27 29 29	equentially list conditions, any, leading to immediate ause. Enter Underlying lause (Disease or Injury nat Initiated events southing in death) Lest art II. Other significant cond Systemic Amy Renal Failux 5. Wes case referred to mediexaminer? 1	rloid ce diag stigation and the semined ying Physial Examples ifier	d	Due to (c Ty A) Due to (c Due to (c Due to (c Due to (c) Due	or as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequ	uence of): ISEASE uence of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence of of): Jence	26. Placa of Deher: 4 Nursing in at order and place opinion, death occ se number	24a. Was performed to the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only of the seth (Check only only only only only only only only	Yes 25 No an autopsy med? Yes 25 No one) dence 6 □ Oth how Injury occur Street and Numb wn, State) cause(s) and ma date and placa, 29d. Date signe Januar	24b. Wer avail com of de 1	the cause of dealby 4 Unkers of the sutopsy findin leble prior to pletion of cause seath? Yes 2 No Route Number, ted. the cause(s)		

a section of the property of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sec

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

-		Decedent's Nam	e (First, Middle, L	ast)		Cer	tificate of	Death	2. Date of Dee	Reg. No. 9 E	0	3. Time of Death		
Physic		100	S. JONES						JANUAR		9 8 g 6	8:35 AM		
/Medi Exami		4e. Fecility Name (f not institution, gi LMINGTON		nber)	B.		4b. City, Town, or L BALTIM		4c. County				
Funerai Director	1	5. Social Security N 253-42-9	787	Sex 1⊠M 2□F	7. Age (In yrs. 69	last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day MARCH	22,1928	9. Birthp Coun GEO	lace (State or Foreign try) RGIA		
pung m		Usual Residence of 10a. State	10b. County		10c. Ci	ty, Town or Lo	cation				1	Od. Inside City Limits		
the Maryla 28a-f show notified at	otor	MD	N/A			BALTI	MORE					1 X Yes 2 No		
0 0 10 m	Director	10e. Street end Nu					10f. Zip Code			10g. Citizen of V	What Coun	try?		
e 23e Trust.b	eral		LMINGTON	7	d 5	10		21223			.S.A.			
UZO vur after death with the Maryla tal', or liente 23s or 28s-f show Exeminer must be notified at	by Funeral	11. Maritel Status 1 ☐ Never Marr 3 ☒ Widowed	ied 2 Married	12. Was Dece Armed For 1 Tes If Yes, Giv Year or Da	0		Vas Decedent of F Yes, specify Cuba ☐ Yes 2 No	dispanic Origin? (Sp an, Mexican, Puerto Specify:	ecity Yes or No- Ricen, etc.)	Specify	e - Americock, White, o	etc.		
Z1Z15-00Z0 d within 72 hours at gene. r than "natural", or the Medical Exam	Completed	(Spec	15. Decedent's E	ducetion rede completed)		16a. Deced	ent's Usual Occup	petion during most of work d)	ino	16b. Kind of B	usin ess/i nc	lustry		
Miller Man	gum	Elementary/Seco		Coilege (1	-4or 5+)			d)		ND HOUS	E OF	CORRECTION		
Hygin Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and Hygin and	Be Co	17. Father's Name	(First, Middle, Las	1 YR		GUA	KD	18. Mother's Nam				COMMEDITOR		
ylar ould be Ments Ments arked arked	To B	UNKNOWN						UNKN	IOWN					
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event		19a. Informant's Na				19b. Mailin	g Address (Street	and Number or Rur	al Route Numbe	r, City or Town,	State, Zip	Code)		
C - M - L		ROBERT]	E. HAMMII	LL(STEP-	20h [Place of Dieno	ition (Name of	TON AVENU		MORE, M				
Pages nent of mt: If ib		120 Burial 2	Cremation 3 (State	cemetery, crem	atory or other ple	IAL PARK						
= = = = =		21. Signeture of Fu		- 7	MEA	- 1	Name end Addre		1/8/98	ELKRI	DGE,_	MD.		
n adition	2002	1 Gao	Rie W	. Shan	mor			NERAL HOM NS AVENUE		DE MD	2.1	229		
Physician /Medical Examiner		Immediate Cause (disease or condition resulting in death)	Final			h. Do not ente	r the mode of dyir	ng, such as cardiac	or respiretory en	rest,	7	Approximate Interval Between Onset and Death		
	e.	resulting in deeding			Due to (d	or as a conseq	uenca of);				-			
outed ansit	Examiner	Sequentially list co	nditions	b. 63				sould Dist						
oof ou, tificate be axecuted g physician and as tha burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse, (Disease or Injury												
ficate be any physician is the burial	edicai	Ceuse (Disease or Injury that Initieted events resulting in death) Last Due to (or as e consequence of):					ence of):				1			
eath certification	-			d										
death death death	iciar	Part II. Other signif	icant conditions	contributing to de	ath hut not res	ulting In the un	deriving cause giv	ren in Part I	23h Didte	phaces that co	neribuse to	the cause of death?		
The Colors, T.C. DOX The law requires that the death cent te has been signed by the attendin page 2 should be detached for use	Physician/N	the - t	> /	. An	P .		acriying cause giv) // a		es 2 No		nebly 4 Unknown		
res that the signed by a detact	by I	Adolphas -	Vist	,	D. 6	rent V.	Control of	"Here						
v require	Completed by	History 2	CVA						24a. Wes a perfor		eve	ore autopsy findings bileble prior to appletion of cause		
e law has b	mpl									/	of c	deeth?		
- 10		25. Was cese refer	red to medical						1 🗆 Y		1 🗆	Yes 2 No		
Physician: this cartific ral director,	To Be	examiner?	_	Hospital:	npetient 2	ER/Outpetien	3□ DOA Oth	26. Place of Deat ler: 4 ☐ Nursing Ho	me 5 Aresid		er (Specify	1)		
ding Ph h. After thi funeral		27. Manner of Death	h 5 ☐ Pending	-	f Injury h, Day Year)	28b. Time of Injury	28c. Injur Wor	y at k?	28d. Describe h			,		
the fr	cati	2 ☐ Accident 3 ☐ Suicide	Investigation		-64-1			Yes 2□No	204 Leastine (C	4		I Control Alice has		
	Certification:	4 ☐ Homicide	determined	buildin	of Injury - At hig, etc. (Specif	ome, tarm, stre	et, factory, office	100	28f. Location (S City or Tow	n, State)	er or Hura	House Number,		
oletery fills	edical C	29a. Certifier (Check only one)	1 Certifying Pi 2 Medical Exa	hysician: To the i minar: On the ba and mann	sis of examina	wledge, death tion and/or inv	occurred at the tirestigation, in my o	ne, date and place, plnion, death occur	and due to the c red at the time, d	ause(s) and ma late and place,	inner as st and due to	ated. the ceuse(s)		
To m To the comple	×	29b. Signeture and	title of certifier	10			29c. Licens		2	29d. Dete signe				
		Ch	SCOK	res e-			234	951		1-	-6 -	78		
		30. Name and address						CHIEF 10	0 547	DIMORE	MD 0	1220		
Sta	te	DR. EDM		ACZUK -				SUITE 10	O - BAL	TIMORE,	MD 2	1228		
	ar	11		98	whia Davi	dsan-Ran	dell							

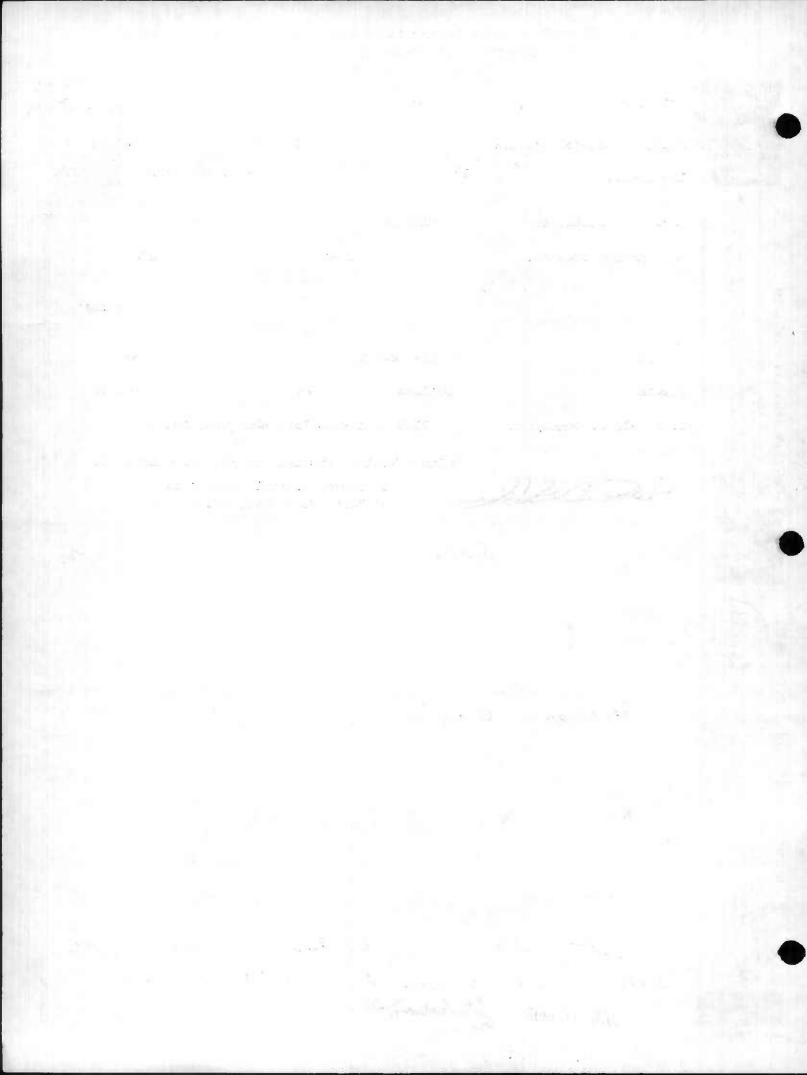


State of Maryland / Department of Health and Mental Hygiene

		1. Decedant's Nama (First, Middla, I	ast)	G0 T1		V2.11	te of		2. Data of De				3. Tima of De
Physicia /Medic		DOROTHY	C.		JONE	ES			January	Da 4	У	Yaar 1998	a:45 #
Examine		4a. Facility Nama (If not institution, g	iva street and numb	er)				4b. City, Town, or		h 40	County		
		Fallston General	Hospital					Fallsto				arfor	cd
uneral irector		5. Social Sacurity Number 6. 214-12-1772 Usual Rasidenca of Decedant	Sax 7. 1 □ M 2 1 F	Aga (In yrs. 75	last birthda Yrs.		ar 1 Yaar Days			th y, Year 5 , 1	922	9. Birthp Coun	laca (Stata or Fo try) Md •
MON III		10a. Stata 10b. County		10c. Cit	ty, Town or I	Location						1	0d. Insida City L
P De la	ctor	Md. Baltim	ore		Timor	ium							1 🗆 Yas 22
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examines must be notified at once.	Funeral Director	10a. Street and Number 201 Burning Tree	Rd.			10f. Z	ip Coda 2109	93		10g. Ci	tizen of W	/hat Coun	try?
Examiner n	þ	11. Maritai Status 1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Deceda Armed Forca 1 Yas 2 If Yes, Giva Yaar or Data	is? ∑ No	,S. 13			Hispanic Origin? (S ean, Maxican, Puar Specify:	Specify Yas or No to Rican, atc.)	>		k, Whita,	an Indian, atc.
netur.	peted	15. Decedant's (Specify only highast g	Education		16a. Dec	edant's Us	ual Occu	pation	dina	16b. K	Ind of Bu	sinass/inc	
Man	Completed	Elamantary/Secondery (0-12)	College (1-4d	or 5+)	lifa.	DO NOT	usa retire	during most of wo					
nt, m		12 17. Fathar's Nama (First, Middla, Las	ef)		Home	maker	-	18 Mother's Na	ma (First, Middla		wn h		
0 0 0	o Be		,,,	0	-11 inc				ma (r #st, Mioche	, ivialual		" endal	1.7
therm	2	Gordon 19a. Informant's Name/Ralationship	(Type, Print)	Co	ollins		ss (Straa	Edna t and Number or R	ural Routa Numb	er. City (
r trau		Mr. Ronald G. Jon				_		on Lane A					0000)
otho		20a. Mathod of Disposition			Placa of Disposematary, cr	position (Na	ama of		Data			City or To	wn, Stata
ILY OF		1 Burial 2 Cramation 3 4 Donation 5 Othar (Spec		ta				emorial	1/8/98	Tim	oniu	m, Mc	1.
Importa any inju ance.		21. Signature of Funeral Service Lip	CO means			22. Nama a	nd Addra	ass of Facility					
SESS		Harre D'	Mole					on Funera Rd. Tows					
		23a. Part1. Enter tha disaasa, or con shock, or haart failura. List only	mplications that caus	sad tha daat	h. Do not a	ntar tha mo	da of dyi	ng, such as cardia	c or raspiratory a	rrast,	0.1		Approximata Interval Betwee
cian													Onsat and Dea
dical liner		Immediata Cause (Final disease or condition resulting in death)											3 days
	-	resulting in death) Dua to (or as a consequence of):											
1	miner		b									1	
1	Exa	Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or Injury that initialed events Due to (or as a consequence of):										i	
D D	Cal	Causa. Entar Undartying Causa (Disaasa or Injury that initiated events Dua to (or as a consequence of):										1	
25	ğ	rasulting in death) Last Dua to (or as a consequence of):											
9 3	any		d										
	sicia	Part II. Other significant conditiona	contributing to death	but not ras	ulting in tha	underlying	causa gi	van in Part I.	23b. Did	tobacco	uae con	tributa to	the cause of d
	>	Alzheim									□ No	3 Prot	ebly 4 Uni
etachec	4		11)	, , , , , ,	,,,,						1		
p eq .	P								24a Was	an auto	psy	24D. WE	ere autopsy tindi ailabla prior to applation of caus death?
p eq	P								perfe	Jilliet 1		of o	death?
b ed bluods :	P									Allhaig r			
b ed bluods	Completed by								perfo	Yas 2	No		Yas 2□ No
should be d	Be Completed by	25. Was case rafarred to medical axaminar?	Hospital: •—				Ott	har	perfo	Yas 2	~	1 🗆	
director, page 2 should be d	To Be Completed by	25. Was case rafarred to medical	28a. Date of in	niurv	ER/Outpation		UA	har: 4□ Nursing I	perfo	Yas 2 ona) dance	6 □Othe	1 C	
director, page 2 should be d	To Be Completed by	25. Was case rafarred to medical axaminar? 1 Yas 2 No 27. Mannar of Daath 1 Natural 5 Pending	28a. Date of ir (Month, I				28c. inju Wo	har: 4□ Nursing I	perfo	Yas 2 ona) dance	6 □Othe	1 C	
director, page 2 should be d	To Be Completed by	25. Was case rafarred to medical axaminar? 1 ☐ Yas 2 ☐ No 27. Manner of Daath 1 ☐ Natural 5 ☐ Pending	28a. Date of in (Month, I)	njury Day Year)	28b. Time Injury	of M	28c. inju Wo	har: 4 Nursing I ry at rk?	ath (Check only of Homa 5 Rasing 28d. Dascribe	Yas 2 ona) dance how inju	6 Othe	1 E	
Is certificate has been signed director, page 2 should be d	Certification: To Be Completed by	25. Was case rafarred to medical axaminar? 1	28a. Date of in (Month, I)	njury Day Year) Injury - At he atc. (Specifiest of my known of examine	28b. Time Injury ome, farm, s y)	of M streat, facto	28c. inju Wo 1	har: 4 Nursing h ry at rk? Yas 2 No	ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only only only only only only only only	Yas 2 ona) dance how inju	6 Otha	1 Coor (Specify and specify al specify and specifical specifical specifical specifical specifical specifical specifical specifical specifical specifical specifical specifical	/) / Routa Number,
Director: After this certificate has been signed in by the funeral director, page 2 should be d	To Be Completed by	25. Was case rafarred to medical axaminar? 1	28a. Diace of building, 28a. Place of building, 28a. Place of building, 28a. Place of building, 28a. Place of building,	njury Day Year) Injury - At he atc. (Specifiest of my known of examine	28b. Time Injury ome, farm, s y)	of M Itraat, facto Ath occurred invastigatio	28c. Inju Wo 1 ry, office d at the ti n, in my c	har: 4 Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har	ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only only only only only only only only	Yas 2 ona) dance how inju Street ar wn, State causa(s data and	6 Otherry occurred Number a) and maid place, a	1 C str (Specify ed er or Rura ennar as st end dua to	/) / Routa Number,
Is certificate has been signed director, page 2 should be d	Certification: To Be Completed by	25. Was case rafarred to medical axaminar? 1 Yas 2 No 27. Manner of Daath 1 Natural	28a. Diace of building, 28a. Place of building, 28a. Place of building, 28a. Place of building, 28a. Place of building,	njury Day Year) Injury - At he atc. (Specifiest of my known of examine	28b. Time Injury ome, farm, s y)	of M Itraat, facto Ath occurred invastigatio	28c. Inju Wo 1 ry, office d at the ti n, in my c	har: 4 Nursing h ry at rk? Yas 2 No ma, deta and place	ath (Check only doma 5 Rasi 28d. Dascribe 28f. Location (City or To	Yas 2 pona) dance how inju Street al wn, Stati causa(s data and	6 Other occurred of Number a) and maid place, a	1 Car (Specify and specify and	/) // Routa Number, ated. tha causa(s)
is certificate has been signed director, page 2 should be d	Medical Certification: To Be Completed by	25. Was case rafarred to medical axaminar? 1 Yas 2 No 27. Manner of Daath 1 Natural	28a. Place of building, 28a. Place of building, 28a. Place of building, 28a. Physician: To the beautiner: On the basis and manner	njury Day Year) Injury - At he atc. (Specified of my known of examine steled.	28b. Time Injury ome, farm, s y) wledga, daa tion and/or i	of M Itraat, facto	28c. Inju Wo 1 Cry, office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my office of the tin, in my o	har: 4 Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har Nursing har	ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only of the characteristics) ath (Check only only of the characteristics) ath (Check only only only only only only only only	Yas 2 ona) dance how inju Street arwn, Stati causa(s data and	6 Other ry occurred Number a) and maid place, a	1 Car (Specify and a standard and a standard	() I Routa Number, ated. tha causa(s) Day, Year) 1495

Jon 25

0



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Day January 98 Kobert Johnson 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Harbor 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) Co Hosputa more 8. Date of Birth (Month, Day, Year) If Undar 1 Yaar Birthplace (State or Foreign Country) 6. Sex Months Days Hours 1MM 2□ F Oct. 31,1934 Maryland 213-30-3089 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Md. Saltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21225 IRMa Was Decedant Ever in U,S. Armed Forces? 1) Yes 2 □ No KOREAN If Yes, Giva Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) - American Indian. Black, Whita, etc. 1 Never Married 2 Married Specify: Black 1 Yas 2 No Specify: 3 ☐ Widowed 4 Divorced WAR Yaar or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary (Secondary (0-12) 12 grade 17. Fathar's Name (First, Middla, Last) College (1-4or 5+) Dealership 1 laintenance 18. Mother's Name (First, Middle, Maiden Sumama) ROBERT BUNCH iola Johnson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) -vanhoe Avenus, Baltimore, Mayland 21212 (Name of Data) 20c. Location - City or Fown, State nawlings (brother) 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Garrison Forest Cemetery 1-13-Dwings Mills Maryland 22. Name and Address of Facility Joseph H- Brown JR. Funeral Home PA 21. Signature of Funeral Sarvice Licenses 23a. Part1. Enter the disease, or complications that caused ne death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, approximate shock, or heart failure. List only one cause on each like. pproximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) RESPIRATORY PAILURE Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 2 DNO 1 ☐ Yas 2 ☐ No 25. Was case referred to medical examiner? 1 lines 2 lines No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

by

Completed

10

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumetic avent, tra Mexical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene.

Important: If Itam 27 Is marked other than "natural", or Itan any Injury or other traumatic avent, the Marital Essen

Baltimore, Maryland 21215-0020

the Manyland

980 signed by the a Division of Vital Records, P.O.

Physician/Medical

Completed by

Be

To

Medical

29a. Certifier

(Check only one)

29b. Signatura and title of certifier

31. Date filed (Month, Day, Year)

JAN Q 8 1998

page 2 certificate or Attending Physician: after death. Director: After this certifica director, funeral

Hospital 24 hours a Funeral completely To the within 2

Registrar

27. Manner of Death 1 Natural

2 ☐ Accident 3 Suicide 4 Homicide

5 Pending Investigation 6 Could not be determined

28a. Date of Injury (Month, Day Year)

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

05015

5.

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

21225

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

Honover St.

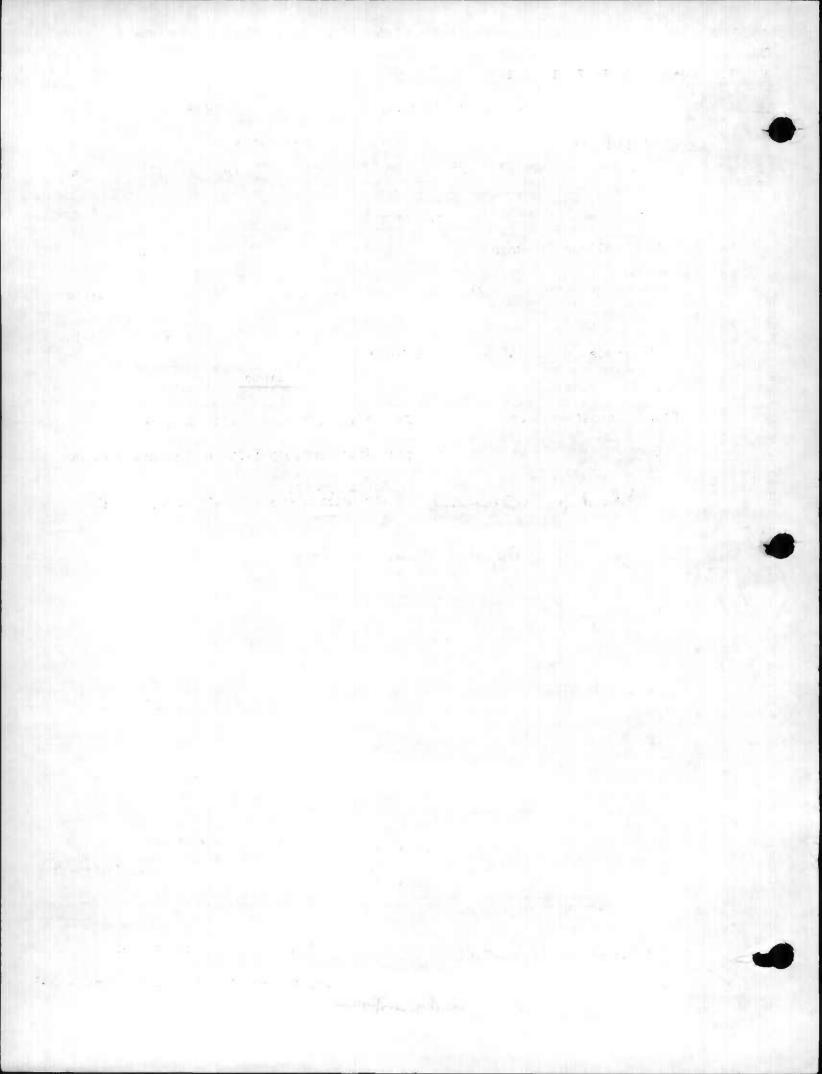
MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

3001

mo 82, Registrar's Signature who Davidson-Randell at look a with met are.

1. n	. Decedent's Name (First, Midd				1				2. Date of De Month	eath Day	Year	3. Time of Death
	a Facility Name (If not institution	on, aive	Chri:		Johns	on, Jr	4b. City, Tov	wn, or Lo	JANUAF		998 y of Death	9:05AM.
	SINAI HOSPITAL	on, give						TIMOF			,	
5.	Social Security Number 12-19-4085	6. Se	x XM 2□F	7. Age (In yi 25		day) If Under 1 Year Months Days	If Under 2	24 Hrs. Min.	8. Date of Bir (Month, De June 1	7,1972	9. Birthpla Countr	nce (Stete or Fore
	Isual Residence of Decedent Oa. State 10b. Count	hv		10c.	City, Town	or Location					10	d. Inside City Lim
		I/A			altim							17 Yes 2
10	0e. Street and Number		_			10f. Zip Code				10g. Citizen of	What Countr	y?
	2907 Allend	dale	Road	***************************************		212	229			U SA		
11	Marital Status M∑Never Married 2 Ma Widowed 4 Divorce		12. Was Dece Armed Fo 1 Yes If Yes, Giv Year or D	rces? 2XXNo e	U,S.	13. Was Decedent of If Yes, specify Cult	ban, Mexican,	gin? (Spe , Puerto f	cify Yes or No Rican, etc.)		ce - America ick, White, el fy: B]	
	15. Decede (Specify only highe	ent's Edu	ucation le completed)		16e. D	Decedent's Usual Occu Give kind of work done life. DO NOT use retin	pation during most	of working	na	16b. Kind of E		
	Elementery/Secondery (0-12)		College (1	-4or 5+)			ed)			Vari	ous Jo	bs
	12th grade 7.Fether's Neme <i>(First, Middle</i> hris D. Johns		N/A		La	oorer	18. Mother	r's Name haron		e, Meiden Sume ewart	me)	
15	9a. Informent's Name/Relation Sharon Johnson	ship (T)	ype, Print)	7-70		Meiling Address (Stree					, Stete, Zip (Code)
_		1-140		20h		907 Allend Disposition (Name of	ale Ro	ad	Baltim	ore, Md	City or Toy	m State
20	0a. Method of Disposition 1 ○ Burial 2 □ Cremation			State	Weste	rn Star C	emeter	v 1_		Catons		
2	4 □ Donation 5 □ Other (:					22. Name and Addr	ess of Facility	v	10 30	0000113	v 111C,	ITIG
	1 200				1	March F/I	H West					
In	shock, or heart failure. Lis mmediate Ceuse (Final lisease or condition esulting in death)	of composit only o		shot	Wor	4300 Waba of enter the mode of dy and of 1 ensequence of):	ing, such as	cardiac o	Balta r respiratory a	imore, N		15 Approximate Interval Between Onset and Death
In di ci Ci th	mmediate Ceuse (Final	or comp st only o		Due to	Word (or as a co	ind of 1	ing, such as	cardiac o	Balt- r respiratory a	imore, N		Approximate Intervat Between
In di re	mmediate Ceuse (Final lisease or condition esulting in death) Gequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury het britieted events	or compositionly of		Due to	Word (or as a co	ind of nonequence of):	ing, such as	cardiac o	Balt- r respiratory a	imore, N		Approximate Interval Between
Sif co Chh	mmediate Ceuse (Final lisease or condition esulting in death) Gequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury het britieted events	{	b	Due to	Word of (or as a co	enter the mode of dy and of 1 consequence of): consequence of): consequence of):	Veck	cardiac o	r respiratory a	arrest,		Approximate interval Between Onset and Death Onset and Death the cause of death
In die re	mmediate Ceuse (Final lisease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury net tritieled events esulting in death) Last	{	b	Due to	Word of (or as a co	enter the mode of dy and of 1 consequence of): consequence of): consequence of):	Veck	cardiac o	23b. Dld	tobacco use co	ontribute to	Approximate interval Between Onset and Death Onset and Death the cause of death the cause of death ably 4 Unkn
In di re	mmediate Ceuse (Final lisease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury net tritieled events esulting in death) Last	{	b	Due to	Word of (or as a co	enter the mode of dy and of 1 consequence of): consequence of): consequence of):	Veck	cardiac o	23b. Did 1 □ 24a. Was	tobacco use co	ontribute to 3 Probe	Approximate interval Between Onset and Death Onset and Death the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death o
In dire	mmediate Ceuse (Final lisease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying cause (Disease or injury net initieled events esulting in death) Last art II. Other significant conditions.	{	bd	Due to	Word of (or as a co	intenter the mode of dy ind of 1 insequence of): insequence of): insequence of): the underlying cause g	Ve CC	cardiac o	23b. Did 1 □ 24a. Was	tobacco use col Yes No san autopsy ormed?	ontribute to 3 Probe	Approximate interval Between Onset and Death Onset and Death the cause of death ably 4 Unkn reautopsy finding lable prior to spletion of cause eath?
Indicate Siff and Charles	mmediate Ceuse (Final lisease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury net initieted events esulting in death) Last art II. Other significant conditions are in the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	{	a. Gun	Due to Due to Due to	Word of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or as a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or a confidence of (or	intenter the mode of dy include for the mode of dy include for the mode of dy insequence of): insequence of): insequence of): the underlying cause g insequence of the underlying cause g	iven in Part I.	of Death	23b. Did 1 □ 24a. Was perf	tobacco use colves an autopsy ormed? Ves 2 No one) idence 6 Ott	ontribute to 3 Probe 24b. Wer available common of delivery their (Specify)	Approximate Interval Between Onset and Death Onset and Death the cause of death ably 4_Unkn are autopsy finding liable prior to impletion of cause eath?
In dire	mmediate Ceuse (Final lisease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury net initieled events esulting in death) Last art II. Other significant conditions are a conditionally also and a condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of th	al ling tigation	b c d Hospital: 1 X 28e. Date (Monitor)	Due to Due to Due to	Word (or as a co	enter the mode of dy and of the insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Inseque	iven in Part I.	of Death	23b. Dld 1 □ 24a. Was perf	tobacco use colves No san autopsy ormed?	ontribute to 3 Probe 24b. Wer available common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of delivery common of	Approximate interval Between Onset and Death Onset and Death the cause of death ably 4 unknown autopsy finding liable prior to impletion of cause eath?
In dire	isease or condition esulting in death) Gequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury het hitleted events esulting in death) Last art II. Other significant conditions are the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of	al ling tigation	a. Gun b	Due to Due to Due to Due to path but not r path but not r path but not r	Wo vo (or as a co	enter the mode of dy and of the insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Insequence of): Inseque	iven th Part I. 26. Ptece ther: 4 Numer at ork?	of Death	23b. Did 1 □ 24a. Was perf (Check only me 5 □ Res 28d. Describe	tobacco use colves No san autopsy ormed? Yes 2 No one) idence 6 Other town injury occurs of Short and Num	ontribute to 3 Probe 24b. Wer avail common of do sher (Specify)	the cause of dealers and Death the cause of dealers and Death the cause of dealers and Death the cause of dealers and Death the cause of dealers and Death the cause of dealers and Death the cause of dealers and Death
Indiare Siff Cthree	issease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury net hitteled events esulting in death) Last art II. Other significant conditions are under the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condit	filons con	a. Gul	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	Word (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (consequence of): Insequence of): Inseq	iven in Part I. 26. Ptece ther: 4 Number of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	of Death	23b. Did 1 24a. Was perf (Check only me 5 Res 28d. Describe 28d. Location City or To Ba (f-) and due to the	tobacco use colves an autopsy ormed? Yes 2 No one) idence 6 Ot how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to ho	ontribute to 3 Probe 24b. Wer avail com of de ther (Specify) irred	Approximate interval Between Onset and Death Onset and Death the cause of death ably 4 Unkn re autopsy finding lable prior to spletion of cause eath? Yes 2 No
Siff occ the re	isease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury het hitleted events esulting in death) Last art II. Other significant conditions are conditions as a condition of the conditions are conditions. 5. Wes case referred to medical examiner? 1	ding tigation d not be mined	b. C. d. Hospital: 1 X 28e. Date (Mon) 1 - 4. 28e. Place buildi sician: To the iner: On the biner: On the biner:	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	Word (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (enter the mode of dy and of 1 consequence of): iven th Part I. 26. Ptece ther: 4 Nurury at ork? Yes 2004	of Death	23b. Did 1 24a. Was perf (Check only me 5 Res 28d. Describe 28d. Location City or To Ba (f-) and due to the	tobacco use collection one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one) idence 6 Other one)	ontribute to a 3 Probe 24b. Wer available common of discommon of disc	the cause of dea ably 4 Unknown of cause eath? Yes 2 No Route Number, fer A Ve	
In did re	issease or condition esulting in death) Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury net hitteled events esulting in death) Last art II. Other significant conditions are under the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condit	ding tigation d not be mined	b. C. d. Hospital: 1 X 28e. Date (Mon) 1 - 4. 28e. Place buildi sician: To the iner: On the biner: On the biner:	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	Word (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (or as a color (consequence of): Insequence of): Inseq	iven in Part I. 26. Ptece ther: 4 Number of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	of Death of Death No d place, eth occurre	23b. Did 1 24a. Was perf (Check only me 5 Res 28d. Describe 28d. Location City or To Ba I for and due to the ed et the time.	tobacco use colves an autopsy ormed? Yes 2 No one) idence 6 Ot how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to how injury occur to ho	ontribute to a 3 Probe avail common of de their (Specify) irred their or Ryral of Carlon anner as sta, and due to ded (Month, E	the cause of dea ably 4 Unkn re autopsy finding liable prior to pletion of cause eath? Yes 2 No Route Number, fen A V C

DHMH 16 Rev 6/95

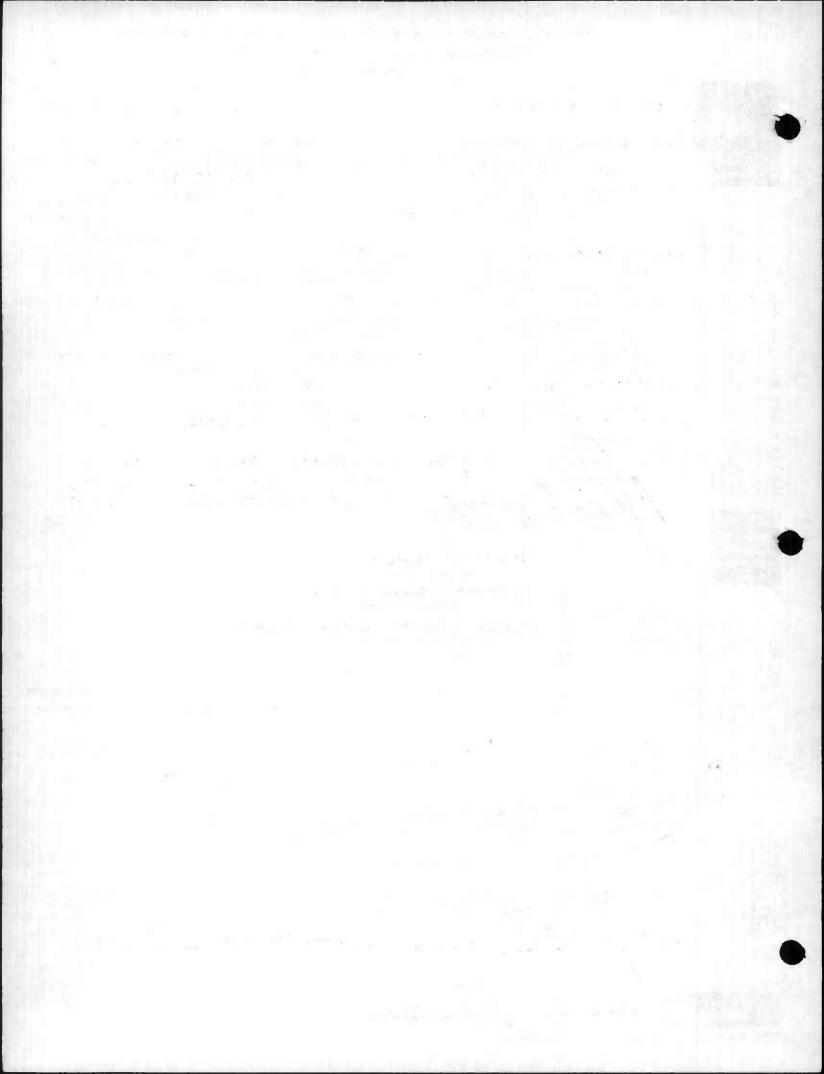


State of Maryland / Department of Health and Mental Hygiene 98 02 8

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month MILTON JENKINS TUNUARY 10-10 PM 1998 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SINAL HOSPITAL OF BALTIMORE BOLTIMORE BALTIMORE CITY 5. Sociel Security Number If Under 1 Year If Under 24 Hrs.

Months Devs Hours Min. 6. Sex 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours 219-10-5231 XXM 2□F 73 Yrs. Director July 29, 1924 Md. Usuai Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. toside City Limits "natural", or items 23a or 28a-f show Md. n/a Baltimore Director XXYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 4100 Dorchester Road 21207 USA Completed by Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-It Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black White etc. filed within 72 hours after 1 Never Married 2 Married ★ Yes 2 No If Yes, Give Year or Dates: 21215-0020 1 ☐ Yes Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 1946 Hygiene. other than "natura ent, pre Medical E 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind ot Businass/Industry Eiamantary/Secondary (0-12)
12Th Grade College (1-4or 5+) Government Wassa National Security Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) . Peges 1 end 2 should be filt ment of Health and Mentel Hy ant: if item 27 is marked oth jury or other traumatic event Be Milton Howard Jenkins SR. Maude Hale 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) wife Lovenia Jenkins 4100 Dorchester Road Baltimore, Md. 21207 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata to Surial 2 □ Commution 3 □ R 4 □ Donation 5 □ Other (Specify) 3 DRamoval from State Depertment of Important: If any injury or Druid Ridge Cemetery Jan. 9 Baltimore, Md. 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Licensee 2501 Gwynns Falls PKWY Baltimore, Md. 21216 lease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betw Onset and Death **Physician** Immediata Cause (Final diseasa or adition resulting in death) /Medical MIOCORDIAL ISCHEMIA **Examiner** Due to (or as a consequence ot) Examiner MULTIFOCAL BRAIN INFORCTS The lew requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es a consequence of) Box 68760, physician SEVERE PERIPHEROL VOSCULAR DISEASE Physician/Medical the Due to (or es e consequence of): esn Part ti. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.0. 23b. Did tobacco use contribute to the cause of death? signed by the 12 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? this certificate has 1 ☐ Yes 2 No 1 ☐ Yes 2 No of Vital or Attending Physician: after death. Director: After this certifice Be 25. Was cese reterred to medicei 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No Minpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred Certification: Division 5 Pending 1 Naturai 1 Yes 2 No 2 Accident investigation the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 4 Homicide rtifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 29a. Certifier (Check only one) idical Examinar: On the Pasis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b. Signature and tij of contifier 29c. License number / 29d. Date signed (Month, Day, Year) JANVORY 5 1998 COX M.D. BANG, Md. 30. Nama and odress of person who completed ceusa of death (Itam 23a) (Type, Print) Belvelere AVE. 2401 JORDY COX M.D. 31. Data tiled (Month 32. Registrar's Signature State his Davidson Randole Registrar

DHMH 16 Bev 6/95

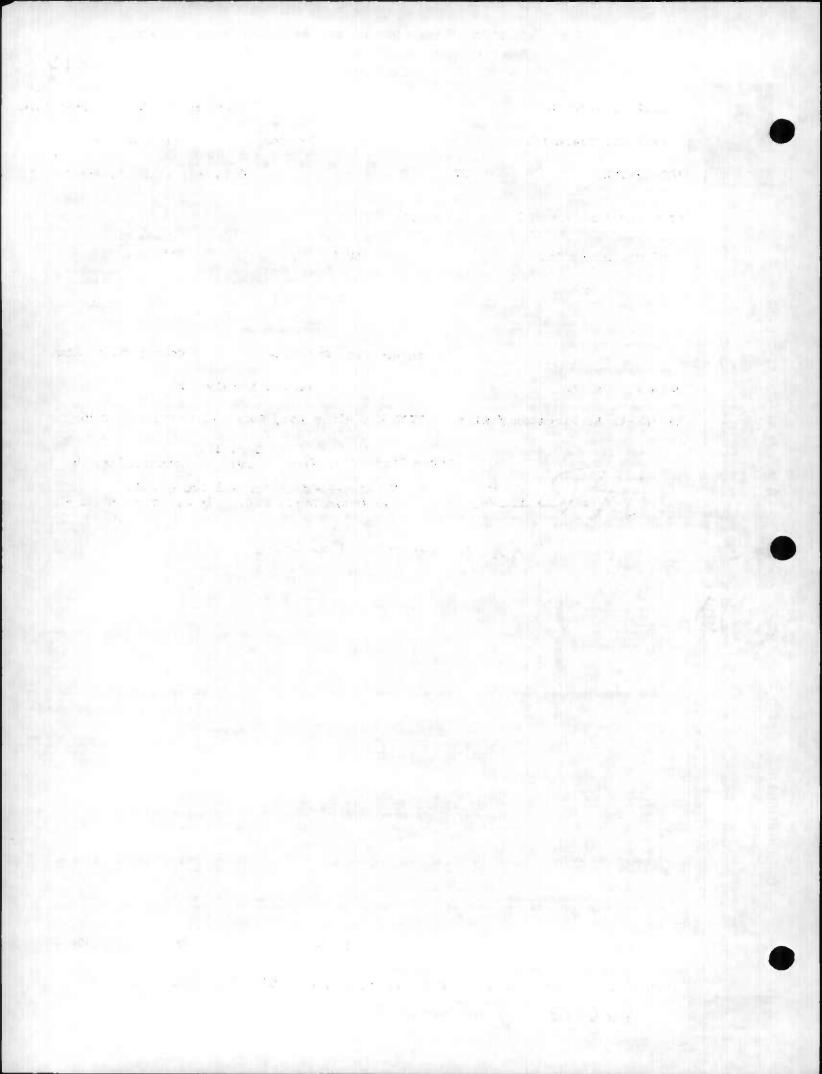


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Rea. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 7, 1998 Paul D. Kingston January 1:45 P.M. /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel 7709 Mt. Blanc Rd. Hanover If Under 1 Year | If Under 24 Hrs Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) **Funeral** Days 1월M 2□ F Months Hours Yrs 57 Oct. 28, 1940 163-32-1522 Director Pennsylvania Usual Residence of Decedent the Manyland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Hanover 1 ☐ Yes 2 No Maryland Anne Arundel Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7709 Mt. Blanc Rd. 21076 United States Funeral death Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian. 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces?

1 Yes 2 No
If Yes, Give
Year or Dates: Bleck, White, etc. 1 ☐ Never Married 2 ☑ Merried 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Maintenance Supervisor County Government 12 other 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) 12 should be fill and Mental H is marked out Mary Ellen Cooper John P. Kingston 19a. informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pages 1 and 2 nent of Health a nt: if flam 27 is v or other 7709 Mt. Blanc Rd., Hanover, Maryland 21076 Elizabeth A. Kingston / Wife Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete Important: If A any injure Jan. 10, 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removal from State 4 Denetion 5 Other (Specify) Metro Crematory, Inc. 1998 Catonsville, MD o of Euneral Service Digensee 22. Name and Address of Facility Kirkley-Ruddick Funeral Home, P.A. 421 Crain Hwy., S.E., Glen Burnie, MD 21061 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate ntervel Between Onset end Deeth **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Examiner Due to (or es e consequence of): Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury Due to (or es e consequence of): edica thet initieted events resulting in death) Lest Due to (or es e consequence of) Physician/M 8 23b. Did tobacco use contribute to the cause of death? Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 0.0 3 1 Yes 2 No 3 Probably 4 → Wiknown of Vital Records. P 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed H 20000 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No cartmoate Be 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify) To 1 ☐ Yes 2 ☒ No 결 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28c. Injury et Work? Division 1 Neturel 5 Pending Investigation 1 Tyes 2 No 2 Accident after deal! Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 8 24 hours Funeral edical 29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the bests of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) To the within 2 To the comple 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier January 8, 1998 D39505 onkay 30. Neme and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Yudhishtra Markan, M.D., 1406B Crain Hwy., Suite 202, Glen Burnie, MD 21061 32 Aggistrate Signeture Randoll 31 Date filed (Month, Day, Year) State JAN 08 1998

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death **Physician** Joyce C. Kramp 6:30 A.M. January 1998 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Genesis Eldercare Hammonds Lane Center Baltimore Anne Arundel 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number Birthplace (Stete or Foreign Country) **Funeral** 1□M 2XF Days 212 46 0784 52 Director Jan. 22, 1945 Maryland Usuai Residence of Decedent the Marylend 10a. State 10b. County 10c. City. Town or Location 10d. fnside City Limits r is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at Director 1 XYes 2 □ No Maryland N/A Baltimore 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? 3608 - 5th Street 21225 U.S. death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 5 No If Yes, Give Yeer or Dates: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Meritai Stetus 14. Race - American Indian. Biack, White, etc. hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Specify: þ White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usuei Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled with Department of Health and Mental Hygienn Important: If flem 27 ie marked other that any Injury or other trauments. Homemaker Own Home 9th 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Meiden Surname) Be Elsie McCuen Thomas Wiest 2 19a. informent's Name/Reiatlonship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Douglas W. Racey / son 3608 - 5th Street Baltimore, Maryland 21225 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 St Burial 2 ☐ Cremation 3 ☐ Removei from Stete 1/7/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Gonce Funeral Home P.A. Baltimore, Md. 21225 4001 Ritchie Highway 23e. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset end Deeth **Physician** /Medical immediate Cause (Finai disease or condition resulting in death) Examiner Examiner attending physician and for use as the burlal-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Last Box 68760. certificate be Physician/Medicai Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Dfd tobacco use contribute to the cause of death? the Division of Vital Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peen page 2 has 1 Yes 2 No 1 Yes 2 No certificate 25. Wes case reterred to medical examiner? Be 26. Piace of Deeth (Check only one) Hospital: 1 ☐ Yes 2 ☑ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 inpatient 2 ER/Outpatient 3 DOA this uneral 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. injury at Work? After t Certification: Hospital or Attending 1 Maturai 5 Pending investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Af 1 Yes 2 No 2 ☐ Accident 6 ☐ Could not be 3 ☐ Sulcide 28e. Placa of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) 29b. Signature and the of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) WEHAG SP 1-5-98 205 30. Name and addreas of person who completed cause of death (item 23a) (Type, Print) 103 5. PATAPSED AV5-31. Date filed (Month, Day, Year) 32. Registrar's Signature State Edia Davidson

DHMH 16 Rev 6/95

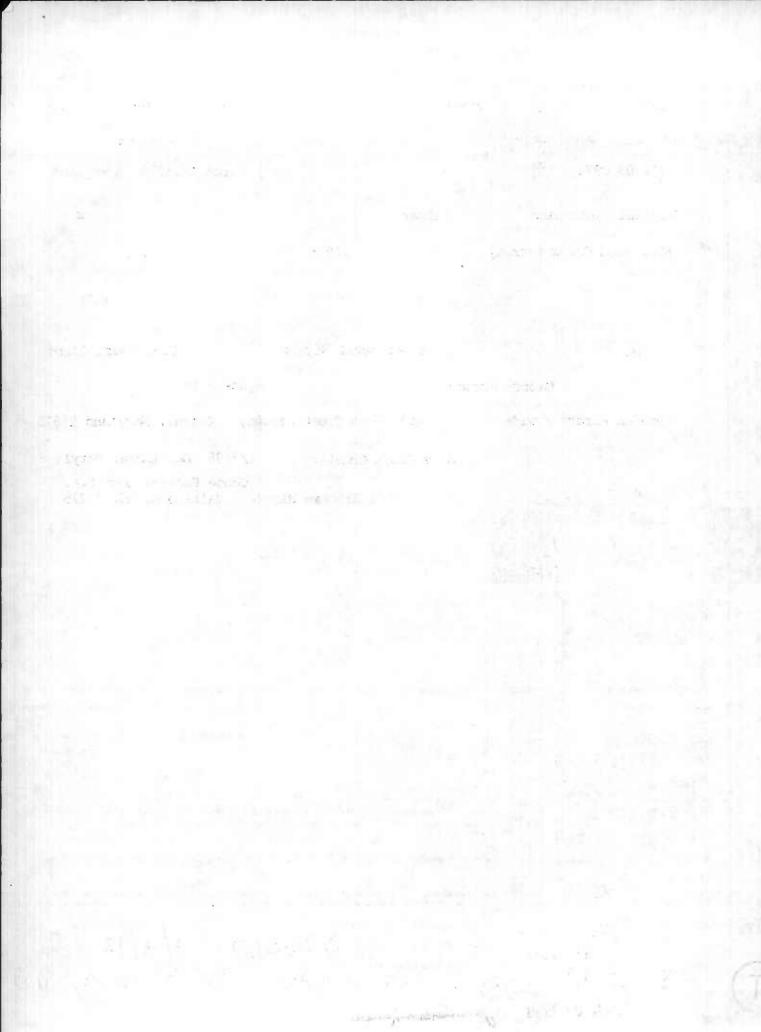
Registrar

JAN 08 1998

CERTIFICATION OF SHIP pro sellatio fluore del marcona.

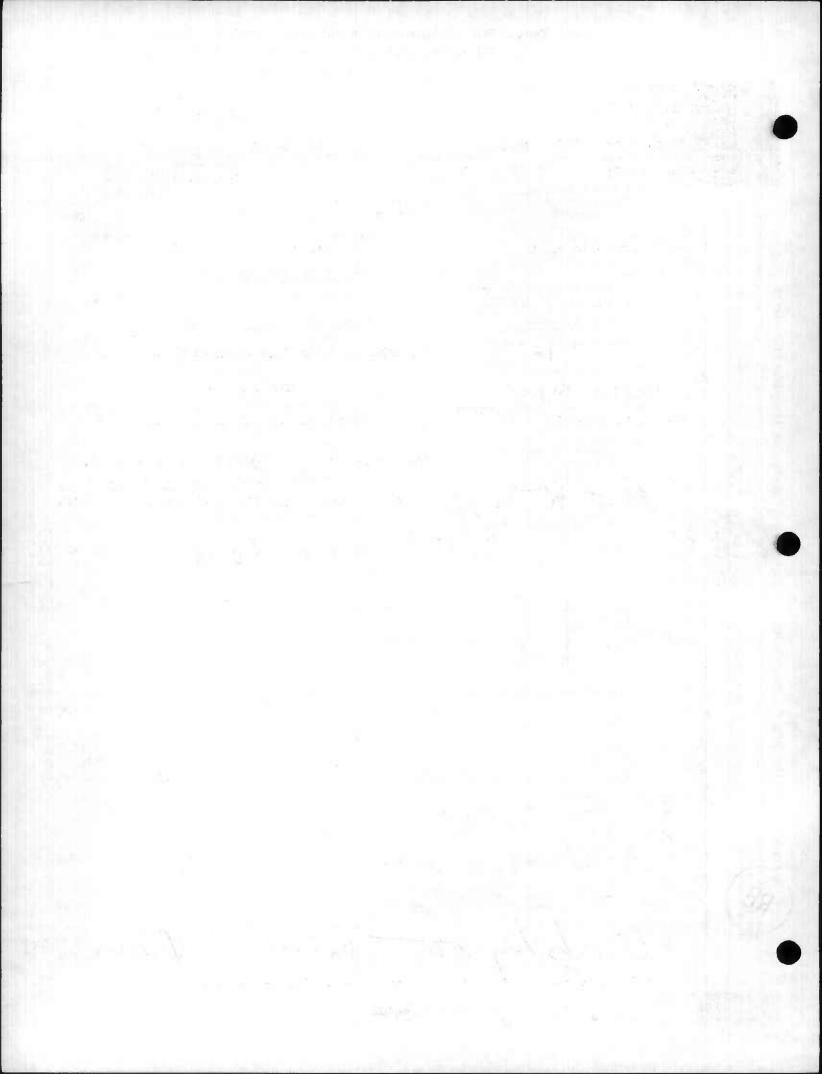
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygienes

		1. Decedent's Name (First, Middle, La	ist)	100	Certificat	0 01	Douin	2. Dete of Dar		3. Time of Dee
Physic /Medi		JOSEPH	K	URSCH	Sr.			JAN	2 1998	9:30AM
Examir	ner	4e. Fecility Neme (If not institution, git)			4b. City, Town, or L	ocation of Death	4c. County of [Deeth
	_	8963 WOOD CREEK F		an da um lant h	oirthdey) If Undar	-	DELMAR If Undar 24 Hrs.	To Day (D)	WICOMIC	
Funeral Director			125M 2□F	ge (In yrs. last b	Yrs. Months	Deys	Hours Min.	8. Date of Birt (Month, De March	4,1918	Birthplece (Stete or For Country) Maryland
Mon #		10e. State 10b. County		10c. City, To	wn or Location					10d. Insida City Lir
28a-f show	to	Maryland Wicomi	.co	Delm	ar					X Yas 2□
23a or 28	Funeral Director	10e. Straet and Number 8963 Wood Creek	Parkway		10f. Zip	Code 2187	75		10g. Citizen of Wha	t Country?
In and Menial hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Exacticer main be notified at	by	11. Maritel Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 12 Yas 2 If Yes, Give Year or Detes:	No.	1□ Yas		ispenic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)	14. Rece - A Bleck, V Specify:	Amarican Indien, White, atc. White
Hygiene. ther than "natur int, i'm Med cal	Completed	15. Decadent's E (Specify only highest gr Elementery/Secondary (0-12) 8th	ducation ede completed) College (1-4or	5+)	e. Decedent's Usue (Give kind of wor life. DO NOT us heet Meta	rk done se retired	during most of work i)	ing	16b. Kind of Busine	ess/Industry
other ont,	BeC	17. Fether's Name (First, Middle, Last)				18. Mother's Nem	e (First, Middle,	Maiden Sumeme)	
rked rked tic e	ToB		Seorge Kur	sch			Ag	mes Pyl	.e	
is marked of	-	19e. Intorment's Neme/Reletionship (Type, Print)	19	b. Meiling Address	(Street	end Number or Rur	al Route Numbe	r, City or Town, Ste	te, Zip Code)
t or Haaith er If item 27 is or other trau		Zenaida Kursch	/ wife				ek Parkwa	ay Del	Lmar, Mar	yland 21875
or oth	dury	20e. Method of Disposition 1 Rurlel 2 □ Cremetlon 3 □	Ramoval from Stata	20b. Pleca cemat	of Disposition (Namery, cremetory or or	ne of ther plea		Deta	20c. Location - City	
tant:		4 Donetion 5 Other (Specif	*	Holy	Cross Ce		-4	1/7/98	Baltimore	e, Maryland
important: It any injury o		21. Signature of Funeral Service Ligar	Lone		22. Nama and 4001 R:				uneral Ho imore, Mo	
aminer	Examiner	resulting in deeth) Sequentielly list conditions.	b		consequence of):					
sician and buriel-trans		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that letter quests	C							*
ending physician and use es the buriel-transit	edical	if eny, leeding to Immediate cause. Enter Undertying Ceuse (Disease or Injury thet Initiated events resulting in deeth) Last	d	Due to (or as a	consequenca of):					
ttendin for use	edical	resulting in deeth) Last	d			ause give	en in Pert I.	23b. Dld t	obecco use contrib	oute to the cause of de
by the ettendin tached for use	Physician/Medical	thet initiated events	d			ause giv	en in Pert I.	23b. Dld t	1.	
is been signed by the ettendin 2 should be detached for use	by Physician/Medical	resulting in deeth) Last	d			ause giv	en in Pert I.		on eutopsy 24	bute to the cause of decays and the cause of decays and the cause of decays and the cause of deeth?
ate has been signed by the ettendin paga 2 should be detached for use	Completed by Physician/Medical	Pert II. Other significant conditions of	d			ause giv	en in Pert I.	1 🗆 1	on eutopsy 24	Probably 4 Unkr
certificate has been signed by the ettendin irector, paga 2 should be detached for use	Be Completed by Physician/Medical	Pert II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	d	ut not resulting	In tha underlying ca	Oth	26. Plece of Deatl	24e. Wes c perfor	en eutopsy 24 es 20 No 30 es 20 No 24	4b. Were eutopsy tindin evaileble prior to completion of cause of deeth? 1 Yes 2 No
Affer this certificate has been signed by the ettendin funeral director, paga 2 should be detached for use	To Be Completed by Physician/Medical	Pert II. Other significant conditions c 25. Wes case reterred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Pending	d	ut not resulting	In tha underlying ca	A Other	26. Plece of Deatl	24e. Wes coperior	on eutopsy med?	4b. Were eutopsy tindin evaileble prior to completion of cause of deeth? 1 Yes 2 No
Affer this certificate has been signed by the ettendin funeral director, paga 2 should be detached for use	To Be Completed by Physician/Medical	Pert II. Other eignificant conditions c 25. Wes case reterred to medical examiner? 1 Yes 2 No 27. Manner of Deeth	d	ent 2 ER/O	In the underlying ca	A Other	26. Plece of Deatl 9r: 4 □ Nursing Ho ret ?? Yes 2 □ No	24e. Wes a performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the pe	es 20 No 3 on eutopsy 24 med? es 20 No ne) ence 8 Other (3 ow injury occurred	4b. Were eutopsy finding evalleble prior to completion of cause of deeth? 1 Yes 2 No
Funded successful the this certilicate has been signed by the ettending stely filled in by the funeral director, page 2 should be detached for use	Certification: To Be Completed by Physician/Medical	Pert II. Other significant conditions c 25. Wes case reterred to medical examiner? 1 Yes 2 No 27. Manner of Deeth 1 Staturel investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation inves	d	ent 2 EP/O Py Year) 28b. ury - At home, f. c. (Specify)	utpetient 3 DO Time of Injury M arm, street, factory,	A Other	26. Plece of Death 3r: 4 □ Nursing Ho ret 27 Yes 2 □ No	24e. Wes a performance of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	en eutopsy 24 es 20 No the land Number of treet and Number of the state)	Probably 4 Unkr 4b. Were autopsy finding evalleble prior to completion of cause of deeth? 1 Yes 2 No Specify)
Funded successful the this certilicate has been signed by the ettending stely filled in by the funeral director, page 2 should be detached for use	To Be Completed by Physician/Medical	Pert II. Other eignificant conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of con	d	ent 2 EP/O Py Year) 28b. ury - At home, f. c. (Specify)	ulpetient 3 DO Time of Injury M arm, street, factory, e, deeth occurred e ad/or invastigation,	A Other	26. Plece of Death 3r: 4 □ Nursing Ho ret 27 Yes 2 □ No	24e. Wes a performance of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	en eutopsy 24 es 20 No the land Number of treet and Number of the state)	Probably 4 Unkr 4b. Were eutopsy finding evalleble prior to completion of cause of deeth? 1 Yes 2 No Specify) r Rural Route Number, or es stated, due to the cause(s)
Affer this certificate has been signed by the ettendin funeral director, paga 2 should be detached for use	edical Certification: To Be Completed by Physician/Medical	Pert II. Other eignificant conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of con	d	ent 2 EP/O Py Year) 28b. ury - At home, f. c. (Specify)	ulpetient 3 DO Time of Injury M arm, street, factory, e, deeth occurred e ad/or invastigation,	A Other	26. Plece of Death 3r: 4 □ Nursing Ho 1 to 1 to 2 □ No 1 to 2 □ No 1 to 2 □ No 1 to 2 □ No 1 to 3 □ No 1 to 4 □ No 2 □ No 2 □ No 2 □ No 3 □ No 4 □ date end plece, olnion, deeth occurr	24e. Wes a performance of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	es 20 No 3 [en eutopsy med? es 20 No es 20 No es 20 No the last of the results of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the	Probably 4 Unkr 4b. Were eutopsy findin evalleble prior to completion of causa of deeth? 1 Yes 2 No Specify) r Rural Route Number, or es stated, due to the cause(s)
Funded successful the this certilicate has been signed by the ettending stely filled in by the funeral director, page 2 should be detached for use	edical Certification: To Be Completed by Physician/Medical	Pert II. Other eignificant conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of conditions of con	d	ent 2 EP/O Py Year) 28b. ury - At home, f. c. (Specify) of my knowledge a exeminetion en	ulpetient 3 DO Time of Injury M arm, street, factory, e, deeth occurred e and/or invastigation,	A Other Bc. Injury Work 1 1 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	26. Plece of Death 3r: 4 □ Nursing Ho 1 to 1 to 2 □ No 1 to 2 □ No 1 to 2 □ No 1 to 2 □ No 1 to 3 □ No 1 to 4 □ No 2 □ No 2 □ No 2 □ No 3 □ No 4 □ date end plece, olnion, deeth occurr	24e. Wes a performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the pe	es 20 No 3 [en eutopsy med? es 20 No es 20 No es 20 No the last of the results of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the	Probably 4 Unk 4b. Were eutopsy tindin evailable prior to completion of cause of deeth? 1 Yes 2 No Specify) r Rural Route Number, or es stated, due to the cause(s)



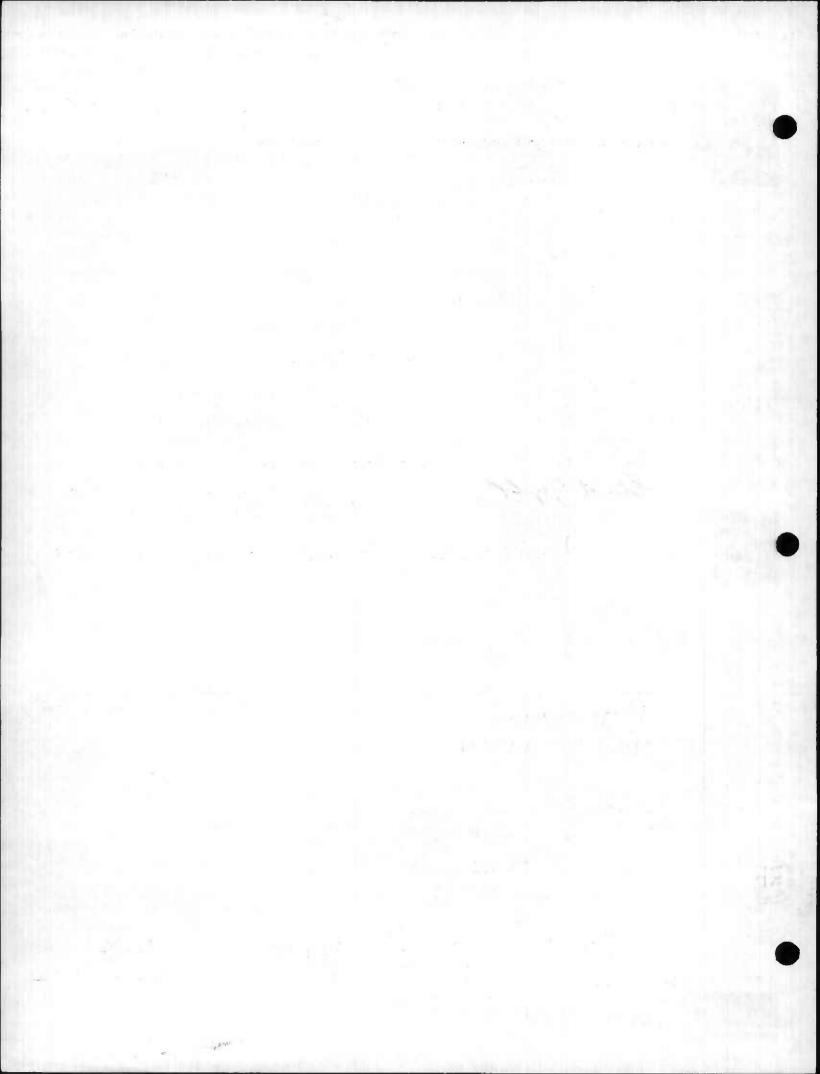
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

husial	200	Decedent's Nan	na (First, Middl	le, Last)		Mak			1.11		2. Date of D	Reg. No. eath Day	Year	3. Time of Dea
hysici /Medio		Rayna M.	-								Januar			0343
Examir		4a. Facility Nama	(If not institution	n, giva street e	and numb	ber)				4b. City, Town, o	r Location of Dea			
		Sinai Ho						M M Market		Baltimo			ı/a	
uneral rector		5. Social Security I 212-46-9 Usual Residence of	318	6. Sex 1□ M §		51	s. last birthday Yrs.	Months	Days	It Under 24 H Hours Mi		1, 1946	9. Birth Cot Md.	nplaca (State or For intry)
-f show Sed at	tor	10a. State Md.	10b. County				City, Town or L Baltin							10d. Inside City Lir
3a or 28a	al Director	10e. Street and Nu 4022 Ced		Road				10f. Zlj	p Code	1215		10g. Citizen of V USA	What Cou	untry?
"naturel", or items 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Never Marital 3 ☐ Widowed		ried 1 [as Decede med Force Yes & es, Giva ar or Date	No	U,S. 13.	3. Was Dace If Yes, spe		lispanic Origin? an, Mexican, Pus Specify:	(Specify Yes or Narto Rican, atc.)		e - Amar ck, Whita	
r than "natur the Medical	Completed	(Spe	cify only highe	T	oleted) illege (1-4	lor 5+)	(Giv life.		ork dona isa retired	during most of w d)		Johns Medica	Hopk	ins
d other event,		17. Father's Name	(First, Middle,	-					110[0.1			, Maiden Suman		.oup
	To Be	Mei	ton !	Kevse	~						lla Wise			
9 6		19a. Informant's N Derwin C	lame/Relations	ship (Type, Pri		ther						per, City or Town,		
Important: If Item 27 any Injury or other to once.		20a. Method of Dis 1 Burial 2 4 Donation	Cramation 5 Other (S	3 □Remova	al from Sta	916	Place of Disp cemetery, cre Metro				Date Jan. 7	20c. Location - Baltimo		
Importa any Inju once.		21. Signature of Fi	uneral Service	Licensee	7	18	2	22. Name ar	nd Addre	ss of Facility	Nutter F	uneral H	iomes	, Inc.
		23a, Part1, Enter	the disease, or	complications	s that cau	set the des						ltimore,	Md.	
		shock, or hea	art tailura. List	only one cour				nter the mod	de of dvir	on such as cardi	ac or respiratory :			
sician I				Only One Caus	sa on aag	n line.	ith. Do not er	nter the mod	de of dyin	ng, such as cardi	ac or respiratory	arrast,	1	Approximate Interval Batween Onset and Daat
sician edical miner		Immediata Cause disaase or condition resulting in death)	(Final	a	sa on aao	Zut	-0				ED SM			Interval Batweer Onset and Daat
edical miner	ler	disaase or condition	(Final	a	sa on aag	cut	-0	JLM	01				1	Onset and Daat
edical miner	aminer	disaase or condition resulting in death)	(Final on	a	sa on aag	Due to	e Pc	JLM equence of)	' ON					Interval Batwee Onset and Daat
edical miner	Examiner	disaase or condition resulting in death)	(Final on	a	sa on aao	Due to	-Pc	JLM equence of)	' ON					Interval Batwee Onset and Daat
edical miner		disaase or condition resulting in death) Sequentially list or if any, leading to incause. Enter Undo Cause (Disaase or that initiated avant	(Final on onditions, mediate erlying r injury s	a	sa on aao	Due to (e Pc	JLM equence of):	' ON					Interval Batwee Onset and Daat
physician and the buriel-transit the buriel-transit the principal and the principal and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician and the physician	ledical	disaase or condition resulting in death) Sequentially list confiantly, leading to incause. Enter Under Cause (Disaase or Cause (Disaase or Cause)	(Final on onditions, mediate erlying r injury s	a b c	sa on aag	Due to (or as a conse	JLM equence of):	' ON					Onset and Daat
trending physician and multiple for use as the buriel-transit use to the buriel-transit use to the physician and the physician and the physician are properties.	ledical	disaase or condition resulting in death) Sequentially list or if any, leading to incause. Enter Undo Cause (Disaase or that initiated avant	(Final on onditions, mediate erlying r injury s	a b c d	sa on aag	Due to (or as a conse	JLM equence of):	' ON					Interval Batweer Onset and Daat
trending physician and multiple for use as the buriel-transit use to the buriel-transit use to the physician and the physician and the physician are properties.	ledical	disaase or condition resulting in death) Sequentially list or if any, leading to incause. Enter Undo Cause (Disaase or that initiated avant	(Final on onditions, mediate erlying Injury s Last	a b c	A	Due to ((or as a conse	equence of):	' ON	May	EDEM.	A		Interval Batweer Onset and Daat
detached for use as the buriel-fransit detached for use as the buriel-fransit	Physician/Medical	disaase or condition resulting in death) Sequentially list configure in the cause. Enter Under Cause (Disaase or that initiated avant resulting in death)	(Final on onditions, mediate erlying Injury s Last	a b c	A	Due to ((or as a conse	equence of):	' ON	May	23b. Dld	A		Interval Between Onset and Daat 30 -45 A
2 should be detached for use as the buriel-transit	by Physician/Medical	disaase or condition resulting in death) Sequentially list configure in the cause. Enter Under Cause (Disaase or that initiated avant resulting in death)	(Final on onditions, mediate erlying Injury s Last	a b c	A	Due to ((or as a conse	equence of):	' ON	May	23b. Did	A tobacco usa con	atribute 1	Interval Between Onset and Daat 30 -45-4
has been signed by the ettending physician and the buriel-transity of the detached for use as the buriel-transity of the property of the particular of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the phys	by Physician/Medical	disaase or condition resulting in death) Sequentially list configure in the cause. Enter Under Cause (Disaase or that initiated avant resulting in death)	(Final on onditions, mediate erlying Injury s Last	a b c	A	Due to ((or as a conse	equence of):	' ON	May	23b. Did 1 = 24a. Wa: perf	tobacco usa coi Yee 2 No	ntribute 1 3 □ Pro	Interval Batweer Onset and Daatt 30 -45-4
has been signed by the ettending physician and the buriel-transity of the detached for use as the buriel-transity of the property of the particular of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the phys	e Completed by Physician/Medical	disaase or condition resulting in death) Sequentially list configure, leading to incause. Enter Under Cause (Disaase or that initiated avant resulting in death) Part II. Other eignl:	(Final on ditions, mediate entying s Last	a b c d ons contributin	A	Due to ((or as a conse	equence of):	' ON	YPY ven in Part I.	23b. Did 1 = 24a. Wa: perf	I tobacco usa coi I Yee 2 No s an autopsy ormed?	ntribute 1 3 □ Pro	Interval Batweel Onset and Daat 30 -45-4 do to the cause of de Debbly 400 Unk Were autopsy findin valiable prior to ompletion of cause death?
2 should be detached for use as the buriel-transit	To Be Completed by Physician/Medical	disaase or condition resulting in death) Sequentially list or if any, leading to incause. Enter Und Cause (Disaase or that Initiated avant resulting in death) Part II. Other eight 25. Was case retered avantine? 12 Yes 2 27. Manner of Deat	(Final on onditions, mediate erlying Injury s Last	a b c d ons contribution Hospital 28a.	ng to death	Due to (Due to (Due to ((or as a conse	equence of): equence ot): underlying of ent 3 Do ot 2	cause giv	28. Placa of D. er: 4 □ Nursing	23b. Did 1 1 24a. War perf 1 1 1 eath (Check only) Home 5 🗆 Ras	I tobacco usa coi I Yee 2 No s an autopsy ormed?	24b. Was cool	Interval Batweer Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset Onset and Daat Onset
has been signed by the ettending physician and the buriel-transity of the detached for use as the buriel-transity of the property of the particular of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the phys	To Be Completed by Physician/Medical	disaase or condition resulting in death) Sequentially list configure, leading to incause. Enter Und Cause (Disease or that initiated avant resulting in death) Part II. Other eight	(Final on onditions, mediate entring rinjury s Last	d c d bns contribution Hospital 28a. 28a.	is 1 Inp. Ing to death Ing to death	Due to (Due to (Due to (h but not re leatient 2	(or as a consector as	equence of): equence ot): underlying of ent 3 Do ot 2	cause giv	28. Placa of Dier:	23b. Did 1 = 24a. Warperf 1 = eath (Check only Home 5 = Ras 28d. Describe	Itobacco usa con IYee 2 No s an autopsy ormed? Yas 2 No ona) Idance 6 Oth how injury occurr	ntribute 1 3 Pro 24b. W accidented 1 er (Special	Interval Batweer Onset and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daat 30 -45-4 and Daa
has been signed by the ettending physician and the buriel-transity of the detached for use as the buriel-transity of the property of the particular of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the phys	Certification: To Be Completed by Physician/Medical	disaase or condition resulting in death) Sequentially list configure in the cause of cause (Disaase or that initiated avant resulting in death) Part II. Other eight 25. Was case reterexaminer? 120 es 20 27. Manner of Deat 120 Natural 20 Accident 30 Suicide	(Final on onditions, mediate ertying reflying stast ficant conditions) Fred to medical of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state o	b c d ons contribution Hospital getion not be getion getion Examiner: On	is 1 Inp. Data of I (Month, Place of building,	Due to (Due to (Due to (Due to (h but not re linjury Day Year) Injury - At h, atc. (Species to t my kmis of examins	(or as a consector as	equence of): equence ot): underlying of the occurred ath occurred	cause giv	28. Placa of Dier: 4 Nursing	23b. Did 1 24a. Wa: perf 1 1 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 25a. And dua to tha	I tobacco usa col I Yee 2 No s an autopsy ormed? Yas 2 No ona) idance 6 Oth how injury occurr	24b. Was considered of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the con	Interval Batweer Onset and Daati Onset and Daati 30 -45-4 on the cause of de Obebly Unknown of Completion of cause of death? Yas 2 No of the Number, stated
has been signed by the ettending physician and the buriel-transity of the detached for use as the buriel-transity of the property of the particular of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the phys	To Be Completed by Physician/Medical	disaase or condition resulting in death) Sequentially list configure, leading to incause. Enter Under Cause (Disaase or that initiated avant resulting in death) Part II. Other eight 25. Was case reterexaminer? 1	(Final on onditions, mediate erlying Injury s Last ficant conditions of the condition of the conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	b c d ons contribution Hospital getion not be getion getion Examiner: On	is to death	Due to (Due to (Due to (Due to (h but not re linjury Day Year) Injury - At h, atc. (Species to t my kmis of examins	(or as a consector as	equence of): equence ot): underlying of the occurred invastigation	Cause giv	28. Placa of Dier: 4 Nursing	23b. Did 1 24a. Wa: perf 1 1 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 25a. And dua to tha	Itobacco usa con IYee 2 No s an autopsy ormed? Yas 2 No ona) Idance 6 Oth how injury occur (Street and Numb wn, State)	24b. Was a construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of	Interval Batweer Onset and Daatt Onset and Daatt Onset and Daatt Onset and Daatt Onset Ons
has been signed by the ettending physician and the buriel-transity of the detached for use as the buriel-transity of the property of the particular of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the phys	edical Certification: To Be Completed by Physician/Medical	disaase or condition resulting in death) Sequentially list configure in death, leading to incause. Enter Under Cause (Disaase or that Initiated avant resulting in death) Part II. Other eight 25. Was case reterexaminer? 12 Yes 2 2 27. Manner of Deat 1 1 2 Accident 3 Suicide 4 Homicide 29a. Cartifier (Check only one)	(Final on onditions, mediate erlying Injury s Last ficant conditions of the condition of the conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	b c d ons contribution Hospital getion not be getion getion Examiner: On	is to death	Due to (Due to (Due to (Due to (h but not re linjury Day Year) Injury - At h, atc. (Species to I my km; s of examins	(or as a consector as	equence of): equence ot): underlying of the occurred invastigation	Cause giv	28. Placa of Dier: 4 Nursing yat k? Yes 2 No	23b. Did 1 24a. Wa: perf 1 1 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 25a. And dua to tha	I tobacco usa con I Yee 2 No Is an autopsy ormed? Yas 2 No I No I No I No I No I No I No I No I	24b. Ward of Special annar as a and due to def (Month,	Interval Batweer Onset and Daatt Onset and Daatt Onset and Daatt Onset and Daatt Onset on the cause of de Obably Unknown of Cause (Obably Orangletion of Cause (Obably Obably Obably Obably Obably (Obably Obably Oba
has been signed by the ettending physician and the buriel-transity of the detached for use as the buriel-transity of the property of the particular of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the physician of the phys	Medical Certification: To Be Completed by Physician/Medical	disaase or condition resulting in death) Sequentially list configure in death, leading to incause. Enter Under Cause (Disaase or that Initiated avant resulting in death) Part II. Other eight 25. Was case reterexaminer? 12 Yes 2 2 27. Manner of Deat 1 1 2 Accident 3 Suicide 4 Homicide 29a. Cartifier (Check only one)	(Final on ditions, mediate errlying rinjury s Last ficant conditions of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of the dition of	d	l: 1 Inp. Data of I (Month, Place of building, To the beside of manner	Due to (Due to (Due to (Due to (Due to (An an an an an an an an an an an an an an	Cor as a consector as	equence of): equence of): equence of): underlying of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the c	Cause giv	28. Placa of Dier: 4 Nursing yat k? Yes 2 No	23b. Did 1 24a. Wa: perf 1 1 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 24a. Wa: perf 25a. And dua to tha	I tobacco usa con I Yee 2 No Is an autopsy ormed? Yas 2 No I No I No I No I No I No I No I No I	24b. Was a construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of	Interval Between Onset and Daart Onset and Daart 30 - 45 - 45 - 45 - 45 - 45 - 45 - 45 - 4



State of Maryland / Department of Health and Mental Hygiene 8

Physicia /Medica Examine		1. Decedant's Nama (First, Middla, La								eg. No.			
/Medica		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ast)	N 2 F					2. Data of Deat Month	h Day	Yeer	3. Tima of	Death
	_	Robert		LAUER					January		98	3:38	P.M
Examini		4e. Fecility Name (If not institution, gir	va street and number,				4b. City, To	wn, or Loc	cation of Death	4c. County	of Death		
		Franklin Square					Rosed			Balt	imore		
Funeral Director			Sex 7. Ag	ga (In yrs. last biri	ff Unda Months	Days	If Under Hours	Min.	8. Data of Birth (Month, Day, JAN 28,			iaca (Stata d try) y land	
MON THE		10a. Stata 10b. County		10c. City, Town	or Location						10	0d. Insida C	ity Limi
E Paris	ctor	MD Baltin	nore	Mid	dle Ri	ver						1 🗌 Yas	2
0 2 Z	Funeral Director	10e. Street and Number			10f. Zip	Coda			11	0g. Citizan ot	What Coun	try?	
23.	era	10007 Crane La	12. Was Decedant	Evenin II O		212	-	1.0.40	W 14 N	US	A America		
100	by	11. Maritel Status 1 □ Navar Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	Armed Forcas		it Yas, spe		an, Maxicar		cify Yes or No- Rican, atc.)		ck, Whita, a		
natur	eted	15. Dacadant's E (Spacify only highast gr	ducation	16e.	Decedant's Usu (Giva kind of wo			t of workin	ıa T	16b. Kind ot B	usinass/ind	lustry	
hen .	Completed	Elamantary/Secondary (0-12)	Collage (1-4or		lifa. DO NOT u	sa <i>ratire</i>	d)			Maryla			
and Mental Hygiene. s marked other than sumatic event, its M		1 2 17. Father's Nema (First, Middla, Last	2)	Ope	rations	Spe			(First, Middla, A	Admini	strat	ion	
	o Be	Edward Lau											
mari mari	To	19a. Informant's Name/Ralationship		19b.	Mailing Addrass	s (Street			Perine Per			Code)	-
		Diane C. Lauer/w	ife		007 Cra								
Department of Health Important: If item 27 I any Injury or other transcent		20a. Mathod of Disposition		20b. Placa of	Disposition (Na.	ma of				20c. Location		wn, Stata	
Department of Important: If its any injury or o		1 ☐ Burlal 2 【 Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	Ramoval from Stata		Cremato		•	01 /06	1/09	D = 1 +		MD	
oorta Inju		21. Signature Funaral Service Lice		170020	22. Neme er	nd Addre	ss of Facilit	ty		Baltin			
2 = 3		Edward A. Co	regorchi	1-	Crema	atio	on So	ciet	y of I	Maryla	and,	Inc.	
		23a. Part1. Entar the disaasa, or com shock, or haart tailura. List only			ot antar tha mod	a of dylr	ng, such as	cardiac or	Bali	timore est,	, MD	Approximet	la
ysician		shook, of haart tailura. List only										Onsat and I	Death
Medical		Immediata Causa (Finel disaasa or condition	Meto	istation	: l'ar	rcre	citic	. (ava:	nome	0	2 we	ek.
caminer		rasulting in daath)	е.	Due to (or as a c									
*	line		b. —								- 1		
	Examiner	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Diseasa or injury		Due to (or as a c	onsequenca ot):								
	Medicai	that initiated evants resulting In death) Lest	d.	Due to (or as a c	onsequanca ot):								
the affand hed for us	Physician	Part II. Other significant conditions	contributing to death b	ut not rasulting In	tha underlying o	ausa giv	an in Part I		23b. Did to	bacco usa co	entribute to	the causa	of dea
detach detach		Hyperte	encive						1□ Y	s 2 No	3 Prob	ably 4	Unkn
5.8	by	01				-					045 147-		dia dia
should should	Completed	Dinhihis	mellit	11					24e. Wes ar perform		ava	re autopsy f ilable prior t nplation of c	to
page 2	E											leath?	
		OF Mos sans of and the modical								s 2 No	1	Yes 2	No
	o Be	25. Was casa rafarred to medical axaminar? 1 ☐ Yas 2 ☐ No	Hospital:			Oth	ar.		(Check only on				
2 2	-	27. Manney of Death	28a. Data of Inju (Month, Da		ima ot 2	28c. Injur Wor	4LI NU	1	e 5 ☐ Rasida 8d. Describe ho			")	
を記	atio	1 Natural 5 Panding 2 Accidant Invastigatio		y Year) Ir	jury M		rk? Yas 2 □ I	No					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Certification:	3 Suicida 6 Could not b	28a. Placa of In	ury - At homa, far	m, straet, factor	, offica		2	8f. Location (Str	raat and Numl	ber or Rural	Routa Num	ber,
등 점등	Ced	4 Diriometoa	building, at	c. (Spacify)					City or Town	, State)			
n 24 nou	edicai	29a. Cartifiar (Check only one) 1☐ Cartifying Pt 2☐ Medical Exam	nyalclan: To the best miner: On the basis of and manner st	axaminetion and	daath occurred /or investigetion	at the tir , in my o	ma, data an plnion, dee	d placa, ei th occurre	nd dua to tha ca d at the time, da	usa(s) and ma ate end plece,	anner as sto end due to	ated. tha cause(s	;)
Total		29b. Signature and title of certifier					a number			d. Data signa			
) Ling				1)4	352	5	T.	1	1519	8	



State of Maryland / Department of Health and Mental Hygiene

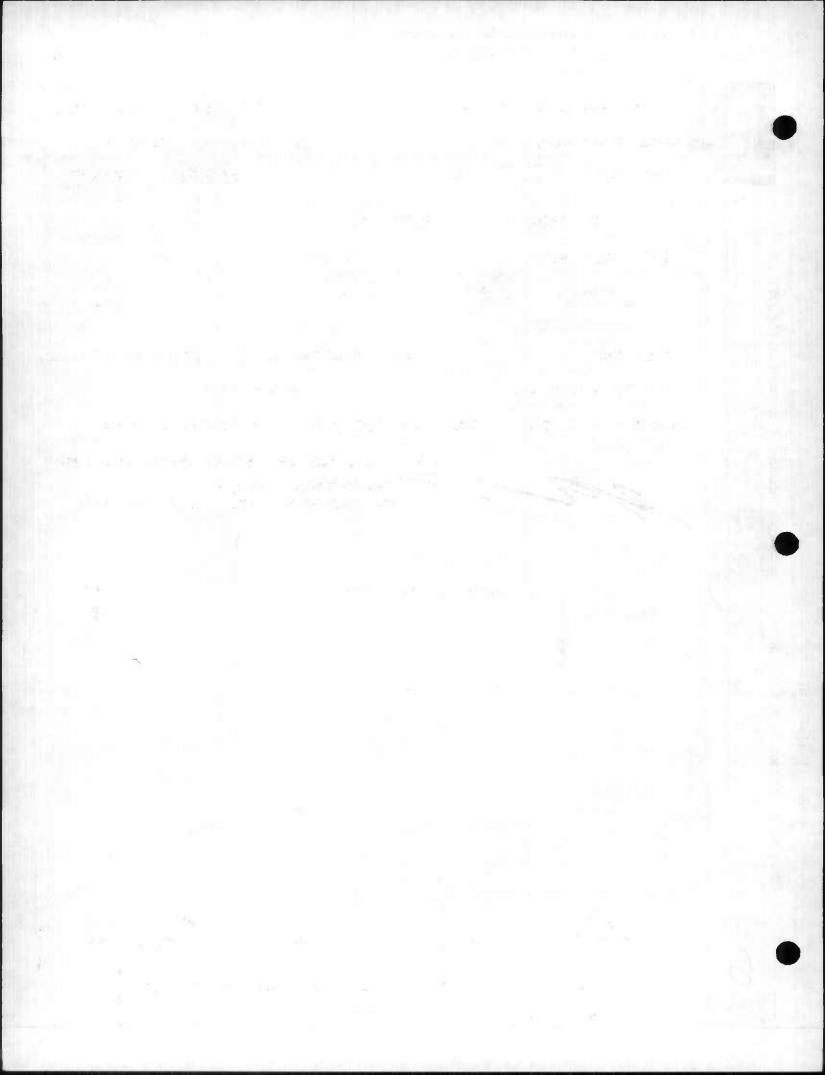
1807 DEVERON Maritel Status 1 Never Married 2 Mai 3 Widowed 4 Divorcei (Specify only highe Elementary/Secondary (0-12) 12th GRADE Father's Neme (First, Middle, CHARLES F. MAYS a. Informent's Neme/Relation HARLES F. MAYS be. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (5)	ERICK MAYS on, give street and not all the st	7. Age (In yrs. 87 10c. Ci	Yrs. PARKV J.S. 13. V 16a. Deced (Give life. L	ILLE 101. Zip Cod 21. Was Decedent of Yes, specify Co	LUTHERV If Under 24 H Hours M e 234 of Hispenic Origin? uban, Mexican, Pu lo Specify:	rs. 8. Date of B (Month, D 1/23/	Dey 5 1 th 4c. Count BAL inth lay, Year) 10g. Citizen of USA 14. Ra Ble Specie	Year 1998 9; ty of Death TIMORE 9. Birtholece Country) MARYLA 10d. What Country?	ND inside City Limits 1 □ Yes XX No
STELLA MARIS H. Social Security Number 212-07-7621 Sual Residence of Decedent Industrial State 10b. County MD BALT Industrial State 10b. County MD BALT Industrial Status 1 Never Married 2 Mariel Status 1 Never Married 2 New Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1 Never Mariel Status 1	GOSPICE 6. Sex 1 XM 2 F FINORE ROAD 12. Was De Armed I Yes, GYes, G	7. Age (In yrs. 87 10c. Ci	Yrs. PARKV J.S. 13. V 16a. Deced (Give life. L	cation ILLE 10f. Zip Cod 21. Was Decedent of Yes, specify Cod I Yes, specify Cod work do NOT use ref	LUTHERV If Under 24 H Hours M e 234 of Hispenic Origin? uban, Mexican, Pu lo Specify:	Specify Yes or Nario Rican, etc.)	BAL inth lay, Year) /10 10g. Citizen of USA 14. Ra Ble Speci	9. Birthplece Country) MARYLA 10d. What Country? ace - American I eck, White, etc.	Inside City Limits 1 □ Yes ※M No
212-07-7621 sual Residence of Decedent Da. State 10b. County MD BALT De. Street end Number 1807 DEVERON . Manitel Status 1 Never Married 2 Manital Status 1 Never Mar	TIMM 2 F TIMORE ROAD 12. Was De Armed F 1 Yes, G Year or ni's Education est grade completed College Last) XYS , SR. ship (Type, Print)	200 No sive Dates:	Yrs. PARKV J.S. 13. V 16a. Deced (Give life. L	cation ILLE 10f. Zip Cod 21. Was Decedent of Yes, specify Cod I Yes, specify Cod work do NOT use ref	e 234 of Hispenic Origin? uban, Mexican, Pulo Specify:	(Specify Yes or Nerto Rican, etc.)	10g. Citizen of USA 10- 14. Ra Bla Special	MARYLA 10d. What Country? ace - American I eck, White, etc.	ND inside City Limits 1 □ Yes XM No
Da. State MD BALT De. Street end Number 1807 DEVERON Maritel Status 1 Never Married 2 Maritel Maritel Status 15. Deceder (Specify only higher Elementary/Secondary (0-12) 12th GRADE Father's Neme (First, Middle, CHARLES F. MA Da. Informent's Neme/Relation HARLES F. MAYS Le. Method of Disposition 1 Maritel Maritel 2 Cremation 4 Donation 5 Other (5)	ROAD 12. Was De Armed Finded I 1 Yes, Giver or	cedent Ever in U Forces? 2C No sive Dales:	PARKV	ILLE 101. Zip Cod 21. Was Decedent of Yes, specify Co	234 of Hispenic Origin? uban, Mexican, Pu-		USA 14. Ra Ble Speci	What Country? ace - American I eck, White, etc.	1 □ Yes XX No
MD BALT 1807 DEVERON Maritel Status 1 Never Married 2 Maria Midowed 4 Divorcer 15. Deceder (Specify only higher Elementary/Secondary (0-12) 12th GRADE CHARLES F. MA Da. Informent's Neme/Relation HARLES F. MAYS Le. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (5)	ROAD 12. Was De Armed Finded I 1 Yes, Giver or	cedent Ever in U Forces? 2C No sive Dales:	PARKV	ILLE 101. Zip Cod 21. Was Decedent of Yes, specify Co	234 of Hispenic Origin? uban, Mexican, Pu-		USA 14. Ra Ble Speci	What Country? ace - American I eck, White, etc.	1 □ Yes XX No
1807 DEVERON Maritel Status 1 Never Married 2 Mai 3 Widowed 4 Divorcei (Specify only highe Elementary/Secondary (0-12) 12th GRADE Father's Neme (First, Middle, CHARLES F. MAYS a. Informent's Neme/Relation HARLES F. MAYS be. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (5)	ROAD 12. Was De Armed Fi I 🗆 Yes, G Year or nit's Education set grade completed College Last) AYS , SR. ship (Type, Print)	Forces? 2/C No Sive Dates:	J,S. 13. V II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	101. Zip Cod 21. Was Decedent of Yes, specify C	234 of Hispenic Origin? uban, Mexican, Pu-		USA 14. Ra Ble Speci	What Country? ace - American I eck, White, etc.	ndian,
1807 DEVERON Maritel Status 1 □ Never Married 2 ☑ Mai 3 □ Widowed 4 □ Divorces (Specify only highe Elementary/Secondary (0-12) 12th GRADE Father's Neme (First, Middle, CHARLES F. MA Pa. Informent's Neme/Relation HARLES F. MAYS Be. Method of Disposition 1 ☑ Burial 2 □ Cremation 4 □ Donation 5 □ Other (5)	12. Was De Armed F 1 □ Yes If Yes, G Year or nt's Education set grade completed College Last) AYS , SR . ship (Type, Print)	Forces? 2/C No Sive Dates:	16a. Deced (Give life. L	21. Was Decedent of Yes, specify Co. I Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable to the Yes 20 Not use reliable	234 of Hispenic Origin? uban, Mexican, Pu-		USA 14. Ra Ble Speci	ace - American I eck, White, etc.	ndian,
Maritel Status 1 Never Married 2 Maria 3 Widowed 4 Divorce 15. Deceder (Specify only highe Elementary/Secondary (0-12) 12th GRADE Father's Neme (First, Middle, CHARLES F. MA Da. Informent's Neme/Relation HARLES F. MAYS We. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (3	12. Was De Armed F 1 □ Yes If Yes, G Year or nt's Education set grade completed College Last) AYS , SR . ship (Type, Print)	Forces? 2/C No Sive Dates:	16a. Deced (Give life. L	Nas Decedent of Yes, specify C	of Hispenic Origin? uban, Mexican, Pu-		14. Ra Ble Speci	eck, White, etc. Ify:	
1 Never Married 2 Mar. 3 Widowed 4 Divorced 15. Deceder (Specify only higher Elementary/Secondary (0-12) 1 2th GRADE Father's Neme (First, Middle, CHARLES F. MAYS Da. Informent's Neme/Relation HARLES F. MAYS De. Method of Disposition 1 Burial 2 Cremation 4 Donation 5 Other (3	rrled Armed F 1 □ Yes If Yes, G Vear or nt's Education est grade completed College Last AYS , SR • ship (Type, Print)	Forces? 2/C No Sive Dates:	16a. Deced (Give life. L	lent's Usuel Ockind of work do	No Specify:		Speci	eck, White, etc. Ify:	
15. Deceder (Specify only higher (Specify only higher Elementary/Secondary (0-12) 12th GRADE The Father's Neme (First, Middle, CHARLES F. MA) Ba. Informent's Neme/Relation HARLES F. MAYS Be. Method of Disposition Maria 2 Cremation Maria 2 Cremation Other (S	nt's Education set grade completed College , Last) AYS , SR . ship (Type, Print)	()	(Give I	kind of work do OO NOT use rei	cupation ne during most of w	entrina		WHITE	
(Specify only higher (Specify only higher (Specify only higher 12th GRADE). Father's Neme (First, Middle, CHARLES F. MA) Pa. Informent's Neme/Relation: HARLES F. MAYS Pa. Method of Disposition May Burial 2 Cremation 4 Donation 5 Other (S	College Last) XYS , SR . ship (Type, Print)		(Give I	kind of work do OO NOT use rei	cupation ne during most of w	ant ina	16h Kind of C		
12th GRADE Father's Neme (First, Middle, CHARLES F. MA Da. Informent's Neme/Relation HARLES F. MAYS De. Method of Disposition Maria 2 Cremation Maria 2 Cremation Other (S	AYS, SR.	(1-4or 5+)				roiking	100. Killi di E	Business/Indust	У
CHARLES F. MA Ba. Informent's Neme/Relation HARLES F. MAYS Be. Method of Disposition Substitute 1	YS, SR.		GENERA						
CHARLES F. MA Da. Informent's Neme/Relation HARLES F. MAYS De. Method of Disposition May Burial 2 Cremation Under the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Companion of the Co	YS, SR.			AL SALE	S MANAGER			NG SUPP	LY CO.
Pa. Informent's Neme/Relation HARLES F MAYS e. Method of Disposition 1 ⊠ Burial 2 □ Cremation 4 □ Donation 5 □ Other (S	ship (Type, Print)					ame (First, Middle	e, meiden Sume	m9 <i>)</i>	
HARLES F. MAYS e. Method of Disposition 1 🖾 Burial 2 Cremation 4 Donation 5 Other (3						E. BOND			
e. Method of Disposition 1 ⊠ Burial 2 □ Cremation 4 □ Donation 5 □ Other (5	, III		19b. Mailin	g Address (Str	eet and Number or	Rural Route Num	ber, City or Town	n, State, Zip Coo	fe)
1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		SON			ION CIRCL	E TOWSO	N, MD	21204	
4 □ Donation 5 □ Other (5	2 De			sition (Name of		Date	20c. Location	- City or Town,	Stete
		n State			MEM. GAR.	1/8/97	COCKEV	SVILLE,	MD
. Signatura or Laugas 201/100		100				170/5/	COCKET	OATURE!	LID
1000	-		JC	DHNSON I	FUNERAL H				
1			85	521 LOCI	H RAVEN E	LVD. TO	WSON, M		
Enter the disease, o	r complications that t only one ceuse on	caused the deal each line.	th. Do not ente	er the mode of o	tying, such es card	iac or respiretory	errest,	Inte	proximete erval Between
nmediate Cause (Final sease or condition sulting In death)		Due to (or as a conseq	uence of):					
equentially list conditions, any, leading to immediate use. Enter Underlying suse (Disease or injury at initieted events sulting in death) Last	c								
rt II. Other significant conditi	d	death but not res	sulting in the un	iderlying cause	given in Part I	23b Did	I tobacco usa ci	ontribute to the	cause of death?
				isony mg oa acc	giron wit and				
						24e. We	s en autopsy formed?	aveileb	autopsy findings ble prior to ation of cause h?
						1□	Yes 21 No	1 □ Ye	s 25 No
	al				26. Place of D				
examiner? 1 ☐ Yes ŽiŽi No	Hospital:	Inpatient 2	FB/Outpetlent	3 DOA	0.1			ther (Specifu)	
. Menner of Death 1 ☑ Natural 5 ☐ Pendir 2 ☐ Accident investi	28b. Time of Injury	28c. Ir	jury at Vork?	Y					
3 Sulcide 6 Could 4 Homicide determ	nined 200. Plac	a of Injury - At h ding, etc. (Specil	ome, farm, stre	eet, factory, office	ce	28f. Location City or To	(Street and Num own, Stete)	ber or Rural Ro	ute Number,
ta. Certifier 1 Certifyir (Check only one)	Examiner: On the l	pesis of examina	owiedge, death ation and/or inv	occurred at the estigetion, in m	time, date end pla y opinion, death oc	ce, and due to the curred at the time	e cause(s) and m	nanner as stated , and due to the	i. cause(s)
b. Signeture end who of certific	1//	ne		29c. Lice	ense number		29d. Dete sign	ed (Month, Day	Year)
/ VEX	ric at 1			I	15504		1.	5 58	
Name and address of an	who completed to	on of death to	- 00a\ /T 1	Deine)					
	mediate Cause (Final sease or condition sulting in death) adjusting in death) adjusting in death) adjusting in death) adjusting in death) at initiated events sulting in death) Last at initiated events sulting in death) Last at III. Other significant conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditions are in the conditi	imediate Cause (Final sease or condition sulting in death) a. Meanuments of Death Description	Part Enter the disease, or complications that caused the dea shoot, or heart feilure. List only one ceuse on each line. Imediate Cause (Final sease or condition sulting in death) Imediate Cause (Final sease or condition sulting in death) Imediate Cause (Final sease or condition sulting in death) Imediate Cause (Final sease or condition sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions sulting in death) Imediate Cause (Final sease or conditions) Imediate Cause (Final sease or c	Signeture of Funeral Service Section	22. Name and AdJOHNSON 8521 LOCI 8521	Signeture of Funeral Service Lensee 22. Name and Address of Facility JOHNSON FUNERAL H 8521 LOCH RAVEN B Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as card sense or conditions a. Metastasis Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a cons	Signeture of Funeral Service Leannee 22. Name and Address of Facility JORNSON FUNERAL HOME, P.P. 8521 LOCH RAVEN BLVD. TO Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shoot, or heart feiture. List only one cause on each line. a. Metastasis Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): d. Till. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did a trilled eventy in the sum of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	Signeture of Funeral Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Ser	Signeture of Funeral Service Learnesse 22. Name and Address of Facility JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TOWSON, MD 2128 8521 LOCH RAVEN BLVD. TOWSON, MD 2128 Appliance, or heart feiture. List only one cause on each line. Appliance, or heart feiture. List only one cause on each line. Appliance, or heart feiture. List only one cause on each line. Appliance, or heart feiture. Indicate Cause (Final sease or conditions, or line of the mode of dying, such as cardiac or respiretory errest. Appliance, or heart feiture. Appliance, or heart feiture. Indicate Cause (Final sease or conditions, or line or such lines of the conditions, or line of the conditions, or lines as a consequence of): Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease Carcinoma Lung Disease Due to (or as a consequence of): Carcinoma Lung Disease 24e. Wes en autopsy performed? 24b. Wes case referred to medical examiner? Wes case referred to medical examiner? Wes case referred to medical examiner? Wes case referred to medical examiner? Wes case referred to medical examiner? Wes case referred to medical examiner? Wes case referred to medical examiner? Wes case referred to medical examiner? Wes case referred to medical examiner? Wes case referred to medical examiner. 25e. Placa of Death (Check only one) 26e. Placa of Death (Check only one) 27e. Placa of Death (Check only one) 28e. Distorting Physician To the best of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of injury was a consequence of inju

DHMH 16 Rev 6/95

State

Registrar

JAN 08 1998



State of Maryland / Department of Health and Mental Hygiene

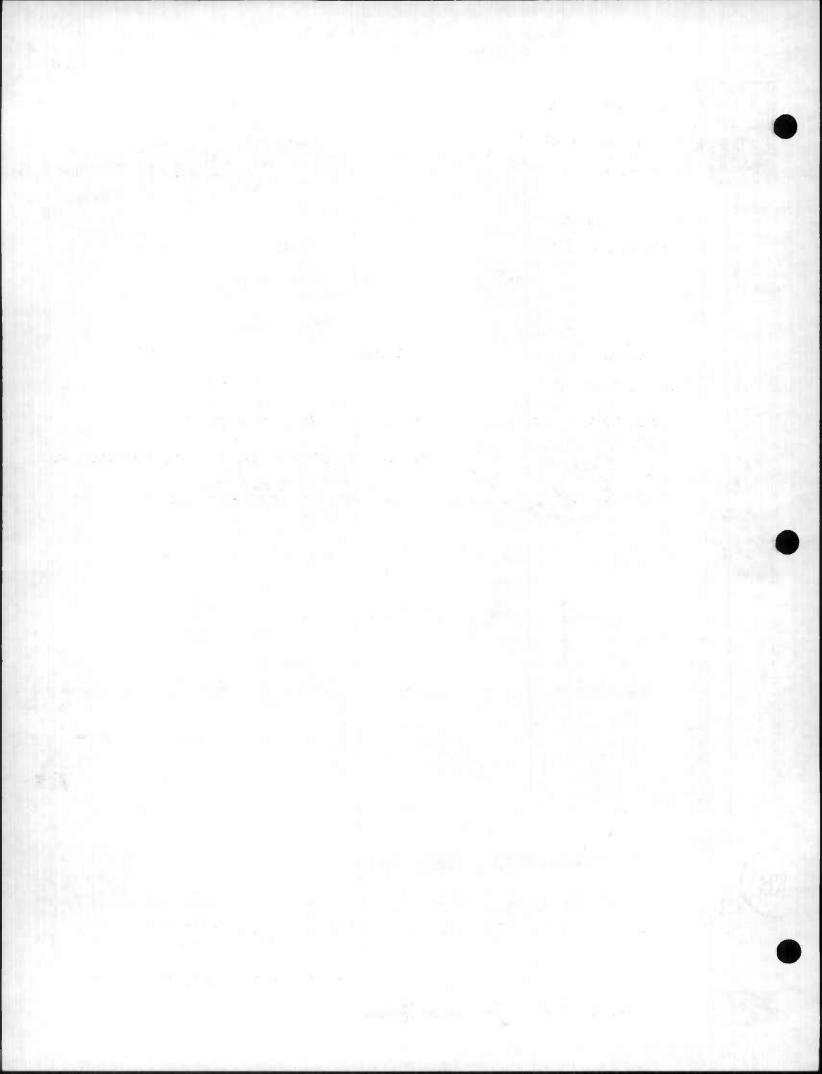
Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death **Physician** 4.30 AM CHARLOTTE MAY NORRIS JANUARY 4, 1998 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner GOOD SAMARITAN HOSPITAL BALTIMORE N/A 8. Date of Birth (Month, Dey, Year) APRIL 27,1927 if Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funerai** 1□M 2∰F Months Days LANSDOWNE, MD 70 220-24-6367 Yrs. Director Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 1 23a or 28a-f show 10d. Inside City Limits 1 Yes No Director MD BALTIMORE TIMONIUM 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 101 NORTHWOOD DRIVE 21093 U.S.A. Funeral items 12. Was Decadent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, be filed within 72 hours efter de ital Hygiene. Id other than "natural", or frems event, me Medical Exeminer in Bleck, White, etc. 1 Yes 2 No
If Yes, Give
Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: ğ 3 d Widowed 4 □ Divorcad Specify: WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER 12TH GRADE HOMEMAKING 17. Father's Name (First, Middle, Last) . Pages 1 and 2 should be filt tment of Health and Mental Hy tant: if Itam 27 is marked oth jury or other traumatic even 18. Mother's Name (First, Middle, Meiden Sumeme) Be WILLIAM McCULLOUGH EDNA WILFORD 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) NANCYL. NORRIS (DAUGHTER) 101 NORTHWOOD DRIVE-TIMONIUM, MD 20b. Piace of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any injury or once. DULANEY VALLEY CEMETERY 1/8/98 COCKEYSVILLE, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
HUBBARD FUNERAL HOME INC. 21. Signature of Funeral Service Licenses 4107 WILKENS AVENUE-BALTIMORE, MD 21229 gam f. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ck, or heert feilure. List only one cause on each line. Approximete intervai Betwo Onset end Death **Physician** /Medical immediate Ceuse (Final disease or condition resulting In death) Myoeardial Examine Examiner The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last buriel-tren P.O. Box 68760. AST Physician/Medicai the Due to (or as a consequence of) 80 USB ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown s been signed is should be det Records, þ 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed page 2 certificate 1 Yes lon of Vital ding Physician: director. 25. Wes case referred to medicel exeminer? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 IER/Outpatient 3 DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2No edical Certification: To funeral 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred After 1 Netural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide 124 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the ceuse(s) and manner stated. 29a. Certifier (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number 3066 ((no peram 30. Neme and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print) DR. SIREESH K. TRIPURANENI - 5670 "B" THE ALAMEDA - BALTIMORE, MD 21239 31. Dete filed (Month, Dey, Year) State

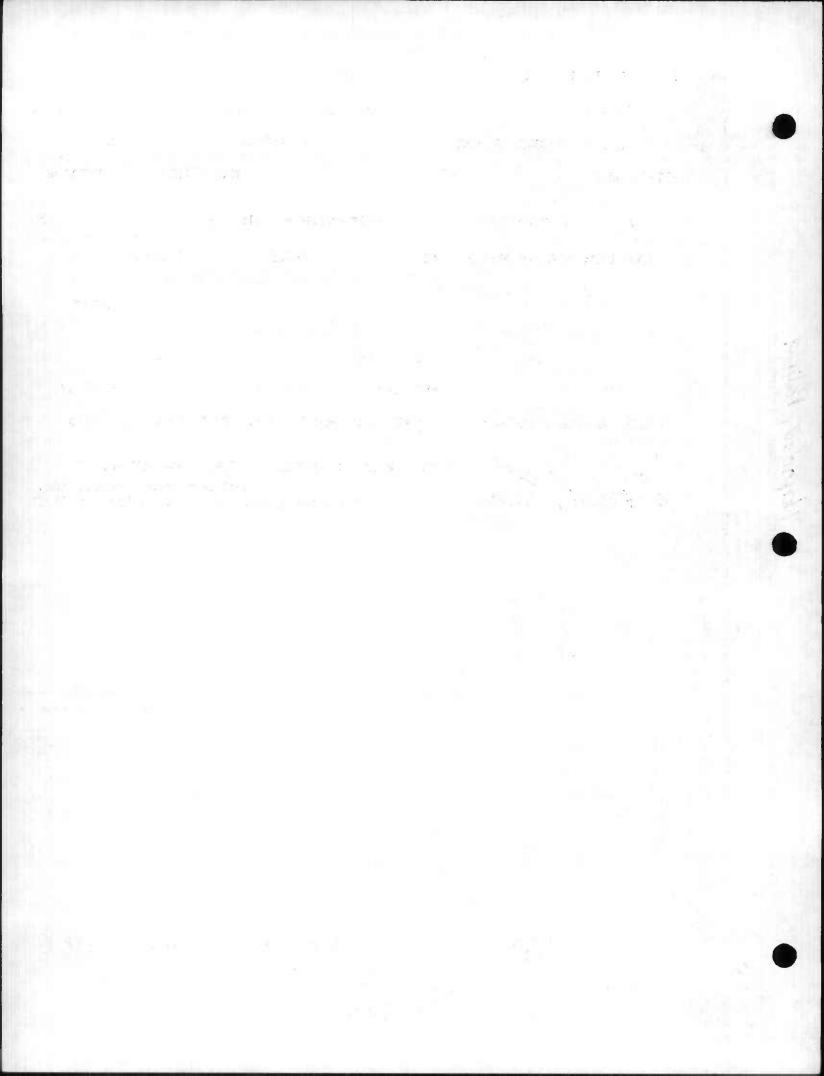
JAN 07 1998

32. Registrar's Signature Randelle.

Registrar



Amen	ded	#10c per FH G755 1/8/	98 EW	Marylar		artmen tificat			nd M	lental Hyg	eg. No.	UL	1226
Physici	ion	1. Decedent's Name (First, Middle, L.	ast)							2. Date of Dea Month	th Day	Year	3. Time of Dea
/Medi		POLINA				NAPA	ADOW			JAN	4	1998	1:30 P
Examir		4a. Facility Name (If not institution, gi					4	b. City, Tow BALT		cation of Death	4c. County	of Deeth	A
Funeral Director		212-94-8615	Sex 1 □ M 2√X F	Age (In yrs.	last birthday) Yrs.	If Under Montha	1 Year Days	If Under 2 Hours	4 Hrs. Min.	8. Dete of Birth (Month, Day MAY 2,	1911	9. Birthp Coun	iace (State or Fo
M W		Usual Residence of Decedent 10a. State 10b. County		10c. Ci	ty, Town or Lo	cation						1	0d. Inside City L
28a-f ehow	Director	MD BA	LTIMORE			10f. Zip		ILLO	Bal	timore	0g. Citizen of	What Coun	1 ☐ Yes 2¶
23a or	0	5900 PARK HEI	CHTS AVEN	JIE #	415			2121	5		U.S.A.		, .
or items aminer m	by Funeral	11. Merital Stetua 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decede Armed Force 1 Yes 1 If Yes, Give Year or Date	ent Ever in Ues?	J,S. 13. V	Vas Deced i Yes, spec				ecify Yes or No- Rican, etc.)		ce - Americ ck, White,	
		15. Decedent's E (Specify only highest gr	ducation ade completed)		18a. Deced	lent's Usua kind of wor	al Occupa	ation during most	of worki	ing	16b. Kind of B		
giene. rr then	Completed	Elementary/Secondary (0-12)	College (1-4 5+	or 5+)		TIST		,			BIOLO	3Y	
nd Mental Hygis marked other umatic event, u	To Be	17. Father's Neme (First, Middle, Last	1)		KREISMA	AN		18. Mother KRAII		(First, Middle,	Maiden Surnar	-	ERMAN
Dua .		19a. informant'a Name/Relationship DAVID NAPADOW				_		and Number GHTS		al Route Number B ALTI	r, City or Town		Code) 1215
nent of Health int: If Nem 27 I		20a. Method of Disposition 1 Burial 2 Cremetion 3			Place of Dispo- cemetery, crem	sition (Nam	ne of ther plac	Θ)	1		20c. Location	- City or To	wn, Stete
Department of Important: If I eny Injury or once.		4 Donation 5 Other (Speci		CH				NGTON s of Facility		./6/98 Sol Lev	BALTI		MD s., Inc.
0 5 3 9		23a. Pent1. Enter the disease, or con shock, or heart failure. List only	Muge	ı		890	O Re	ister	stow	m Road	Pikesv:		MD 2120
/Medical xaminer	edibal Examiner	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Geuse (Disease or Injury that initiated events esulting in deeth) Last	d	Due to (or as a conseq	uence of): GCP uence of):		m Mazid	_	CTION			1 Hou
attending for use as	an/M		d									1	
9.2	Physician/M	Part II. Other algorificant conditions	contributing to deat					en in Part I.		23b. Did to			the cause of de cably 4 Unit
been sig should by	Completed by	1574 DECEMBE								24a. Was e perfor	in autopsy med?	avi	era autopsy findi nilable prior to mpletion of caus death?
s certificate has director, page 2					- <u>-</u>					1 🗆 Y	es 2 No	10	Yes 2□ No
this certificate rsf director, pa	9 Be	25. Was case referred to medical examiner?	Hospitel:				Othe			(Check only or			
6.5	1: To	1 Yes 2 No 27. Manner of Death	1 Linp		ER/Outpatien 28b. Time of	-	PA	4 K Nun		me 5 Residence 128d. Describe h			Y)
or death, ector: After by the funer	Certification:	1 Natural 5 Pending (Month, Day Year) Injury Work? 2 Accident investigation Month, Day Year) Injury Work? 1 Yes 2 No						io	28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number,				
within 24 hours after deal To the Funerel Director: completely filled in by the		4 Homicide determined	building	, etc. (Speci	(hy)					City or Tow	n, State)		
in 24 ho the Fund pletely I	edicai	29a. Certifier (Check only one) 1 ★ Certifying Pl	nysician: To the be miner: On the best and menner	s of examina	owledge, death ation and/or inv	occurred a restigation,	at the tim In my of	ne, date and pinion, death	place, a occurre	and due to the c ed et the time, d	ause(s) and m ate end place,	anner as st and due to	ated. the cause(s)
きると	Σ	29b. Signature end title of certifier	E testa			29c		number 2561	0	2	9d. Date signe		
≱ ⊢ 8		> 31	4 wh				9 .	1201			111111	5. 1	770



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Nicho **Physician** Month 691 cu 9 150 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** Horpita Jamari TUTUT (591 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1□M 2KF 212-18-0578 July 27-1917 North Carolina Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No Funeral Director altimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4905 21206 ane 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Maritel Status 1 Never Merried 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Yes 2 KNo þ Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Unknown unknown 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Sinclair Lane, Baltimore, Maryland 21200. Locallon - City or Town, shele Dunton (daughter, 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 21. Signeture of Funeral Service Licensee 22. Name end Address of Fechity 23. Part D. Soykins 24. Donetion 5 Other (Specify) 25. Name end Address of Fechity 26. Name end Address of Fechity 27. Name ond Address of Fechity 28. Name end Address of Fechity 29. Name end Address of Fechity 29. Name end Address of Fechity 20. Name end Address of Fechity 21. Signeture of Funeral Home, Marylon 22. Name end Address of Fechity 23. Name end Address of Fechity 24. Name end Address of Fechity 25. Name end Address of Fechity 26. Name end Address of Fechity 27. Funeral Home PA. 28. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State 98 Baltimore, Maryland immediete Ceuse (Finel diseese or condition resulting in deeth) Due to (or es e consequence of): Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to for es e consequence of) Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes an eutopsy performed? 200 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Piece of Deeth (Check only one) 1 Yes 2 KNo Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 3☐ ER/Outpetient 3☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation 1. Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Sulcide 28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide

the Hospital or Attending Physician: The law requires that the death Division of Vital Records, P.O. After this certificate death. I Director: J

Physician/Medicai Certification:

Funeral

Director

28a-f show

5

Items 23a

6

"natural",

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Itam 27 Ia marked other than 's any Injury or other traumatic event, tra Magang Dings.

Physician

/Medical Examiner

traumatic event, the Medical Examiner must be notified at

the Maryland

filed within 72 hours after death

Baltimore, Maryland 21215-0020

by Be Completed 2

within 24 hours after To the Funeral Dire completely

State Registrar

Medical

29a. Certifier

31. Dete filed (Month, Dey, Year)

29b. Signature and title of certific

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.

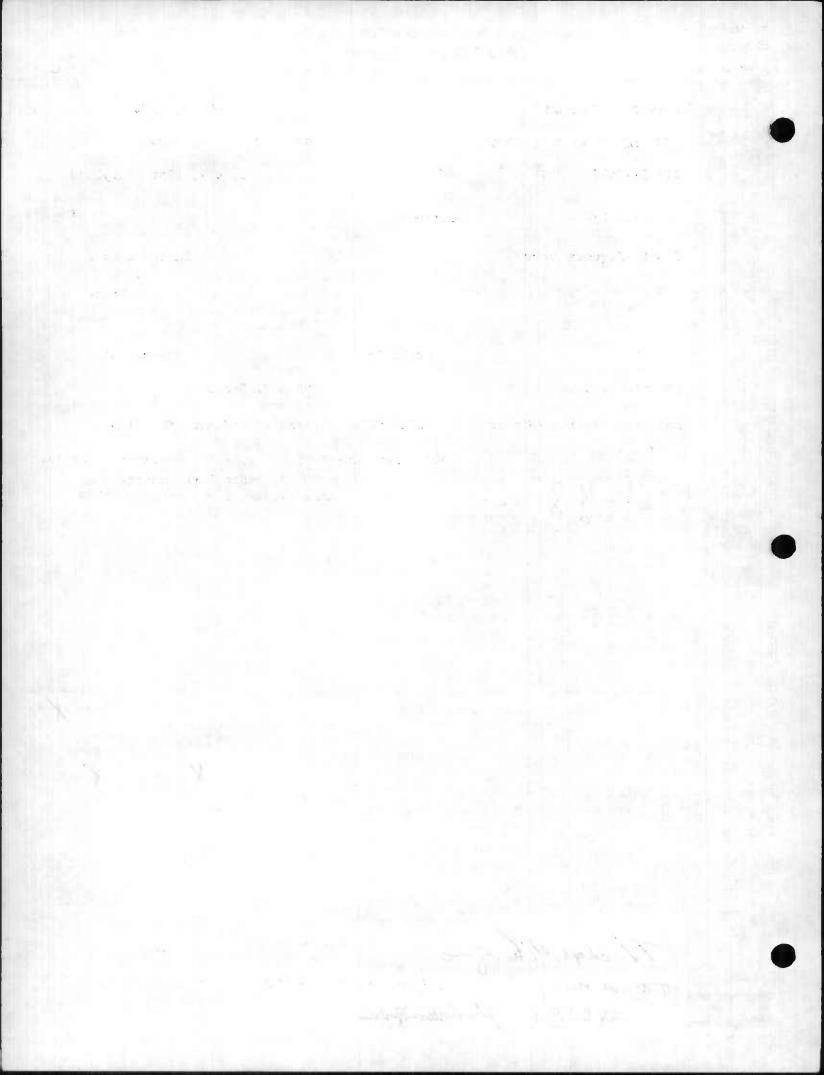
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted.

29c. License number

29d. Dete signed (Month, Dey, Year)

x = . 8497-61-218 JULY 27 1977 North Charlians · (100 the continuation beat but an illegion

В	3.K.S	10	Please							Assure A			lble.		
N	IORMAN NE	VILLE								lealth and N <i>Death</i>	лептат ну	98	0.0	122	8
It	ems 23a pa	VILIE T. 27, 28a-1	f per MEO G	-756 2/1	1/98 d	lh	Cer	liiiGal	e or	Dealli	2. Date of De	Reg. No.	0 (3 Tim	a of Deeth
	Physician										Month	Day	Year		
	/Medical	Norman P	. Nevill		umbael		_			4b. City, Town, or L	JAN.	1, 199	8 by of Death	09	48 AM
	Examiner												y or Death		
	Funeral	5. Social Security N	TH AUGUS	IA AVEN	_	'In vrs. las	it birthday)	If Under	1 Year	BALTIMOR If Under 24 Hrs.		N/A	9. Birtho	olace (Sta	te or Foreign
	Funeral Director	217-82-0		1⊠ M 2□ F		39	Yrs.	Months	Days	Hours Min.	8. Date of Bi (Month, Di June 2		Mary	-	te or Foreign
-		Usual Residence									Julie 2	, 1,,,0	Mary	Tanu	
	not how	10a. State	10b. County		1	0c. City, 1	Town or Loc	ation					1		e City Limits
	e Me	Maryland	N/A		I	Balti	more							1 🔼 \	/es 2□No
	or 28	10e. Street and Nu	mber					10f. Zip	Code			10g. Citizen of	What Cour	ntry?	
	ifter death with the Me in terms 23a or 28a-fe incernment by noutilise Funeral Director	315 S. A	ugusta A	venue		4		21:	229			United			
	and and and and and and and and and and	11. Marital Status		12. Was De Armed F		er In U,S.	13. W	Vas Deced Yes, spec	dent of H cify Cuba	lispanic Origin? (Sp an, Mexicen, Puerto	pecify Yes or No Ricen, etc.)		ce - Americack, White,		١,
20	urs after		ried 2 Married	If Yes, C	2 No		1	☐ Yes	2 🖾 No	Specity:		Speci	ity: Whi	te	
Maryland 21215-0020	n 72 hours after death with the Meryland "naturel", or items 23s or 28s-f show edited Evanther must be notified at lefted by Funeral Director	3 🗆 Widowed		Year or	Dates:		16a. Deced	oot's Haw	al Occur	nation		16b. Kind of I	Business/In	duetn	
Ų.	C 1 61 100	(Spec	15. Decedent's E cify only highest gi	ade completed	-		(Give k	kind of wo	rk done	during most of work	king	TOD. KING OF	D08111033/111	duality	
212	then "then omple	Elementary/Seco	ondary (0-12)	College	(1-4or 5+)		lechan	ic				Transı	mieei	n n	
D	be filed within stal Hygiene. Id other then event, tre M. Be Comp.	17. Father's Name	(First, Middle, Las	t)						18. Mother's Nam	e (First, Middle			V 4.1	
lar		Raymond	R. Nevil	le						Rita M.	Schruf	er			
an	ond N	19a. Informant's N	ame/Relationship	(Type, Print)			19b. Mailing	g Address	(Street	and Number or Rui	ral Route Numb	ber, City or Town	n, State, Zip	Code)	
Σ	and 2 saith e n 27 is	Margaret	Neville	/Siste	r		6509	Gilmo	ore	Street, W	Voodlaw	n, MD	21207		
ore	of He	20a. Method of Dis	position		Chaha	20b. Piac cem	ce of Dispos	sition (Nar	ne of other plac	ce)	Date	20c. Location	- City or To	own, State	9
Ĕ	Pages nent of I ant: if Its ury or o		5 Other (Spec			Loud	on Pa	rk C	emet	ery 1	./5/98	Baltin	more,	Mary	land
Baltimore,	permit. Pages 1 and 2 should Deperment of Health and Mer Important: if Item 27 is marke eny Injury or other traumatic page.	21. Signature of Fe	uneral Service Lice	nsee*			22.	Name an	nd Addre	ess of Facility Lou	idon Par	rk Fune	ral Ho	ome	
•	89E 2 8) (in	ny. 4	ink)					ns Avenue					
		23a. Part1. Enter I	the discorp, onco	nplications that	ceused th	e death.	Do not ente	r the mod	le ot dyir	ng, such as cerdiac	or respiratory	arrest,	T	Approxi	mete Between
	Physician														nd Death
	/Medical Examiner	Immediate Cause disease or condition	on	. 1	METHAD	ONE IN	NTOXICA	TION							
		resulting in death)			Du	ue to (or a	s a consequ	uence of):					1		
	ed sit			b									i		
	be executed ician end burlet-transit	Sequentially list co	onditions, mmediate		Du	ue to (or a	s a consequ	uence of):					i		
60,	Da price	ceuse. Enter Unde Cause (Disease or	erlying r injury	C									i		
6876	law requires that the death certificate be as been signed by the attending physic as 2 should be detached for use as the binpleted by Physician/Medica	thet initiated event resulting in death)	Last		Du	e to (or es	s a consequ	ience of):					1		
Box	ding Jse a			d											
ă	atter i for u	Bart II Other stant	diana anadalaa		alarah bisa		- l- M	ded to a			025 DI-	i tobacco uee c		a tha anu	an of death 2
P.O.	the cy the ache	Part II. Othar eignf	ilcant conditione	contributing to	death but r	not resultir	ng in the un	denying c	ause gn	en in Pert I.		Yee 2 No			Unknown
	es that igned to be det											, 100 20 10	00.10		1
5 D	w requires that the death cert been signed by the attendin should be detached for use leted by Physician/N										24a. We	s an autopsy formed?	24b. W	ere autop	sy findings
Records,	The law requir cate has been s page 2 should Completed				-				-		por	Olifiedi	CC	mpletion death?	of ceuse
ž	The law ste has page 2										1 100	Yes 2 No	1.	Yes	2□ No
Division of Vital	ysician: The li s certificate he director, page To Be Com	25. Was cese refer	rred to medical							26. Place of Dea	th (Check only	one)		1	
>		examiner?	l No	Hospital:	Inpatient	2 🗆 EF	R/Outpatient	3 DO	OA Oth	ner: 4 Nursing H	ome XX Res	idence 6 🗆 O	ther (Speci	fy)	
0	neral neral	27. Manner of Deal	th 5 Pending	28a. Date (Mo	e of Injury onth, Day Y	ear) 28	8b. Time of Injury	A 2	28c. Injui Wor	ry at	28d. Describe	how injury occi	bernu		
Sio	Attending or death. ector: Attention by the fune fune fune fune fune fune fune fun	2 Accident	investigation	Tourru	1/1/9	8 fc	ound 9:	40 ^M	10	Yes 2XX No	unknown				
Ē	tal or Attending P rs efter deeth. al Director: After t led in by the funera Certification:	3 ☐ Suicide 4 ☐ Homicide 3 ☐ Suicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide					e, farm, stre	et, factor	y, office		28f. Location City or To	(Street and Number) 315	S. Au	al Route I gusta	Ave.,
	oral Deli	00 0 111			ct fou							e, Md. 21			
	ne Hospi n 24 hou ne Funer pletely fil edical	29e. Certifier (Check only one)	1 ☐ Certifying P	miner: On the	basis of ex	kamination	edge, death n and/or inv	occurred estigation	et the tir , In my o	me, dete end plece, plnion, death occur	, and due to the rred et the time	e ceuse(s) and r , date and plece	nanner as a e, and due t	stated. o the ceu	se(a)
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral Medical Certification: 3	29b. Signature and	title of certifier	and ma	nner state	U .		290	c. Licens	se number		29d. Date sign	ned (Month.	Day, Yea	ar)
	F ≥ F 8	11	1	111.	1				o.c.						
		30 Nama and add	codys.	4 Ch	4	th (learn or	30) (Time 5		0.0.	LIE		JAN.	2, 19	<i>31</i>	
		30. Name and add	jet M. Kn		US O COM				pet	Baltimo	re. Mar	vland 2	1201		
	State	31. Date filed (Mon	oth, Day, Year)		Registrar's	s Signatur	re			LATURIO.	LC, FILL	J.LIKI Z	U_		
	Registrar	JA	AN 08.19	38	Julia 1	Davidso	m-Rand	482							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** 1210 pm Edward Formus 1998 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4e. Facility Nama (If not Institution, giva street and number) Examiner 516 Fountain Drive Linthicum Anne Arundel | Undar 24 Hrs. | 8. Date of Birth | 9. Birthpleca (S (Month, Day, Year) | Jan. 11, 1934 | Maryland 5. Social Security Number If Under 1 Months 7. Aga (In yrs. last birthday) 9. Birthpleca (Stata or Foreign **Funeral** XXM 2DF Days 214-30-6903 Yrs. 63 Director Usual Rasidance of Decedant filed within 72 hours efter deeth with the Maryland 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Insida City Limits Maryland Anne Arundel Linthicum 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 516 Fountain Drive 21090 United States Funeral 11. Marital Stetus 12. Wes Decedant Evar in U,S. Armed Forces?

D☐ Yas 2 ☐ No 1955—
It Yes, Giva Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, etc. 1 Nevar Married Married 21215-0020 1 Yes 2√ No Specify: Specify: White Completed by 3 Widowed 4 Divorced Yaar or Datas: 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within nent of Health and Mental Hygiene. int: If Item 27 is marked other than Irry or other traumatic event, the Me Elamantary/Secondary (0-12) College (1-4or 5+) Systems Analyst Gas and Electric Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Samuel A. Perry, Sr. Gertrude I. Sipes 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) Mary Perry / Wife 516 Fountain Drive, Linthicum, MD 21090 20b. Place of Disposition (Nama of cometary, crematory or other place) 20a. Mathod ot Disposition 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from State permit. Page Department of Important: If any injury or once. Loudon Park Cemetery 1/7/98 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signeture of Funaral Sarvice Liguritage 22. Nama and Addrass of Facility Loudon Park Funeral Home 3620 Wilkens Avenue, Baltimore, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediete Ceusa (Final disaase or condition rasulting in daath) of Uncertain Prima Examiner Examiner The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disease or Injury that Initieted events rasulting in daath) Last and Due to (or as a consequence ot): Box 68760. Physician/Medical Due to (or as e consequence of) signed by the attending to be detached for use Part It. Other atgniftcant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 3 No 3 Probably 4 Unknown 1 ☐ Yes Completed by 24b. Were autopsy tindings evallable prior to completion of cause ot deeth? 24e. Wes en autopsy parformed? page 2 has 1 ☐ Yas 2 ☐ No certificate or Attending Physician: director, Be 25. Was casa referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatiant 2 ER/Outpatient 3 DOA 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To this funerai 28d. Describe how injury occurred 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? After 1 Naturel 2 Accidant 5 Pending invastigation 1 Yas 2 No 24 hours efter death. 6 Could not be datamined 3 Suicida 28a. Place of Injury - At homa, tarm, street, tactory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide Hospital Medical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, end due to the ceuse(s) and mennar es stated.

Medical Examiner: On the basis of examination and/or investigation, in my colnion, death occurred at the time, date and plece, and due to the or completely Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) within 2 To the I 110 29b. Signature and title of certifie 29c. Licanse number 29d. Deta signed (Month, Dey, Year)

S ate Registrar Data filed (Month, Dey, Year)

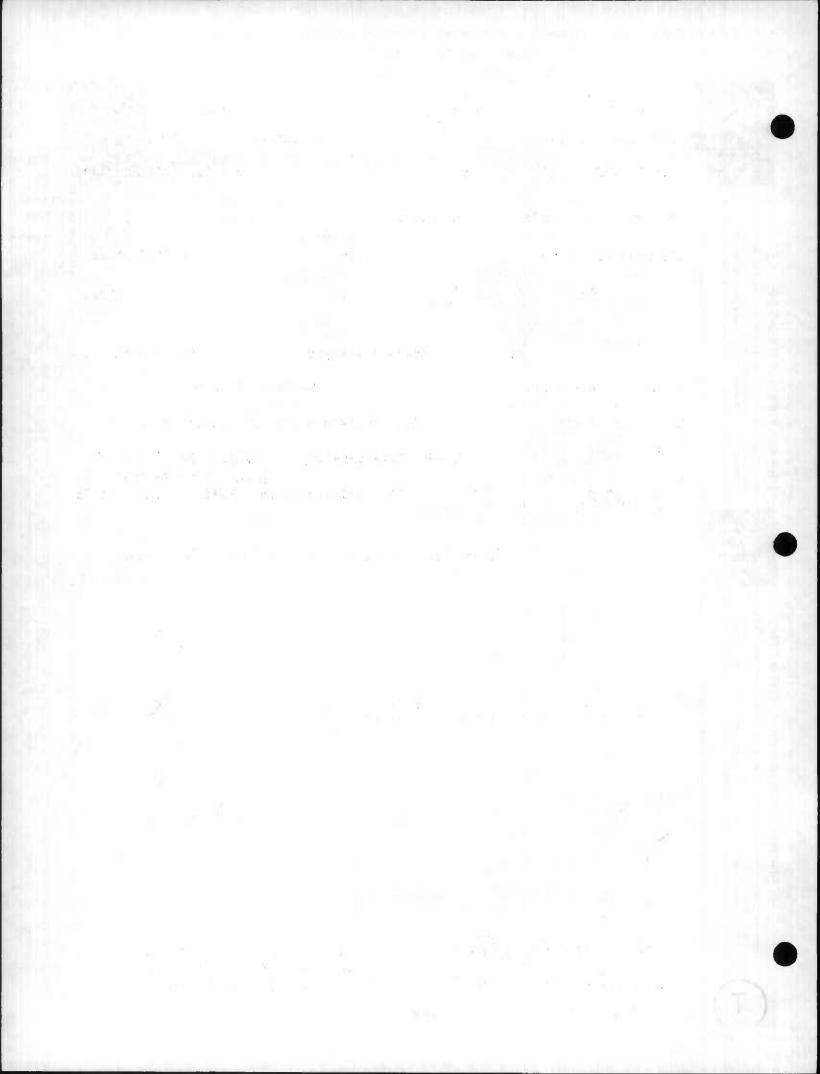
WATERFILE

22. Registrar's Signatura

and eddress of person who completed ceusa ot daath (Item 23a) (Type, Print)

32. Registrar's Signatura

St Agnes



	LDRED I.	PLOMMAN				-				and M	ental Hy	giene) 8	00	230
17	tems:23a par	1. Decedent's Name (First, Mi	G-755 1/3	23/98	dh	CE	ertifica	le or i	Death		2. Date of De	Reg. No.		3. Time of Death
П	Physician	MILDRED	L.		PT	OWMAN					Month	Day	Year	
	/Medical Examiner	4a Fecility Name (If not institu		and number		OWITH		-	b. City, To	wn, or Lo	JAN. S		y of Death	1203 PM
	LAMITHIE	5600 BLK. O	'DONNEL	L STR	EET				BALT	IMOR	E	1	N/A	
Г	Funeral	5. Social Security Number	6. Sex		Age (In yrs.	last birthday	/ If Unde	r 1 Year Days	If Under:		8. Date of Bir (Month, Da	th V. Year)	9. Birth	place (State or Foreign
	Director	170-30-3006	1 M 2	OKI F	60	Yrs.	I WIGHT		110010		Jan. 3			Pa
	pue *	Usual Residence of Decedent 10a. State 10b. Cour	nty		10c. C	ity, Town or I	ocation							10d. Inside City Limits
	f sho	E1 Dut			Too	terlac	han							1 ☐ Yes 2 🔀 No
	death with the Maryland ms 23s or 28s-f show Linest be notified as	F1. Put:	nam	-	1 411	certac		p Code				10g. Citizen of	What Cou	ntry?
	3a or	201 Scott St						3214	8	8				
		11. Marital Status	12. W	as Decade	nt Ever In U	J,S. 13	13. Was Decadent of Hispanic Origin? (S if Yes, specify Cuban, Mexican, Puert				city Yes or No		ca - Ameri	can Indian,
0	or his	1 Never Married 2 N	larried 1 [Yes 2[Yes, Give			1 ☐ Yes 2 ☒ No Specify:			, , , , , , , ,	moan, oto.,	Speci	6	
8	filed within 72 hours efter Hygiene. ther than "natural", or its ent, the Medical Examinant, the Medical Examinant.	3 Wildowed 4 XDivord	ad Ye	ear or Date	s:		16a. Decedent's Usuai Occupation						WII	ite
5	led within 72 ho lygiene. ner than "naturn it, the Medical Completed	15. Deced (Specify only hig	lent's Education hest grade com			(Give kind of work done life. DO NOT use retired			during most	of worki	ng	16b. Kind of Business/Industry		
21215-0020	iene. then the M	Elementery/Secondery (0-12	2) Co	College (1-4or 5+) 5+ Or			ganist					Relig		
	tal Hygin d other svent, I Be Cc	17. Father's Name (First, Midd	le, Last)	J1		organ	100		18. Mothe	r's Name	(First, Middle	, Maiden Suma		
Maryland	should be filed withling Mental Hygiene. I marked other than umatic svent, the Mental To Be Comp	Paul	W.		Pl	owman			Virg	inia		L.	N	ess
an	s 1 and 2 should be filed within f Health and Mental Hygiene. Item 27 is marked other than other traumatic svent, the Ma	19a. Informant's Name/Relation	onship (Type, Pi	rint)	19 =	19b. Mai	ling Addres	s (Street	and Numbe	er or Rure	I Route Numb	er, City or Town	, State, Zij	Code)
	1 and Health em 27 other tr	Mrs. Evelyn G	. Schna	der/s	ister					ane		a, Pa.		
altimore,	Peges 1 a nent of Hee out: If Item iry or othe	20a. Method of Disposition 1 XI Burial 2 ☐ Crematic	n 3 □Remov	al from Ste	20b.	Placa of Disp cemetery, cri	ematory or	me of other plac	ce)		Date	20c. Location	- City or T	own, State
E	tmen tant: jury	4 □ Donation 5 □ Other		Mt. Z							9/98	York,	, Pa.	
Ba	permit. Pegei Department of Important: If I any Injury or price.	21. Signature of Ferreral Servi	Ca Douglas	50	1		Ruck	Tows		nera	1 Home			
		23a. Part1. Enter the disease, ahock, or heart feilure. L	or complication	s that caus	ed the dea	th. Do not e	050 3	ork de of dyln	Rd. T	OWSO cardlac	n, Md. or respiratory a	21204 rrest,		Approximate
	Physician	anock, or near tellure. L	ist only one cau	ise on eecr	ı iine.								1-	friterval Between Onset and Death
	/Medical	Immediate Cause (Final disease or condition		PUL	MONARY.	THROMB	O-EMBO	LISM						
	Examiner	resulting in death)	а			or es a conse		-					1	
	executed in and ial-transit		b	b								1		
	al-trar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			Due to (or as a conse	equenca of	:					i	
8760,	ate be executed hysician and the burial-transit	Cause, Enter Underlying Cause (Disease or Injury that initiated events	c		Due to (
9	5 0 0	resulting in death) Last			Due to (or as a conse	equenca or)							
Box	at the death certifice dby the ettending phetached for use as the by sician/Med		d					-						
		Part li. Other significant cond	itions contributi	ng to death	but not rea	sulting in the	underlying	cause giv	en in Part I.		23b. Did	tobacco use c	ontribute t	o the cause of death?
J.	requires that the seen signed by the hould be detache eted by Physe	ATHEDOSCI EDOTIC	CADDIOVAS	CIII AD	DICEAC	E DIADE	TEC ME	1 7 7 11 6			10	Yee 2□ No	3 Pro	bably Sunknown
Ś	es the igner be d	ATHEROSCLEROTIC	CARDIOVAS	CULAK	DISCHS	E DIADE	IES ME	LLITUS)				T	
0	een s hould											en autopsy ormed?	av	ere autopsy findings vallable prior to empletion of cause
Hecord	Ple 2 st									_				death?
	icate he		-								100		0	Yes 2□ No
VITa	Physician: The ribis certificate orel director, pagent To Be Co	25. Was case referred to medi examiner?	Hospita	ai:		160/0:		OA Oth	or		(Check only		(0	4.1
Division of	tending Physician: eath. for: After this certifice the funeral director, cation: To Be (Yes 2□ No 27. Manner of Death	288	1 ☐ fnpa a. Date of Ir	njury	28b. Time	of	28c. fnjur Wor	4 LI NU	-	me 5 Resi 28d. Describe	how Injury occu	her (Speci rred	ROADWAY
0	Attending in death. ctor: After by the funer iffication	1 XX Vetural 5 Pen	ding stigation	(Month, I	Dey Year)	injury	М		k? Yes 2⊡l	No				
N S	or Attend effer death Director: A d in by the f ertificat		ld not be 286	e. Place of	Injury - At h	ome, farm, s	treet, facto	ry, office			28f. Location (City or To		ber or Run	al Route Number,
בֿ	tal or Attending P rs efter death. al Director: After t led in by the funera Certification:	Tomode		building,	etc. (Speci	• • • • • • • • • • • • • • • • • • • •					0.19 0.70	and oldrox		
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by Medical Certifi		ying Physician: al Examiner: O	n the besis	of examina									
	ithin 2 on the omple	29b. Signature and tille of cert		nd manner	stated.		29	c. Licens	e number			29d. Dale sign	ed (Month.	Day, Year)
	F ≥ F 8	1	- (100	1	. 0			.M.E				6,	111-1-111
	LUX H	30. Name and address of pers	on who complet	ed cause o	deeth (ite	m 23a) (Type	Print)					Ol HA		
1	7	Dennie	J. Chu	te m				tree	t, Ba	ltim	ore, Ma	aryland	2120	1
	State	31. Date filed (Month, Day, Ye		32. Regis		Andson	Mark	6						
	Registrar	JAN	0 8 1998	1	1 mes	white and	- Al-ilan	1						

Committee of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the

Director

Funeral

by

Completed

Be P

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Depertment of Heelth end Mental Hygiene. Illimportant: if Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other treumstic event, the Medical Exertine must be not feat

Baltimore, Maryland 21215-0020

Pleas	se Type or Pri	nt in Black	Inde	elible Ink	Assu	ire Δl	I Copies	s Are Lec	rible	
1040		aryland / De	part		Health a	and M		_	8 (00231
1. Decedent's Name (First, Middla,	Last)						2. Date of De	eath		3. Tima of Death
Gladys P.	Russell					-	Month	Day	Year	8:30 Am
4a. Facility Name (If not institution,					4b. City, To	wn, or Lo	ocation of Deal	th 4c. Cour	nty of Deat	
Stella Maris	A COLUMN TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE					Ltim			NA	
		ge (In yrs. lest birthde		If Under 1 Yaar	If Under 2		8. Date of Bi (Month, De	irth		hplece (State or Foreign
216-20-9798 Usuel Residence of Decedent	1□M 2X0F	69 Yrs.	M	Months Days	Hours	Min.	(Month, De		Co	1d
10a. State 10b. County		10c. City, Town or	r Local	ion						10d. fnside City Limits
Md. NA		Baltin	mor	ce						1 Yes 2 No
10e. Street and Number				10f. Zip Code				10g. Citlzen of	what Co	unta/2
1510 Holbro	ok Street			2120	2			USA		drilly?
11. Marital Status 1☆ Never Married 2 Married 3	12. Was Decedent Armed Forces? d 1 Tyes 2/1! If Yes, Give Year or Dates:	,	If Ya	s Decedent of H as, specify Cub Yes 2 █ No	an, Maxican	n, Puarto I	ecify Yes or No Rican, atc.)		lack, White	rican Indian, e, etc. Black
15. Decedent's (Specify only highest of		(Gi	ive kind	nt's Usual Occup nd of work done	during most	t of work	ina	16b. Kind of I	Business/	Industry
Elementary/Secondary (0-12)	College (1-4or 5	5+)	e. DO	NOT use retire	ed)					
9th Grade	NA	Car	fet	teria 1	_		UWAN			System
17. Fathar's Name (First, Middle, La	(st)				18. Mothe	r's Name	(First, Middle	e, Meiden Sume	eme)	
Richard 19a. Informent's Neme/Relationship	p (Type, Print)		lailing A	Address (Street		er or Rura		Royal	vn, State, 2	
Alton Russe	:11	15. 20b. Place of Dis			ook S	tre		T	-	Maryland
20a. Method of Disposition ★□ Burial 2 □ Cremetion 3 4 □ Donation 5 □ Other (Special Contents)		cemetery, c	cremeto	tory or other ple		Ce	Date	20c. Location		aurel, Md.
21. Signature of Funeral Sarvice Llc	ensee		22. Na	lame and Addre	ess of Facility	by Ba	ltimo	re, Ma	aryla	and 21202
23a Part1 Enter the disease or of	arranged from the cause					-		North	AVE	Approximete
23a. Part1. Enter the disease, or conshock, or heart failure. List on	on ceuse on each li	ne.				Barulac	ir lesphatory e	Illesi,		Interval Between Onset and Death
disease or condition resulting in death)	0	Due to (or as a cons		Cell	Lun	>	Cuny			1 year
		500 10 (01 25 2 2	30q-0.	100 517.						
Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying	b	Due to (or as a cons	sequer	nce of):						
Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (or as e cons	sequer	nce of):						
	d									
Part II. Other significant conditions	s contributing to death b	ut not resulting in the	e unde	arivina ceuse gi	ven in Part I.		23b. Dfd	i tebacco usa c	contribute	to the cause of death?
Abdomin		enabsis					1/	Yes 2□No		robably 4 □ Unknown
								s an autopsy formed?	8	Were autopsy findings available prior to completion of cause of death?
							10	Yas 20 No		1□Yes 2☑No
25. Was case referred to medical exeminer?					26. Place	of Death	n (Check only	ona) STEL.	LA MA	ARIS AT MERCY
1 Yes 2 No	Hospital: 1 ☐ Inpatie	ent 2 ER/Outpat	tient	3□ DOA Oth						city) HOSPICE

Physician /Medical

Examiner

Physician/Medical

Completed by

Be

Certification: To

Medical

27. Manner of Death

1 Neturel 2 Accident

3 Suicide

5 Pending Investigation

attending Division of Vital Records, P.O. Box been signed by should be detac

After this certificate hes funeral director, page 2: To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

State Registrar

6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medicel Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medicel Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier 29c. License number 29b. Signature and little of certified D40854

28b. Time of

30. Name and eddress of person cause of death (Item 23e) (Type, Print) Risebers, MD

28c. Injury at Work?

1 Yes 2 No

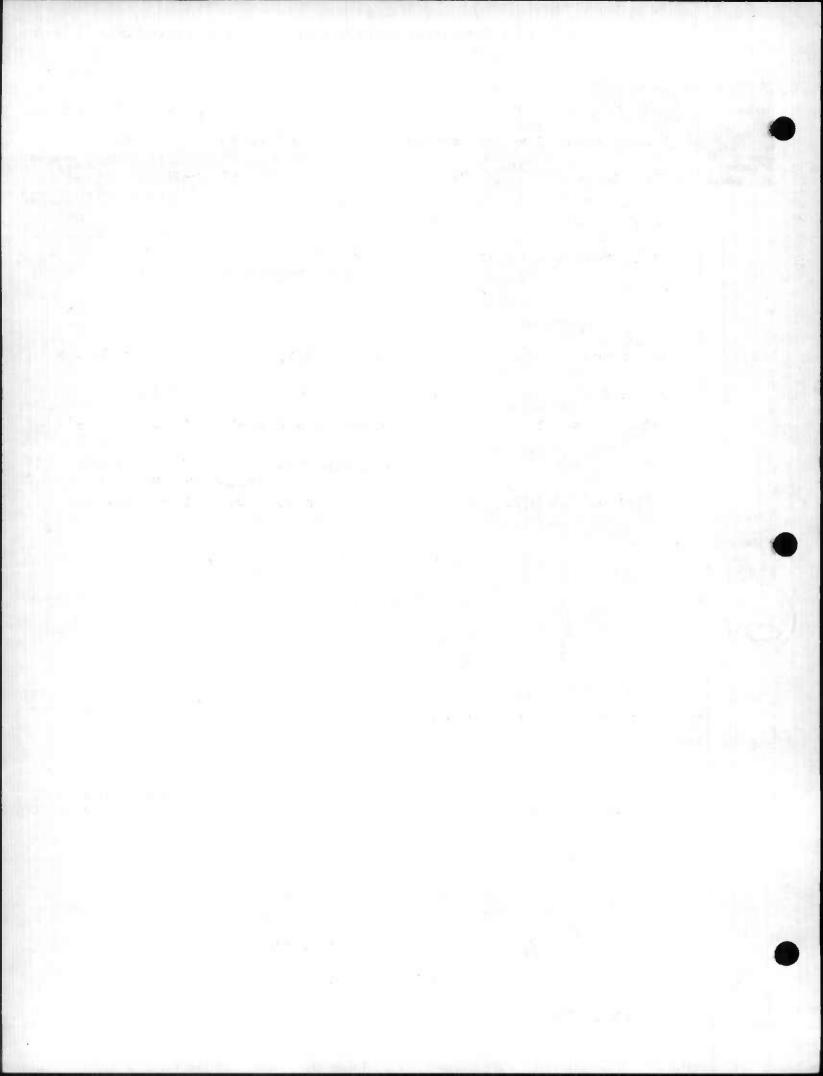
29d. Date signed (Month, Day, Year)

Bultare MD 21202

28d. Describe how injury occurred

31. Date filed (Month, Dey Lear)

28a. Dete of Injury (Month, Day Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Yes Eloise Rich JANUARY 3, 1998 9:15 AM 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth

Towson

Baltimore

Birthplace (State or Foreign Country)

VA

10d. Inside City Limits

Approximate Interval Between Onset and Death

3 □ Probably 4 □ Unknown

24b. Were eutopsy findings aveilable prior to completion of cause of death?

1 Yes 20 No

28d. Describe how injury occurred

TOWSON, MARYLAND 21204

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Day, Year)

NINE DAYS

1 Ves 2 □ No

Physician /Medical Examiner

Fannie

Saint Joseph Medical Center

Funeral Director

with the Maryland r 28a-f show "natural", or items 23a or death v filed within 72 hours aftar h and Mental Hygiena.
7 Is marked other than "natur traumatic event, the Medical permit. Pagas 1 and 2 should be file Department of Health and Mental Hy, Important: If Item 27 is marked othe any injury or other treumetic event, bnce.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Physician/Medicai Division of Vital Records, P.O.

certificate has lirector, paga 2 s director. Attending Physician: this Aftar in 24 hour. ò Hospital To the Hosp within 24 ho To the Fune complataly fi

2

Certification:

Medical

1 Yes 2 No

5 Pending

lus

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

investigation 6 Could not be determined

27. Manner of Death

1 Natural 2 Accident

3 ☐ Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signature and title of certifier

If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 08-15-25 5 Social Security Number 6. Sex 7. Age (In yrs. last birthday) 1□M 2□F Months Days Hours Min 72 Yrs. 217-22-7608 Usual Residence of Decedent 10a. State 10b. Count 10c. City. Town or Location Md. NA Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 814 Stamford Road 21229 USA Funerai 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2√2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 KNo Specify: Specify: Black þ 3 ☐ Widowed 4X Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8th Grade Receptionist Manpower, Inc 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Be Oswald Mary Davis Parker 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21229 19a. Informent's Neme/Reletionship (Type, Print) Leslie Peterson 814 Stamford Road Baltimore, Maryland 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition **№**Burial 2 Cremation 3 Removal from State King Mem. Pk. Cem. 01-07-98 Randallstown, Md 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Baltimore, Maryland 21202 21. Signature of Funeral Service Licenses WM.C. March FH 1101 E. North Avenue ations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, a cause on each line. 23a. Pert1. Enter the disease, or common shock, or heart failure. List only one Immediate Ceuse (Finel ASPIRATION PNEUMONIA disease or condition resulting in deeth) Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No DEMENTIA þ 24e. Wes an eutopsy Completed CONGESTIVE HEART FAILURE 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

State Registrar BEATRIZ P. DIZON. M. D. 7620 YORK ROAD 31. Date filed (Month, Day, Year) JAN 0 7 1998 32. Pegistrar's Signeture

1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

you, W.O

28b. Time of

28c. Injury at Work?

1 🖒 Cartifying Phyaician: To the best of my knowledge, death occurred et the time, dete and plece, end due to the ceusa(s) end menner es stated

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the ceuse(s) and manner stated.

29c. License number

1 Yes 2 No

28a. Date of Injury (Month, Dey Year)

DHMH 16 Rsv 6/95

and amount Alter C HAL

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Time of Death Robeson II. **Physician** 2382 January LEE 1498 1545 /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner HOSPITAC CHEITICA II Under 24 Hrs. HOPKINS BACTIMORE IHE JOHNS 7. Age (In yrs. last birthday) If Unda Months 5. Social Sacurity Number 6. Sa) Birthplaca (State or Foreign Country) Data of Birth (Month, Day, Year) **Funeral** Yrs Director 214-02-1012 15 09-04-82 MD Usual Rasidanca of Dacedant 10a. Stete 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner nast be notified at 10d. Insida City Limits 1 Yes 2 No Md. NA Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 1827 Freedomway-North 21213 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. Race - American Indian. 11 Maritel Status Black, Whita, atc. Naver Merried 2 Married 1 ☐ Yas 2 ☐ No If Yas, Give 1 ☐ Yas 2 No Specify: à Specify: permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", cany injury or other traumatic event, in the close Examples. 3 ☐ Widowed 4 ☐ Divorced Year or Detes: Black 15. Dacedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation 16b, Kind of Businass/Industry (Give kind of work done during most of working life. DO NOT use retired) Collega (1-4or 5+) Elamentary/Secondary (0-12) 9th Grade Student Student 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First Middle, Maiden Sumame) Andrew Robeson Elaine 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elaine Morgan 1827 Freedomway-North Baltimore, Md. 21213 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Suriai 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 Donation 5 Dothar (Specify) Baltimore Cemetery 01-07-98 Baltimore, Md. 22. Nama and Address of Facility Baltimore, Maryland 21202 21. Signature of Funaral Sarvice Licensea eman maser WM.C. March FH 1101 E. North Avenue 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset end Deeth Physician /Medical Immediata Causa (Final diseasa or condition rasulting in daath) hemorrhage intracranial days Examiner Dua to (or as a consequance of): leukemia promyelocytic Sequentially list conditions, if any, laading to immadieta causa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last Due to (or as a consequence of) Physician/M Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 27 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 ☐ Yas 2 No 1 ☐ Yas 2 No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 10 1 inpatient 2 □ ER/Outpatient 3 □ DOA 28a. Data of Injury (Month, Day Year) 28b. Tima of 27. Mannar of Death 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicida Cartifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end manner stated. edical 29a. Cartifiar (Check only one)

Bdx Division of Vital Records, Attending death. after death Hospital 24 hours

with the Maryland

death v

efter

Baltimore, Maryland 21215-0020

director, funeral the 3 To the Hosp within 24 hou To the Fune completely fi

Por

signed by the e

peed pege 2 certificate has

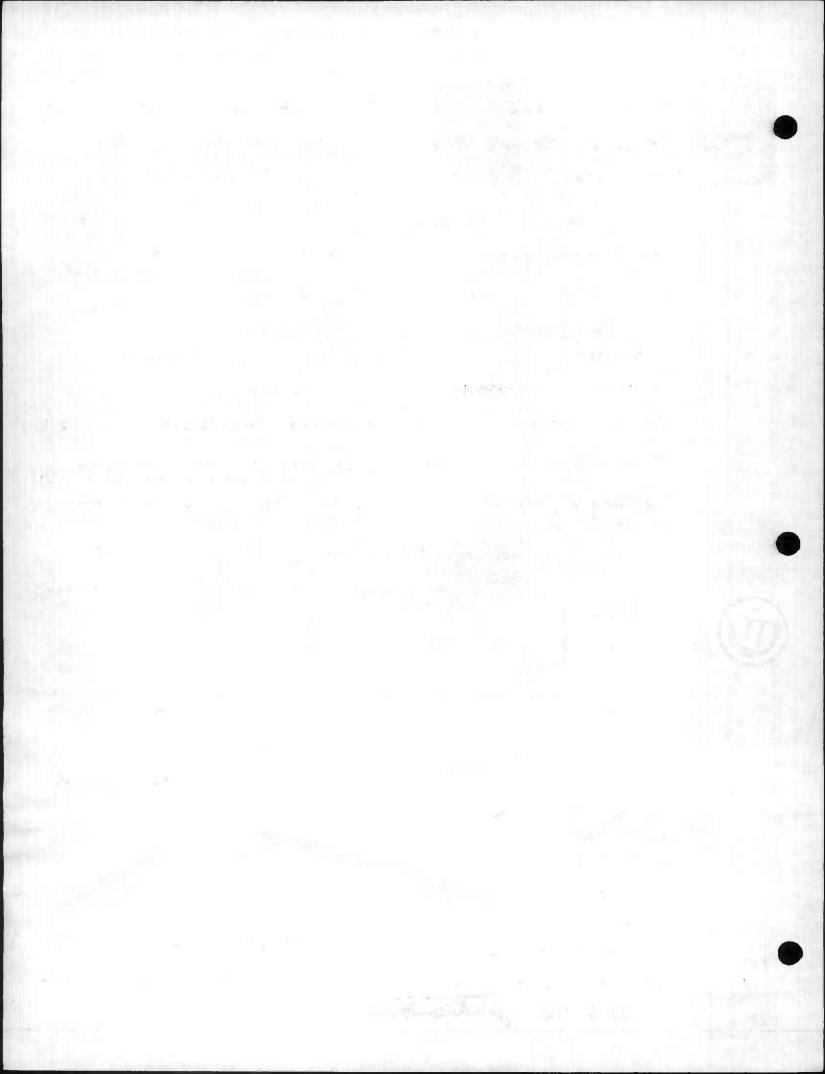
State Registrar 29c. Licensa number 29d. Dete signad (Month, Day, Year) D45068

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)
Stephen R. Hays, MD The Johns Hopkins Hospital Baltimore, MD

31. Data filad (Month, Day, Yant) JAN 071998

Honoman

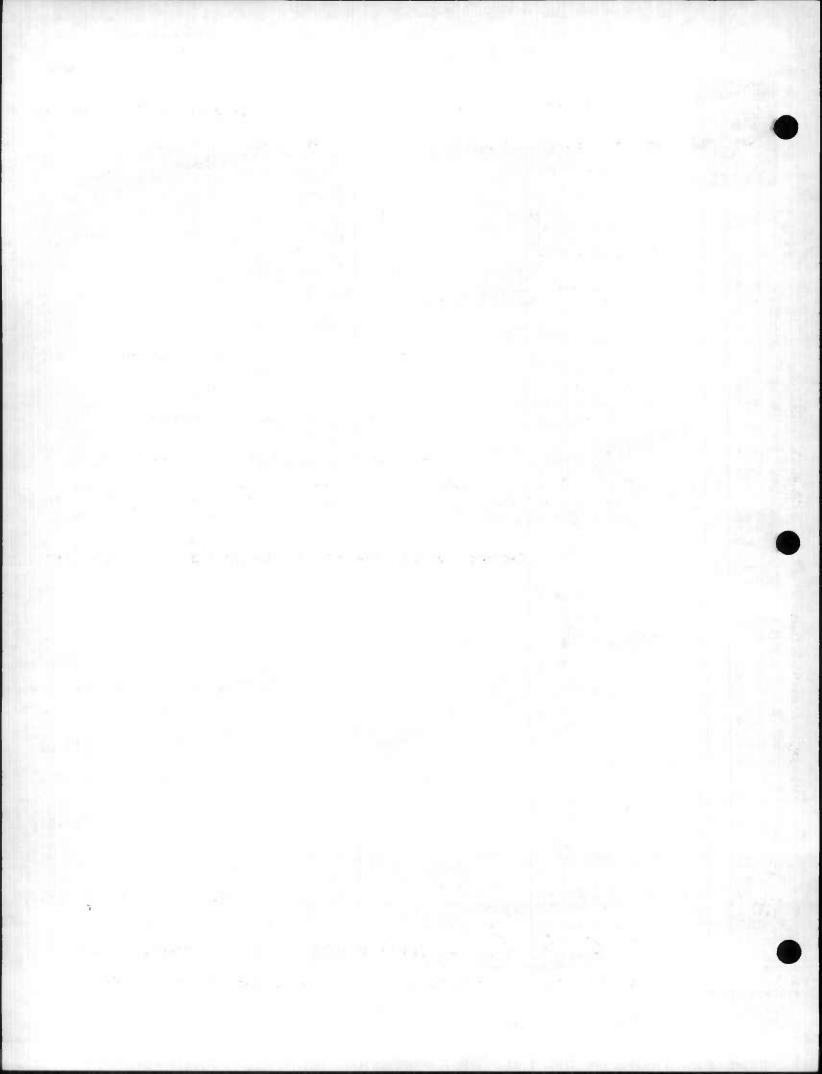
29b. Signature and title of certifier



State of Maryland / Department of Health and Mental Hygiene 9 8 0 0 2 3 4

						C	ertifica	ite of	Death		Reg. No.	0	0607
Dhuni	oion	1. Decedent's Nan	me (First, Middle, Li	est)						2. Dete of I	Deeth Day	Yeer	3. Time of Deeth
Physic /Med			Char	les Mi	ichae1	L R:	itter			Janua			03:00PM
Exam		4a. Facility Neme	(If not institution, gi	va street end num	ber)				4b. City, Town, o				05100111
		VA Maryl	and Healt	h Care S	System				Porry P	oint	Cec	17	
Funera		5. Social Security	Number 6.	Sex 7	7. Age (In yrs.	lest birtho		er 1 Year	Perry P				plece (Stete or Foreign
Directo		145-36	-9901	X M 2□ F	51	Yrs	Months.	Days	Hours Mir	OCT 1	7, 1946	Nev	York
		Usuel Residence	of Decedent								., ., .,	2.01	TOLK
ylan		10a. Stete	10b. County		10c. Ci	ty, Town o						1	10d. Inside City Limits
W T	to	MD	Balti	more		Jol	ppa						1 ☐ Yes 2 No
r 284	Director	10e. Street end Nu	umber				10f. Z	ip Code			10g. Citizen of	Whet Cour	ntry?
3a o	0	566 Re	nee Dri	ve				21	.085		USA		
5-0020 72 hours efter death with the Maryland naturel, or items 23s or 28s-f show	Funerai	11. Marital Status		12. Was Deced	dent Ever in U	J,S.	13. Was Dec		Hispenic Origin? (ean, Maxican, Pue	Specify Yes or h		e - Americ	can Indien,
the real	E	1 Navar Mar	ried 2 Married	Armad Ford	2 No					rto Rican, etc.)		ck, White,	
a within 72 hours ef jiene. r than "naturai", or	þ	3 Widowed	4 🕅 Divorced	If Yes, Giva Year or Da	1-966-	1968	1 Yes	2 X No	Specify:		Specif	y: Whi	te
72 hours natural',	9		15. Decedent's E	ducation		16e. De	ecedent's Us	uel Occu	pation		16b. Kind of 8	usiness/In	dustry
	Completed		cify only highast gr		4	- (G	Siva kind of w fe. DO NOT	vork done use retire	during most of wo	orking			
iene.	E	Elementery/Sec	ondary (0-12)	College (1-	40r 5+)	T.al	orer				Const	was a t	ion
		17. Fether's Neme	(First, Middle, Las	t)		Luci	JULEI		18. Mother's Ne	eme (First, Midd	le, Maiden Sumer		1011
ed all be	Be C	C	harles	Δ Ritt	or				D	ottr II	0.01.022	•	
2 should be filed end Mental Hygi is marked other surnetic event, I	10		Neme/Reletionship		CL	105 14	Loiling Addro	on /Ctron		etty H	anrey ber, City or Town	Chada Zin	Codel
2 9 8			itter/dau				Shephe					, 31818, ZIÇ	Code)
s 1 and of Heelth item 27		20a. Method of Dis		B.ICCI.	20h I		isposition (N	The same of the same of	ive. iea	Dete Dete	J 07666	City of To	Chata
2 o t		1 Buriel 2	Cremetion 3 [Removel from S		cemetery,	cremetory or	other ple	ca)	Dete	20c. Location	City of To	own, Stata
men men tant: jury		4 Donetion	5 Other (Speci	fy)	Me	etro (Cremat	ory,	Inc. 01	/06/98	Balti	more	, MD
pemit. Pages 1 a Department of He Important: If item any injury or othe ang.		21. Signeture of B	nerel Sarvice Lice	nsee	l. X	7	22. Name a	and Addre	ess of Facility	∬06/98 Baltimore, MD ety of Maryland, Inc.			
20.5 20		Edw	ard A.C	Gregoro	hik		200	Eroc	lorial	era or	maryla 1timore	nd,	inc.
			the diseese, or con ert feilure. List only	plications that ca	used the deel	th. Do not	enter the mo	de of dyl	ng, such es cardi	ec or respiretory	errest,	, MI	Approximete
Physician		Shock, or nee	ert fellure. List only	one ceuse on ee	ch ine.							1	Intervel Between Onsat and Death
/Medical	_	Immediate Cause	(Finel									- 1	
Examine		disaese or condition rasulting in deeth)	on	. Carci					h bone m	etastas	is	C	ne year
	ē	1 7 7			Due to (d	or es a cor	nsequence of):				1	
petr	Examiner		•	b			1.						
al-tra	Xa	Sequentially list or if any, leading to if	onditions, m <i>m</i> ediate		Due to (d	or es e con	nsequenca of):				1	
be		Sequentielly list or if eny, leeding to it cause. Enter Und Ceuse (Disease or that initiated event	erlying r Injury	c									
certificate be executed identificate by the brids of transit	n/Medical	resulting in death)	Lest		Due to (d	or es e con	sequence of):				1	
certifi ding	3			d									
	ian												
0 0 0	Physicial	Pert II. Other signi	ificant conditions	contributing to dea	ith but not res	ulting in th	ne underlying	cause gi	ven in Pert I.	23b. Di	d tobacco uee co	ntribute t	o the cause of death
d by	P.									1[☐Yes 2X No	3 Pro	bably 4 Unknow
requires that the seen signed by the	by									-	_		
v require been si should l	Completed									24e, We	es en eutopsy rformed?	24b. W	ere eutopsy findings eilable prior to
2 S S	Die											of	mpletion of causa deeth?
0 - 0	E									10	Yes 20XNo	1.	∃Yes 2□No
delan: The certificate rector, pag		25. Was case refe	rred to medical			_			00.00				2010
	Be	exeminer?		Hospitel:				_ Ott	han	eeth (Check onl)			
Phys this rai dii	-T	1 Yes 2			patient 2	28b. Tim		JUA	4 LI Nursing		sidance 6 Ott		y)
ding Ph h. After th funeral	ion	1 Neturel	5 ☐ Pending	28e. Dete of (Month	, Dey Year)	Inju	ry	28c. Inju Wo		200. 000010	e now injury occur	100	
	Certification:	2 Accident Investigation M 1 Yes 2 No 3 Sulcide 6 Could not be Republication At home from street features afficially and Attended to the second Attended to the								D	· D. A. M. · · ·		
* E & E	ŧ	28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)								per or mure	er noute Number,		
X D													
Hospita 24 hours Funeral	edicai	29a. Certifier (Check only	1X Certifying Pt 2 ☐ Medical Exam	nysician: To the b miner: On the bas	est of my kno	wledge, de	eeth occurre	d et the ti	me, dete end pled	e, and due to the	e cause(s) end m	enner es s	teted.
- 10	P	one)		end menne	er statad.								
To the To the	2	29b. Signetura and titla of certifier 29c. License number								29d. Date signe	ed (Month,	Dey, Year)	
			(a. 11	u No	1	in	UD D	166	08		January	05,	1998
		30. Neme end edd	ress of person who	completed ceuse	of deeth (Ita	23e) (Ty							
			LEUNG, M.					are	System.	Perry D	oint. MD	219	902
0	ate	31. Date filed (Mor							-1000111/	-caaj I			
Pogis			0.0 1000	die	gistrar's Sign	on-Rar	dall						

DHMH 16 Rev 6/95



iclan		me (First, Middle, L			Oel	tificate	OI I	Juan		2. Date of Do Mooth JANUAR			₹	3. Time of Death 3:55 PM	
icai iner	4a. Fscility Name	(If not institution, g	ive street and nu	ım <i>ber)</i>			4			ocation of Dea		County	of Death		
neral octor	215_00_2871 1DM 2XF				Age (In yrs. last birthday) If Under 1 Year Months Days			BALTIMORE If Under 24 Hrs. 8. Dat Hours Min. (Mc		8. Date of Bi (Month, D	BAI late of Birth Month, Dey, Year) Y 14,1909		9. Birthplace (State or Foreign Country) MARYLAND		
	Usual Residence 10a. State	Residence of Decedent						1111 179			,190	10d. Ins			
Director	MD 10e. Street and N	BALTI	MORE		BALTIMORE 10f. Zip Code					10g. Citizen of Whet C				1 ☐ Yes 2 💢 N	
t, the Medical Examiner must be notified at Completed by Funeral Director	11. Marital Status	LONIAL RO				21207 13. Was Decedent of Hispanic Origin? (If Yes, specify Cuban, Mexicen, Puel 1□ Yes			in? (Sp , Puerto	ecity Yes or N Ricen, etc.)		U.S.A. 14. Race - American Indian, Black, White, etc.		an Indian, etc.	
		15. Decedent's l ecify only highest g	Educetion rade completed	ducetion de completed) College (1-4or 5+)			dent's Usual Occupation kind of work done during most of work DO NOT use retired)			ing			Business/Industry		
Be	6TH GRA	DE (First, Middle, Las	it)		SEAL	MSTRES	S	18. Mothe	r's Nam	e (First, Middle			COMP.	ANY	
2	JOSEPH 19a. Informant's I						S IRENE			-					
cian/Medical Examiner	23a. Part. Emershook, or he shook, or he disease or condit resulting in death Sequentially list of any, leading to ceuse. Enter Unc Cause (Disease othat initiated even resulting in deeth)	conditions, immediate lerlying or injury	a b c	Pue to due to Colu	(or as a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of	uence of):	of dyln	g, such as o		E-BALTI or respiretory a		, MD	1	1229 Approximate Interval Between Onset end Death 4 day 2 flare ylare	
by Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause CVA Dealure Author Claudia Clau						se give	1 [id tobacco use contribute to the cause of deat				
Completed b											Ves an autopsy enormed? 24b. Were autopsy available prior completion of of deeth?		nilable prior to appletion of ceuse		
	OF Mos open refe	arrad to madical										₽No	1 🗆	Yes 2□ No	
o Be	25. Wes cese refe examiner? 1 Yes 2	/	Hospital:	Inpatient 2	D ER/Outpatien	3□ DOA	Othe	0.00		me 5 Res	/	6 □Othe	er (Specifi	<i>(</i>)	
ation: T	27. Manner of Dea 1 D Natural 2 D Accident	5 Pending Investigation	28a. Date (Mon		28b. Time of tnjury		Injury Work			Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred					
Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	286. Place	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)					28f. Location (Street and Number or Rural Route Number, City or Town, State)						
edicai	29a. Certifier (Check only one)	1 ☐ Certifying P 2 ☐ Madical Exa	miner: On the b	asis of exemin	owledge, death ation end/or inv	occurred at estigetion, in	he tim	ne, dete and olnion, deat	l plece, h occur	end due to the red at the time,	ceuse(s) dete and	and mad place, a	nner es st and due to	eted. the cause(s)	
M								number	//	_	29d. Del	te signed	(Month,	d due to the cause(s) (Month, Day, Year)	

State Registrar

31. Date filed (Month, Day, Year)

JAN 0 7 1998

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

DR.DAMIAN E. BIRCHESS-5411 OLD FREDERICK RD-SUITE 18-BALTIMORE, MD 21229

in what of the same

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** EVELYN M. SHRIVER JANUARY 1998 6:30AM /Medicai 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 838 WASHINGTON BOULEVARD N/A 21230 It Under 1 Yaar Months Days If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) SEPT 9, 1928 Birthpleca (Stata or Foreign Country)
 MARYLAND **Funeral** 1□ M 2√ F 219-20-7235 Yrs Director 69 Usual Residence of Dacedant the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at 10d. Insida City Limits Director Yas 2□No MD N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 838 WASHINGTON BOULEVARD 21230 U.S.A. Funeral 12. Was Dacedent Ever in U,S. Armed Forceş? 1 ☐ Yas 2 ☐ No If Yas, Give Yaer or Datas: 13. Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxicen, Puerto Rican, etc.) 14. Race - American Indian, Biack, Whita, atc. 72 hours after 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 Yas 20 No P Specify: 3 XWidowed 4 ☐ Divorced WHITE Completed 18a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decadant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: If item 27 is marked other than "na any injury or other traumatic event, tra Mediconce. Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER 12TH GRADE HOMEMAKING 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be CARROLL THOMPSON ALBERTA VELTEN 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) TINA SHRIVER (DAUGHTER) 838 WASHINGTON BOULEVARD-BALTIMORE, MD 21230 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Deta 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 □ Donation 5 □ Othar (Specify) 1/6/98 CEDAR HILL CEMETERY BALTIMORE 21. Signature of Forward Service Licensea 22. Name end Address of Facility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23e. Pert1. Entar tha diseese, or complicator shock, or heart feilura. List only of a call thet caused tha daeth. Do not anter tha moda of dying, such es cerdiac or raspiratory arrast, isa on each line. **Physician** Dua to (or es a consequence of):

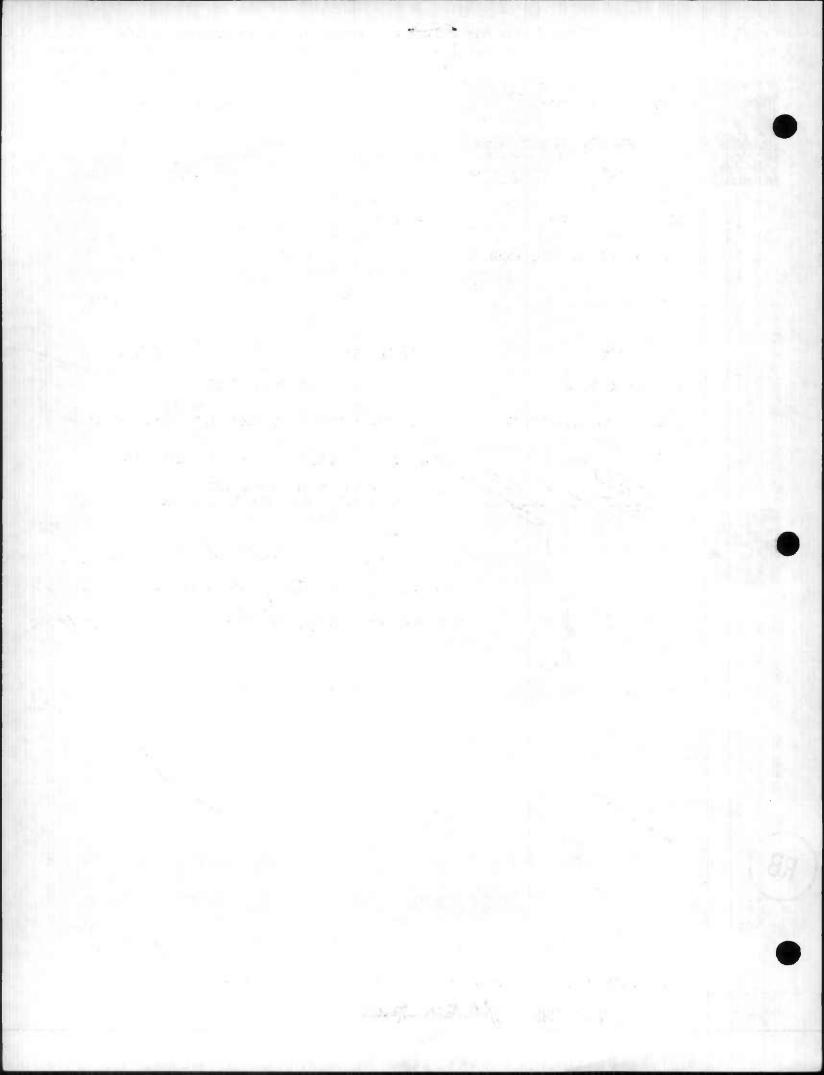
Dua to (or es a consequence of):

Dua to (or es a consequence of):

Dua to (or es a consequence of): /Medical Immediata Cause (Finel disaasa or condition resulting In daath) **Examiner** Examiner Dua to (or es e consequence of): Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or Injury thet initiated avants rasuiting in death) Lest Box 68760 Physician/Medical 8 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Whiknown by Completed 24a. Was an autopsy 24b. Wera autopsy tindings availebla prior to completion of cause of death? performed'i 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was cesa ratarred to medicei axaminer? Be 28. Piace of Death (Check only one) 1 Yas 2 No Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28e. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Naturel 2 Accidant 1 | Yas 2 | No 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) å 29b. Signatura and titia of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Year) nunner mas 30. Nama and addrass of person who completed causa of deeth (Itam 23a) (Type, Print) DR. S. MUNESES - 3721 POTEE STREET - BALTIMORE, MD 21225 32. Ragistrar's Signatura

Fulia Davidson Pandalle. 31. Dete filed (Month, Day, Yeer) State JAN 07 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month Frances Yaar 133PM 1998 Jani 4a. Facility Nama (If not institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death 5. Social Security Number BALTIMORE N/A Conter Medili | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | SEPT • 18, 7. Age (In yrs. last birthdey) 6. Sax Birthpiaca (Stata or Foraign Country) 1□M XXF Yrs. 1912 212-36-1394 85 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No MD BALTIMORE BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 2331 OLD COURT ROAD #410 21208 U.S.A. 11 Marital Status 12. Wes Dacedent Ever in U.S. Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Ricen, etc.) Race - American Indian, Biack, White, etc. 1 ☐ Yas 2 ☐ No If Yas, Giva X Yeer or Datas: 1 Never Married 2 Marriad 1 ☐ Yas 2 No Specify Specify: WHITE XX Widowad 4 Divorced 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation 16h. Kind of Businass/Industry (Give kind of work dona during most of working life. DO NOT usa ratired) Eiementary/Secondary (0-12) Collaga (1-4or 5+) HOUSEWIFE OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) MEHLMAN FLORA LURIE MORRIS 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MARTHA L. BURMAN / DAUGHTER 2204 CHILHAM ROAD BALTIMORE, MD 21209 20e. Mathod of Disposition 20b. Pieca of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State 1 Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Spacify) 1/6/98 | BALTIMORE, MD BETH TFILOH CONG. 21. Signature Funara Sarvice Line 22. Nama and Address of Fecility Sol Levinson & Bros., Inc. 23e. Part1. Enter the disable or completions that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrast,

Approximate Approximate Shock, or heart feilure. List on the cause on each line. Approximata Intarvai Batwaen tmmediata Ceusa (Finai disaase or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiate causa. Entar Undarlying Cause (Diseasa or injury that initieted evants rasulting in daath) Lest Dua to (or as a consequence of) Dua to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 50 mis 24b. Wara autopsy findings available prior to 24a. Wes an autopsy performed? compiation of causa of death? 1 Yas 1 Yas 2 No 26. Placa of Daeth (Check only ona) Hospital: Other: 4 Nursing Home 5 Residance 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28c. tnjury at Work? 28b. Tima of 28d. Dascribe how Injury occurred

Box The law requires that the deeth Division of Vital Records, P.O. signed by certificate hes or Attending Physician: After this

death.

Director:

To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by

in by t

Physician/Medical Examine þ Completed Be Certification: To

Physician

/Medical

Examiner

Funeral

Director

Show

28a-f

or items 23e or

the Medical Examiner must be notified at

Director

Funeral

þ

Completed

Be 2

the Marylend

with

death

21215-0020

altimore,

permit. Pages 1 and 2 should be filed within 72 hours after to Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "next any injury or other than "next any injury or other than "next and injury or other than "next any injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and injury or other than "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "next and "ne

Physician /Medical

Examiner

Medicai 29a. Certifier

25. Was case rafarrad to medical axaminer? 1 Yas 2 No 27. Mangar of Deeth Naturai 2 Accident 3 Suicida 4 Homloida

5 Panding invastigation 6 Could not be

28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify)

1 ☐ Yas 2 ☐ No

McCartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

29b. Signeture end title of certifier

29c. Licensa number P01442 29d. Data signed (Month, Dey, Year)

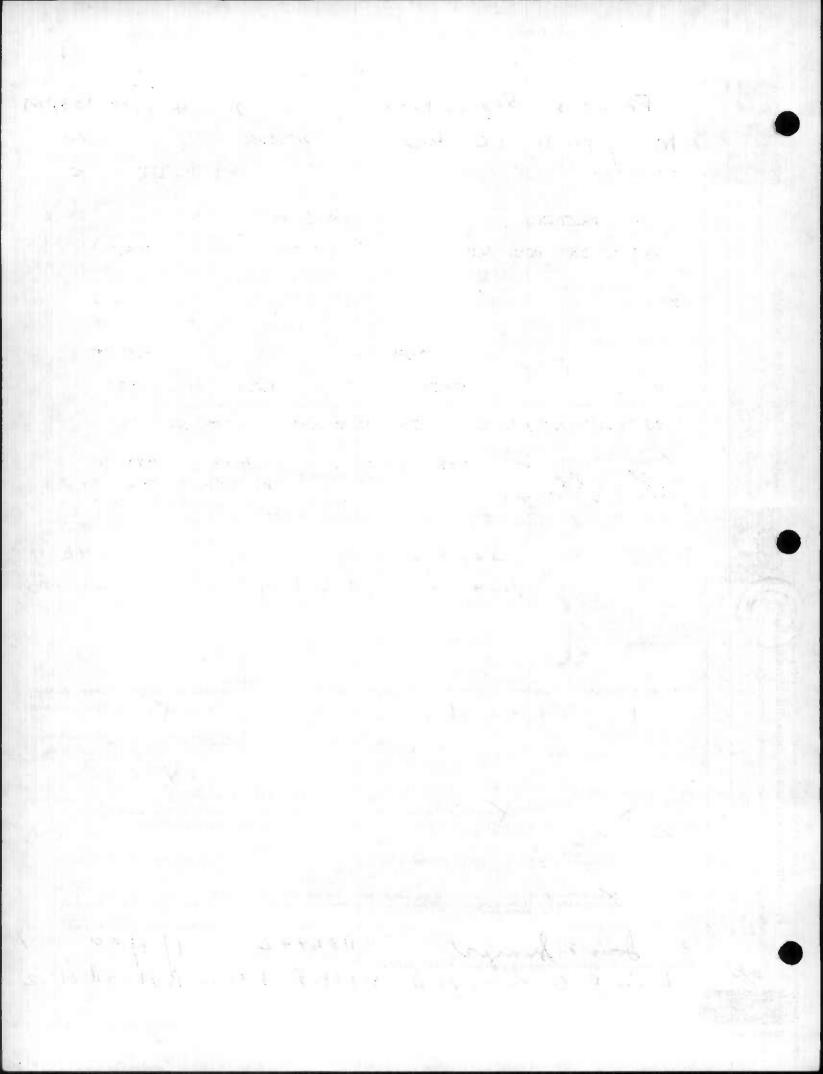
30. Nema and address of person who compiated cause of deeth (Item 23a) (Type, Print) 3015+ P. I Pl. w B. 1+, hd 21202 E. Grenzer M. 1-6

31. Data filed (Month, Day, Year)

(Check only one)

32. Registrar's Signatura

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Lillian 30 Am **Physician** C. Schwant 1442 /Medical JAN 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Columbia
If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) Howers COUNTY berenena Hosp, ta Howars. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 1 Year **Funeral** Birthplece (State or Foreign Country) 10 M 25 F Months Deys Yrs. 081-10-7059 Director NEW YORK Usuel Rasidence of Decedent with the Maryland 10a. State 10b. County show 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-1 show the Medical Examiner must be nothled at HOWARD MD Director COLUMBIA 1 ☐ Xes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5400 VANTAGE POINT RD., APT. 312 21044 death y USA Wes Decedent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by Specify: WHITE 3 Widowed 4 □ Divorced "natural", Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grede completed) marked other than Elementery/Secondary (0-12) College (1-4or 5+) 12 SECRETARY U.S. GOVERNMENT 17. Fether's Nema (First, Middle, Lest) 18. Mother's Nama (First, Middle, Meiden Sumame) Pages 1 and 2 should be fil ment of Heelth and Mental H lant: If itam 27 is marked off Be MORRIS WEISS 2 REGINA STETNER 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 9469 HICKORY LIMB other MRS. MILDRED SOLASH (SISTER) COLUMBIA, MD 21044 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 0 1 ☐ Buriel 2 【Cremation 3 ☐ Removel from State permit. Page Department of Important: If any Injury or HILLTOP SERVICE CORP. 1/7/98 4 ☐ Donetion 5 ☐ Other (Specify) TOWSON, MD 21. Signeture of Funerel Service-Licensee 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. ese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, e. List only one ceuse on each line. MD 21208 **Physician** /Medical Immediate Cause (Final disease or condition rasulting in daeth) **Examiner** Dua to (or as a consequence of) Sequentielly list conditions, if eny, leading to immediate species. Enter Underlying Ceuse (Disease or Injury that Initiated avents resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Physician/Medi ed by the e Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Division of Vital Records. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed t þ 24b. Wara autopsy findings evelleble prior to completion of ceuse of daath? 24a. Was en eutopsy performed? Completed page certificate 1 Yes 25 40 1 ☐ Yes 2 ☐ No Be 25. Was case raferred to medical examiner? 26. Placa of Death (Check only one) Hospitel: 1 Appatient 2 ER/Outpetient 3 DOA 10 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) After this 27. Manner of Death 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred if or Attending Parties death. Certification; Natural 2 Accident 5 Pending 1 Yes 2 No investigetion in by the 3 Sulcide 6 Could not be Plece of Injury - At home, ferm, straet, fectory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di edical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steled.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) P20708 www

11055 Little Patuxent

State Registrar 31. Date filed (Month, Day, Year)

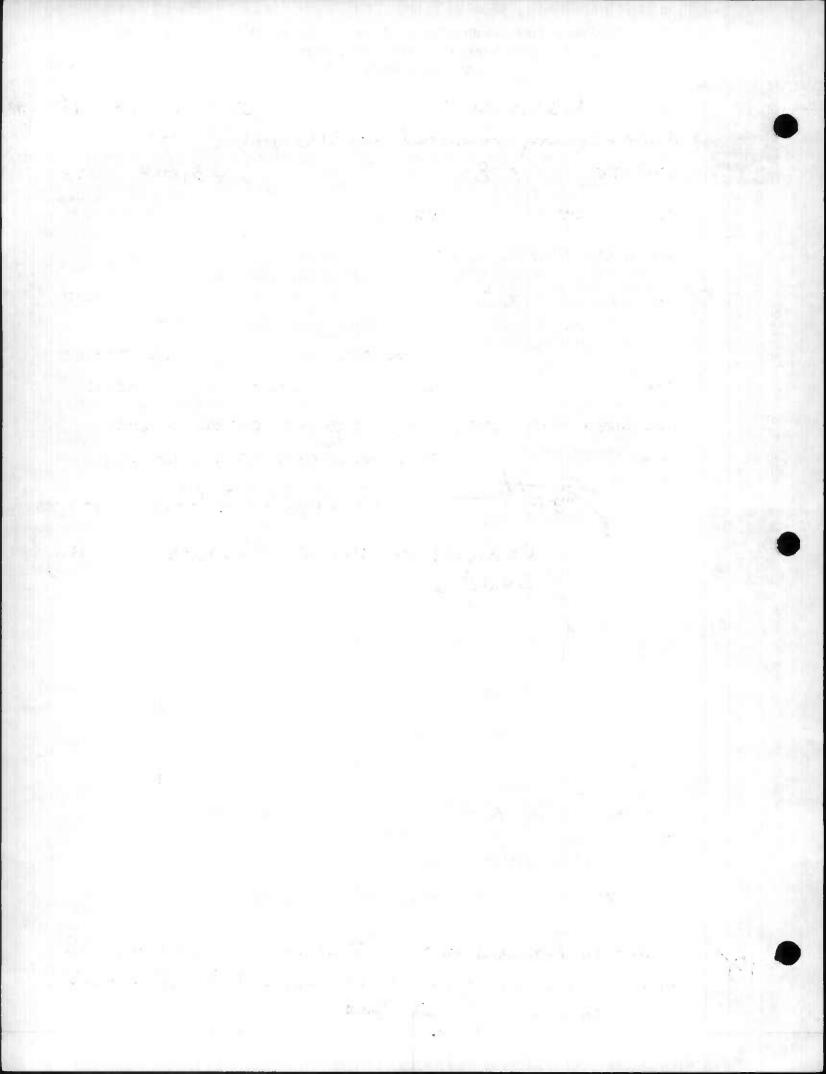
30. Nema and eddress of person who complated ceuse of death (Itam 23e) (Typa, Print)

JAN 08 1998

-10 w ers

MD

32. Registra s Signatus



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth CHING JAN 0409 4b. City, Town, or Location of Deeth 4e. Fecility Nema (If not institution, giva street and number) 4c. County of Deeth Howard County General Hospital Columbia Howard 5. Social Security Number 7. Age (In yrs. last birthday) if Undar 1 Year If Under 24 Hrs.

Months Deys Hours Min. 6. Sax 8. Data of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 1₩ 2□ F 565-47-3347 80 Yrs. OCT 21, 1917 Taiwan Usual Residence of Decedent 10e Stete 10b County 10c City Town or Location 10d. Inside City Limits Columbia 1 Yes X No Howard 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9405 Slowrain Way 21046 USA 12. Wes Decedant Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. TY Yes 2 No if Yes, Give 1953-1954 Year or Detes: 1 ☐ Never Merried 2 ☑ Married 1 Yes 2 No Specify: Specify: Chinese 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast grade completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementary/Secondery (0-12) Surgeon Medicine 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Nan-Gen Su Shu-Fang Chen 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9405 Slowrain Way Julia Su/wife Columbia, MD 21046 20b. Placa of Disposition (Nema of cemetery, crametory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetlon 3 Ramoval from State 4 Donetion 5 Other (Specify) Metro Crematory, Inc. 01/05/98 Baltimore, MD 22. Name end Address of Fecility
Cremation Society of Maryland, Inc.
299 Frederick Rd. Baltimore, MD 21228 21. Signetura of Funeral Servica Licental Edward A. Gregorchik 23a. Pert1. Enter the disease, or compilections that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete intervel Between Onset and Daath Immediate Cause (Finel MICTASTATIL disaese or condition rasulting in deeth) Hyphuts B Due to (odes e consequence of): CANNION Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or as e consequenca of): Pert II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably € Unknown 24b. Ware eutopsy findings available prior to 24a. Wes en eutopsy performed? completion of causa of deeth? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case raferred to medical 26. Piece of Deeth (Check only one) Hospitel: poinpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residenca 8 Other (Specify) 1 ☐ Yes 2 € No 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homleide

1 Secretifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29c. License number

PATURIAT PK

29d. Data signed (Month, Day, Year)

Columbia, MUS

Examiner Examiner certificate be executed pue Box 68760 the P.O. 1 signed by t Records, page 2 Vision of Vital Litending Physician: After In by the f To the HOS within 24 ho To the Fune completely fi

Physician/Medical þ Be Completed Medical

Physiclan

/Medical

Examiner

MD

Director

Funeral

þ

Completed

Funeral

Director

7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Magical Examiner must be notified at

pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "any injury or other traumatic event

Physician /Medical

the Maryland

Baltimore, Maryland 21215-0020

Certification: To

29a. Certifier

State Registrar

JAN 08 1998

31. Date filed (Month, Day, Year)

29b. Signature and title o cartifiar

DIENER

Moore

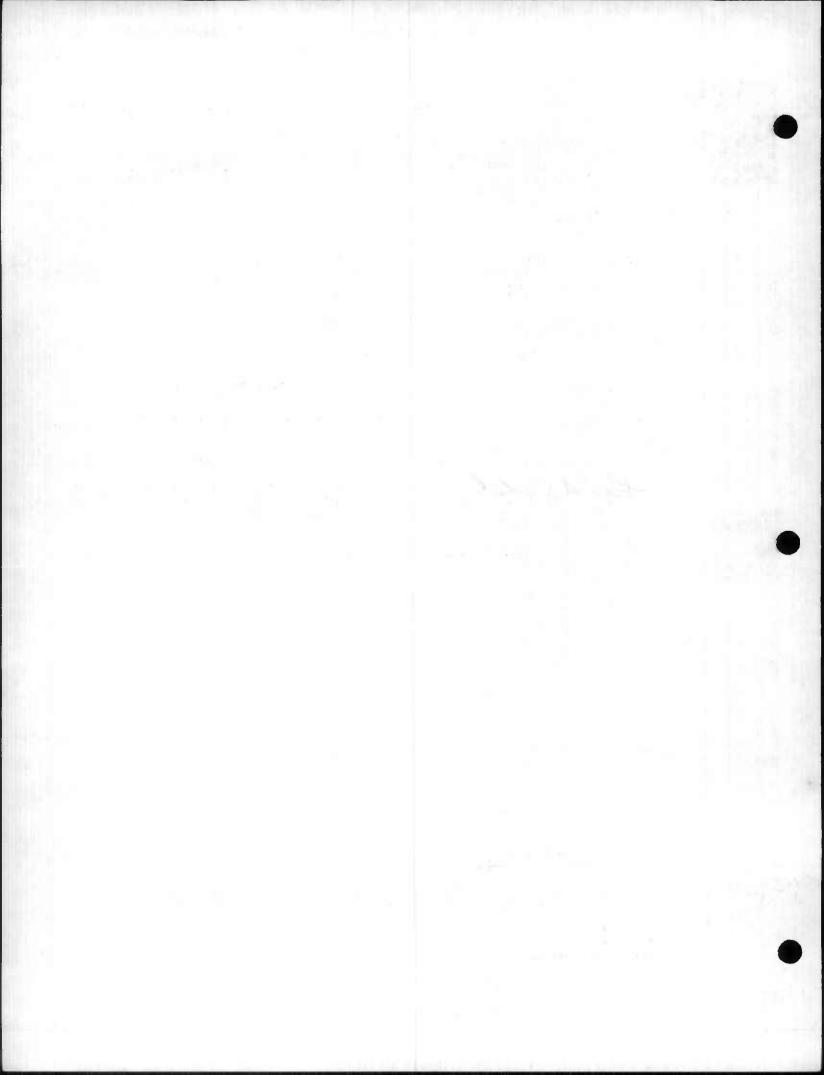
Struce

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 11055 LUTTUE

32. Registrar's Signeture

Julia Davidson

DHMH 16 Ray 6/95



									2. Dete of De			me of Death		
Physicia /Medic		Gertrude M. Saunders								Dey	1998 09	10 AM		
Examine		4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. Coun												
	П	St. Agnes	Hosp	ital					Baltimo	ore	1	N/A		
Funeral Director		5. Social Security Number 215-10-14	Sex I□M 2덨F	Manthal					8. Date of Bi (Month, D MAR 02	rth ey, Year) , 1910	9. Birthplece (S Country) Maryla			
and		Usuel Residence of Dece 10a. State 10b.	County		10c. Ci	ty, Town or L	ocation					10d. fns	Ide City Limits	
should be filled within 72 hours after death with the Maryland and Mental Hygiene. marked other than "naturel", or items 23e or 28e-f show urratic event, the Medical Examiner must be notified at	Po	MD B	altim	ore			Ca	ton	sville			1	Yes 2⊠No	
r 28a	rec	10e. Street and Number						Code	0 1 1 1 1 0		10g. Citizen of	Whet Country?		
23a or	aio	6102 Mt. Ridge Road 21228								Ţ	JSA			
0 14	by Funeral Director	11. Maritel Status 1 ☐ Never Married 3 ☐ Widowed 4 ☒ [Armed Fo	Was Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Specify Cu 1 ☐ Yes 2 ☑ No If Yes, Give					pecify Yes or No o Rican, etc.)		14. Race - American Indian, Black, White, etc. Specify: White		
naturel', dical Ex	Pe	15. [Decedent's Ed	ducation	16a, Decedent'a Usual Occu			al Occup	pation		16b. Kind of B	ualneas/Industry		
Med "	Completed	(Specify on Elementary/Secondary		completed)	ollege (1-4or 5-)				during most of word d)	king				
The state of	100		(0.1)	1		Sec	reta	ry			Office	e Work		
if item 27 is marked other or other traumatic event, it	To Be	17. Fether's Neme (First, Middle, Last) Edward McDonnell							18. Mother's Nam		e, Meiden Sumen	ne)		
Health and em 27 is m rther trsum		19a. fnforment's Neme/F		**	195				end Number or Ru					
m 27 her tr		Dorothy M		tice/I		610			idge Roa					
or of		20a. Method of Disposition 1 ☑ Burlel 2 ☐ Cre		Removel from	State	cemetery, cre	metory or	other ple		Dete	20c. Location	- City or Town, Sta	ite	
tment of I tant: If ite		4 Donetion 5 D			Ba.	ltimor				01/09/98	Balti	imore,	MD	
Department of Important: If it any injury or once.		21. Signature of Funeral	Service Licer	Gregi	nich	M	acNa acNa	bb I	ess of Fecility Funeral	Home,	P.A.			
hysician	19	Edward 23a. Part1. Enter the dis	ease or com	regero	coused the deat				erick Ro			Appro	21228 eximate al Between and Deeth	
/Medical		Immediate Cause (Final disease or condition		n	neume	mia						3	days	
Examiner	_	resulting In death)		-	Due to (or as e conse	quence of)	:						
_ 10	Examiner			b			**							
physician and the burial-fra	Exa	Sequentially list condition if any, leading to immedicause. Enter Underlying Cause (Disease or Injury	ns, ate		Due to (c	or es e conse	quence of)	:						
physician s the buria	edical	Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of):												
		resulting in deeth) Lest												
e attanding ad for use a	lan			d										
hed f	Physician/M	Pert II. Other significant	conditions c	ontributing to d	eath but not res	sulting In the	underlying	cause giv	ven in Pert I.	23b. Did	tobacco use co	ntribute to the ca	use of death?	
		hypothy	roide	in						1□	Yes 2 No	3 Probably	4 Unknown	
5.8	d by	1 1								24a. Wa	s an autopsy	24b. Were auto	opsy findings	
ahou	Completed	aementia								perf	ormed?	avallable	prior to on of ceuse	
20 P	dmo									40	Yes 2 No	1 Tes		
		25. Was case referred to	medical						26. Plece of Dee			1 1 105	ZIE NO	
	To Be	examiner?	unique	Hospitel:	Inpatient 2	ER/Outpatie	ent 3 🗆 🗅	OA Ott	hor:		idence 8 Oth	ner (Specify)		
		27. Menner of Death	7D #1	28a. Date		28b. Time Injury		28c. Injui Wo		-	how Injury occur			
ne for	atic	2 Accident	Pending investigation	n	, 55y 16ai/	i i i jui y	М		Yes 2□No					
	Certification:	a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a Charles and a							28f. Location City or To	(Street and Numi own, Stete)	ber or Rural Route	Number,		
	edical	29a. Certifier (Check only one) 12 Cartifying Phyalcien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as atated. 29a. Certifier (Check only one) 12 Cartifying Phyalcien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as atated. 29a. Certifier (Check only one)									ouse(s)			
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Me	29b. Signature end title of	f cartifier				29	c. Licens	se number		29d. Dete signe	ed (Month, Dey, Y	ear)	
0.033		> K. Ch	entom	nam	, M.	. D .		PO	-914	5	JAN .	6.1999	}	
				/	1			1	11			1		
6		30. Name and address of	VTORNS	completed caus	se of deeth (Iter	m 23a) (Type	, Print)	10	BALTIM	ant !	40 0 . 0	200		

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. 9 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Mae Louise Sherwood JAN. 1998 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Baltimore Ridgeway Manor Nursing Home Catonsville If Under 24 Hrs. 8. Date of Birth Hours Min. APR 2, 1901 5. Social Security Numbar 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (Stata or Foreign Country) 1□M 20 F 96 215-10-6145 New York Usual Rasidanca of Dacadant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Catonsville 1 ☐ Yas 2 No Baltimore Maryland 10e Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 21228 202 Sanford Avenue USA 12. Was Decadent Ever in U,S. Armed Forcas?

1 Yes 2 No if Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14 Race - American Indian 11. Maritel Status Black, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 No Specify Widowed 4 □ Divorced White 15. Dacadant's Education 16a. Decadant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) (Specify only highast grada completed) Church Adoption Elamantary/Secondary (0-12) Collega (1-4or 5+) Foster Mother Agency 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Lillian McGuire Charles Donovan 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code, 19a. fntormant's Name/Ralationship (Type, Print) Catonsville, MD 21228 Diane Sherwood Six/daughter 202 Sanford Ave. 20b. Placa of Disposition (Nama of cametary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cramation 3 ☐ Ramoval from Steta 4 ☐ Donation 5 ☐ Othar (Specify) 1/9/98 21. Signatura of Funaret Sarvica Licansea

Dawn F. McDonald

The that caused the dae Loudon Park Cemetery Baltimore, MD 22. Nama and Address of Facility
MacNabb Funeral Home, P.A. MD 21228 301 Frederick Road Baltimore, 23a. Part1. Enter the disaesa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Batween Onset end Death fmmedieta Causa (Final Many your disaasa or conditior rasulting in daath) Sequentially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Dua to (or as e consequance of): 23b. Dfd tobacco use contribute to the cause of death? dementis, Chienie Deplession 1 Yes 2 No 3 Probably 4 Qunknown 24a. Was an autopsy performed? Wara autopsy tindings available prior to completion of cause of daath? 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

ms 23a or 28a-1 show

Hems 2

7 is marked other than "natural", or hen traumetic event, me Medical Examinar

Hygiene.

Pages 1 end 2 should be fill ment of Health end Mental Hant: If tem 27 is marked oth jury or other traumetic even

permit. Page Department of Important: If any injury or once.

filed within 72 hours after death with

21215-0020

Baltimore, Maryland

Records, P.O. Box 68760

of Vital

Director

Funerai

Completed by

Examiner Physician/Medical the signed by the et Completed by Certification: To

Pertiff. Other significant conditions contributing to death but not resulting in the underlying cause given in Partif.

Anemia, Maeulon Deponuation, Homatina 25. Was casa rafarrad to medical

axaminar? 27. Magnar of Death 1 Natural 5 Panding invastigation 2 Accidant

28a. Data of Injury (Month, Day Year)

28b. Tima of 28c. Injury at Work?

Othar: 4 Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 28d. Dascribe how Injury occurred 1 Yas 2 No

6 Could not be 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 Homicida

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifian

edicai (

State

3 Sulcida

Cartifying Physicfan: To tha best of my knowledga, daath occurred at tha tima, deta and placa, and dua to tha causa(s) and mannar as stated.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mennar stated.

29b. Signatura end titla of cartifier one Kaya WD 29c. Licansa number

29d. Data signed (Month, Day, Year) Jan 7, 1998

Bultinone MD -21227

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

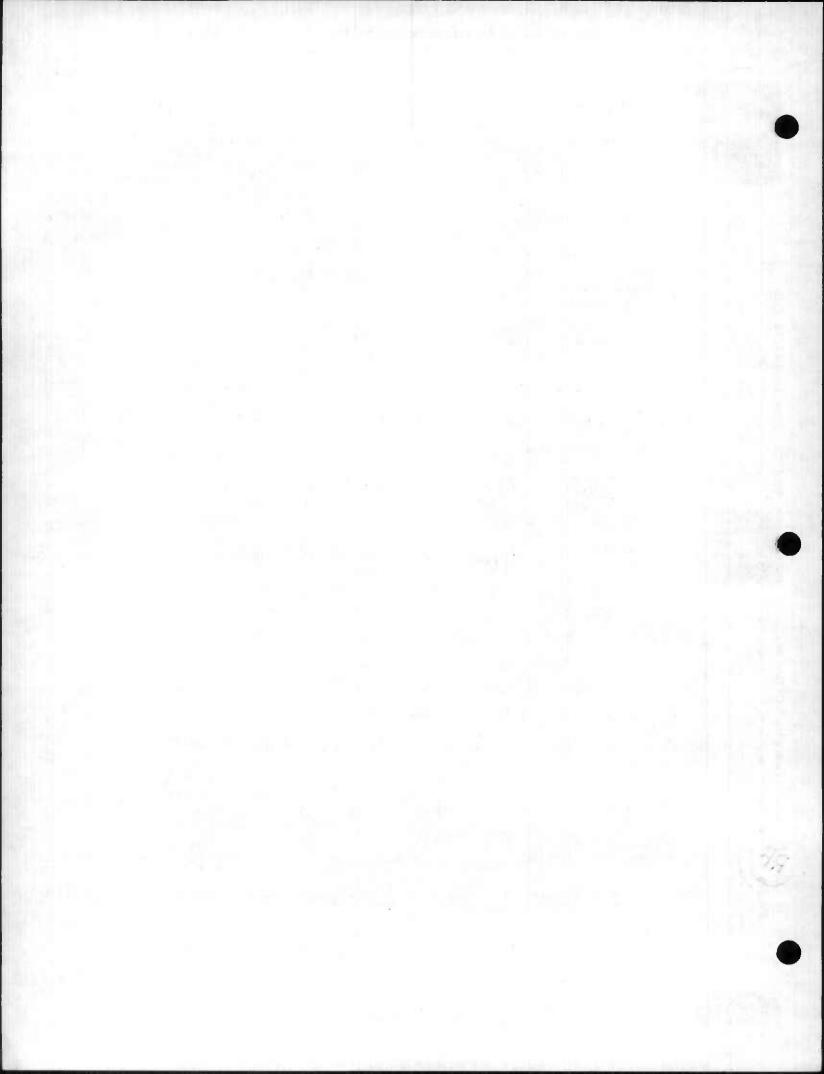
OFFTHA RAJA, 4367 HOLLIM

31. Data filed (Month, Day, Yaar) JAN 08 1998

32. Ragistrar's Signatura Julia Davidson

Registrar **DHMH 16 Rav 6/95**

To the within 2 To the comple

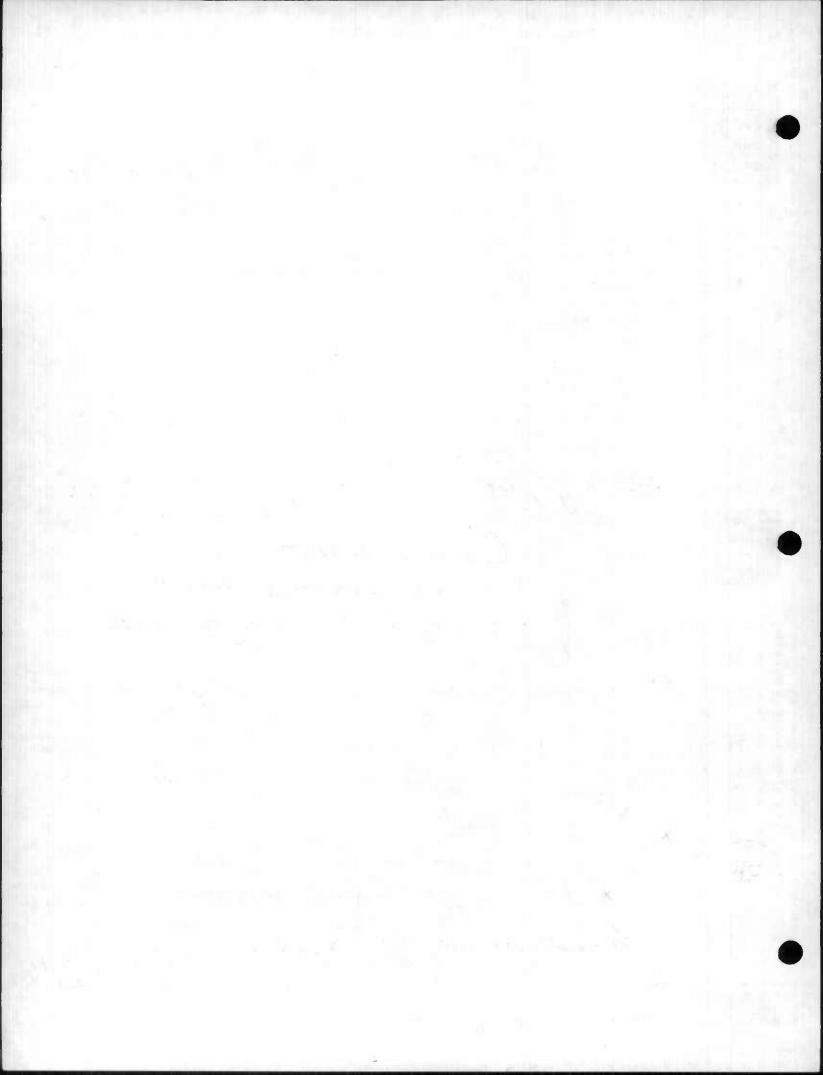


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Edwin Joseph Seabrease JAN 04, 1998 5:00 am /Medicai 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner North Arundel Hospital Glen Burnie Anne Arundel 8. Date of Birth (Month, Day, Yeer) JUNE 30, 1929 Maryland If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1₩ 2□ F Months Deys Hours Yrs 215-24-1743 68 Director Usuel Residence of Decedent 10a. Stete ms 23a or 28a-f show 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Anne Arundel Severn 10e. Street end Numbar 10f. Zip Code 10g, Citizen of What Country? 7959 Telegraph Road 21144 USA Funeral items ? 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Maritel Stetus The Medical Examiner Bleck, White, etc. filed within 72 hours after 1 Nevar Married 2 Married 21215-0020 ŏ 1 ☐ Yes 2 XNo Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16e. Decadent's Usuel Occupetion (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry 15. Decadent's Education (Specify only highast greda complated) I Hygiene. other than Elementery/Secondary (0-12) College (1-4or 5+) . Pages 1 and 2 should be filed wi tment of Health and Mental Hygien tant: If item 27 is marked other th jury or other traumatic event, Ins Truck Driver Trucking Baltimore, Maryland 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middla, Meiden Sumame) Be Elmer Seabrease Agnes Herman 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19e. Informent's Neme/Ralationship (Type, Print) 1207 Stanley Rd. Sharon J. Summers/daughter Pasadena, MD 21122 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 20a. Method of Disposition permit. Page Department of Important: If any injury or Metro Crematory, Inc. 1/6/98 Baltimore, MD 4 Donation 5 Other (Specify) 21. Signature of Ednaral Service Licensee Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 Edward Gregorchik 23a. Part1. Enter the disaasa, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only ona causa on aech lina. **Physician** /Medical Immediete Cause (Final diseasa or condition resulting in deeth) Examiner Examiner OCALDIAL The law requires that the death certificate be assocuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated evants resulting in deeth) Lest Gronary Art Disense P.O. Box 68760. eriosc Physician/Medical usa as been signed by the a should be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown Records, ð 24b. Wara eutopsy findings aveilabla prior to completion of causa of deeth? Completed 24e. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No cartificate on of Vital ing Physician: Be 25. Wes case ratarred to medical 26. Place of Daath (Check only one) 1□ Yes 2No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Medical Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Naturel 2 Accident 5 Pending investigation 1 Yas 2 No 6 Could not be datarmined 3 Suicida 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, data and place, and due to the cause(s) end menner es stated.
2 Medical Exeminer: On the basis of examination and/or invastigation, in my opinion, death occurred et the time, data and place, and due to the cause(s) end manner steted. 29a, Cartifian (Check only one) within 2 To the 29c. License number 29d. Date signed (Month, Day, Yeer) 29b. Signeture end title of cartifier mm mD 30. Noma and addrass of person who completed causa of daath (Itam 23a) (Typa, Print) O'DEA MEDICAL Arts FRANK MOTHS M.D. 7505 OS/ERDr. TOWSON,

State Registrar 31. Dete filed (Month, Day, Yaar)

JAN 08 1998

32. Ragistrar's Signature
July Davidson-Randage



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death Month Day January 6, 1998 SUGHRUE 3:05 AM 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Dulaney Towson Nursing Center Towson Baltimore If Under 1 Yaar If Undar 24 Hrs. Hours Min. 6. Sex 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days 1 ☐ M 2 ☑ F Yrs. 91 Oct. 10, 1906 Md. 10b. County 10c. City, Town or Location 10d Inside City Limits 1 ☐ Yes 2 ☑ No Baltimore Towson 10f. Zip Code 10g. Citizen of Whet Country? 21204 USA 12. Was Dacedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black. White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: 3 ₩ Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) House wife Own home 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Geriq Buergre 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Larry Konski/grandson 1 Palm Way Ct. Baldwin, Md. 21013 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Holy Cross Cemetery 1/7/98 Brooklyn, Md. 22. Nama and Addrass of Facility 21. Signature of Funeral Service Lin Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 Approximate Interval Between Onset and Death 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. ACUTE RESPIRATORY FAILURE Due to (or as a consequence of): ASPIRATION PNELLMONIA Due to (or as a consequence of) DEMENTIA Due to (or as a consequence of): ORGANIC BRAIN SYNDROME Ten YEAR Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown OSTEOPOROSIS 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24a. Was an autopsy 1 ☐ Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Sursing Home 5 Residence 8 Other (Specify) 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending 1 Yes 2 No Investigation 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifier

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mentel Hygiene. Important: If tem 27 is marked other than "natural", or itse any Injury or other traumatic event, the Medical Examines once. Saltimore, Maryland 21215-0020 **Physician** /Medical **Examiner** been signed by the ettending I should be detached for use as P.O. Records.

Physician

/Medical

Examiner

Director

Funeral

p

Completed

10

Examiner

Physician/Medical

þ

Completed

Be Tot

Certification:

Medical

physician end the buriel-trans

88

certificate hes

director,

funeral

John

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

with the Maryland

death \

LILLIAN

10a. State

5. Social Security Number

214-01-8270

10e. Street and Number

11. Marital Status

111 West Rd.

8

20a. Mathod of Disposition

Immediate Cause (Final disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last

1 Yes 2 No

27. Manner of Death

1 Natural

2 Accident

3 ☐ Sulcide

29a. Certifie

4 Homicide

(Check only one)

SILVIA SHIH

Usual Residence of Decedant

Division of Vital I or Attending Pt efter death. Director: After th

24 hours Funeral completely within 2 To the

State Registrar

JAN 08 1998

silvia Shih

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



29c. Licansa number

D 50 600

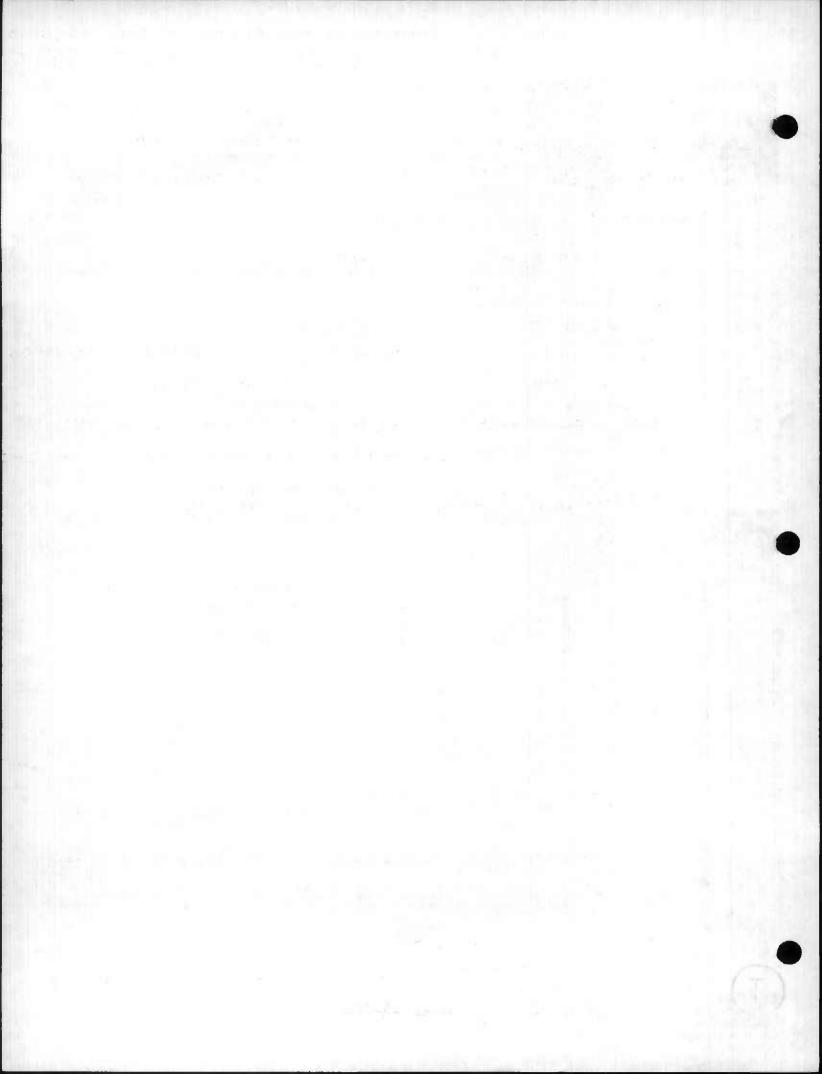
29d. Date signed (Month, Day, Year)

DHMH 16 Rav 6/95

and the second of the second

State of Maryland / Department of Health and Mental Hygiene 8 00244

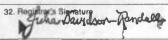
Physician					00		e of C	000		He	g. No.			
		I. Decedent's Nama (First, Middle	1) 1		49,500					ata of Death	Day	Yaar	3. Tima of D	
/Medical		Nasmi	Steven	7					- mark	nary	6	1998	8.42	
Examiner		a. Facility Name (If not Institution	, giva street and num	n <i>ber)</i>			4b	. City, Town	n, or Location	of Death	4c. Co	ounty of De	ath	
		Keswick Mul	ti-Care Co	enter					imore			N/A		
Funeral	1	5. Social Security Number	6. Sex	7. Aga (in yr.	s. last birthday)		1 Yaar Days	if Undar 24	Hrs. 8. D.	ata of Birth	Year)	9. B	irthplaca (Stata or a	
Director		212-03-3267	1□ M 🛠 F	84	Yrs.	NOTATIO	Duyo	110010	5-	7-191	.3		ryland	
	-	Jsual Rasidance of Dacedent												
at m		10a. Stata 10b. County			City, Town or Lo								10d. Insida City	
notified in rector	3	Maryland N/A			Baltimo	ore							1 X Xas 2	
or 28a-f a		ioe. Street and Number				10f. Zip (Coda			10g. Citizen of What Country?			Country?	
		700 West 40	Th Street			213	211				IJ	.S.A.		
r items 23		11. Meritei Status	12. Wes Dece Armed For	dant Ever in	U,S. 13.	Wes Deceda	ant of His	panic Origin	n? (Specify Y	es or No-	14.		nericen Indian,	
S. IT	-	1 Navar Merried 2 Marri	ied 1 ☐ Yas	217No					r ueito nicari	, atto.)		Black, Wh	iita, atc.	
- 6		3√Widowed 4 □ Divorced	If Yas, Give Year or De	a etes:		1□ Yas 2	X	Specify:			Sp	ecity: White		
t, the Medical Ex-		15. Decedent	's Education		16a. Dece	dant's Usual	Occupat	tion	d d . la . a	1	6b. Kind	of Businas	s/Industry	
in a	1	(Specify only highas Elementary/Secondery (0-12)	College (1	-4or 5+)	lifa.	kind of work DO NOT use	a ratired)	inng most o	r working					
omo	5	8	Conego (Вос	kkeepe	er			D	an L	eidne	r Plumbin	
marked other to		7. Fether's Nama (First, Middle, I						18. Mothar's	s Nama (Firs	, Middla, M	feiden Su	mama)		
them 27 le marked other traumatic event, To Be C	5	John 1	Fischbach					Kā	atheri	ne M	ille	r		
auma auma		19a. Informant's Name/Relationsh	hlp (Type, Print)		19b. Maili	19b. Mailing Addrass (Street end Number or Rural Routa Number,						own, Steta,	, Zip Code)	
_ a	1	Mrs Linda M. Ke	lly (Dangl	nterl	601	Outet	t Oal	ke Tar	o Mo	nkton	Ma	מכלזזמ	d 21111	
item 27 other tr	-	Oa. Mathod of Disposition	LLY (Daugi		Place of Dispo	osition (Nama	a of		Da Da				or Town, State	
		1 Buriai 2 Cramation		State D11	lanev V				36 1-				Maryland	
Francis	-	4 Donation 5 Other (Sp		Du					79. T.	9-90	TIMOI	ilum,	Maryland	
Important: If any injury or once.		21. Signeture of Funeral Sarvice t	Licensee	1		2. Nama and			7 17		T			
2 = 0		Wallar	0 5 B	1005		Ruck To						0.4		
		23a. Pert1. Entar tha diseese, or shock, or heert feilura. List	complications that co	oused the da	eth. Do not en	050 Yo	of dying	, such as ce	ordiac or rasp	iratory arre	st,	14	Approximata	
sician	1	snock, or neer reliura. List											Onset and De	
edical		Immediata Causa (Final disassa or condition Right Lemispheric, Streke											1 man	
miner		Immediata Causa (Final disaasa or condition rasulting in daath) a. Right Remispheric Strike Dua to (or es a consaquance of): Chronic Africal fibrull africa with tros for africal fibrull africant or the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike of the strike												
<u> </u>		Charles of Consequence of):											1	
_ is is	311		11461	110 06	Air D.	quance of):	.000	Lies	1. 14	hack	0 L A	Ver	La Vac	
trans			b. Chros	uc ay	rial	quance or):	illa	Hise	- with	Jost	ora	tion	iankne	
n and lel-tra		Sequantially list conditions, ferry, leading to immadiete	6. Chros	Due to	rual (or as a consec	quance of):	ner	Hire mal s	- with	n on s	ora	4cm	un kne	
sician and buriel-transit		Sequantially list conditions, feny, leading to immadiete ceuse. Enter Underlying Cause (Disease or Injury hat initiated events	b. Chrai				nor	Hise mal s	- with	non?	ora	4uni py	inkne	
physician and s the buriel-tra edical Exal		Sequantially list conditions, if eny, leading to immadiete ceuse. Enter Undarlying Cause (Disaase or injury hat initiated events asulting in death) Last	c.		or as a consector es a consec		ner	Hise wal s	- with	n on s	ora	py	unkne	
es the bur		Sequantially list conditions, fony, leading to immadiete ceuse. Enter Underlying Cause (Disease or Injury hat initiated events asulting in death) Last	b. Chron				nor	Hire mal s	- with	n on s	ora	4un	unkne	
g physicia es the bur ledical		Sequantially list conditions, fony, leading to immadiete ceuse. Enter Underlying Cause (Disasse or Injury hat initiated events asulting in death) Last	6. Chron				ner	Hisc mal s	- heldt rhythe	non!	ora	4un	ankne	
g physicia es the bur ledical		Sequantially list conditions, fony, leading to immadiate cause. Enter Underlying Cause (Disasse or Injury hat initiated events asulting in death) Last	d	Due to	or es a conseq	quance of):							In Kne	
by the ettending physicial ached for use as the burn ached for use as the burn ached for use as the burn ached for a hysician/Medical		easuring in death) Last	d	Due to	or es a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	quance of):	eusa givar	n in Part I.		23b. Did tot		e contribu		
gned by the ettending physicials be detached for use as the bur bur by Physician/Medical	F	easuring in death) Last	d	Due to	or es a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	quance of):	eusa givar	n in Part I.		23b. Did tot	bacco us	e contribu	te to the cause of	
igned by the ettending physicia be detached for use as the bur by Physician/Medical	F	easuring in death) Last	d	Due to	or es a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	quance of):	eusa givar	n in Part I.	:	23b. Did tot 1 □ Ye	bacco us	contribu	te to the cause of Probably 4 U	
wen signed by the ettending physicia hould be detached for use es the bur hould by Physician/Medical	F	easuring in death) Last	d	Due to	or es a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	quance of):	eusa givar	n in Part I.	:	23b. Did tot 1 □ Ye	bacco us	contribu	te to the cause of Probably 4 Ui b. Wara autopsy fin available prior to complation of cet	
een signed by the ettending physicia hould be detached for use as the bur hould by Physician/Medical	F	easuring in death) Last	d	Due to	or es a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	quance of):	eusa givar	n in Part I.	:	23b. Did tot 1 Ye 4a. Was an perform	n autopsy	contribu	te to the cause of Probably 4 Unit Wara autopsy fin availabla prior to complation of cet of death?	
ate hes been signed by the ettending physicia pege 2 should be detached for use as the bur pege 2 should be detached for use as the bur Completed by Physician/Medical	F	Part II. Other significant condition	d	Due to	or es a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	quance of):	ousa givar	n In Part I.		23b. Did tot 1 Ye 4a. Was an perform	n autopsy as 221	contribu	te to the cause of Probably 4 Ui b. Wara autopsy fin available prior to complation of cet	
certificate has been signed by the ettending physicial rector, page 2 should be detached for use as the burector, page 2 should be detached for use as the burector, page 2 should be Physician/Medical	F	Part II. Other significant condition Chromic D 25. Was cesa rafarred to medicel axaminar?	d	Due to (or es a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	quance of): undarlying ceu	Other	n In Part I.	2 Daath (Che	23b. Did tot 1 Ye 4a. Was an perform 1 Ya	bacco use 2 lah autopsy nad?	e contribu	te to the cause of Probably 4 University b. Wara autopsy fin available prior to completion of cet of death? 1 Yas 2 N	
s cartificate has been signed by the ettending physicial director, page 2 should be detached for use as the bur of Dector, page 2 should be detached for use as the bur of Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector	F	Part II. Other significant condition Condition 25. Was cesa rafarred to medicel axaminar? 1 Yas dns contributing to deal and the contributing to deal and the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of t	Due to (sulting in the u	inderlying cer	ousa givar	n In Part I. 26. Placa of	f Daath (Che	23b. Did tot 1 Ye 4a. Was an perform 1 Ye ok only one	bacco use 2 lbh n autopsy nad? s 2 l21	e contribu	te to the cause of Probably 4 University b. Wara autopsy fin available prior to completion of cet of death? 1 Yas 2 N		
is certificate has been signed by the ettending physicial director, page 2 should be detached for use as the bur of Dector, page 2 should be detached for use as the bur of Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Decto	F	Part II. Other significant condition Common O 25. Was cesa rafarred to medicel axaminar? 1	d. d. As function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as function to deal as functions and deal as functions as function to deal as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as functions as fun	Due to (or es a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	underlying cer OUSE nt 3 DOA	Othar A Othar Sc. Injury	26. Placa of	f Daath (Che	23b. Did tot 1 Ye 4a. Was an perform 1 Ya	bacco use 2 lbh n autopsy nad? s 2 l21	e contribu	te to the cause of Probably 4 University b. Wara autopsy fin available prior to completion of cet of death? 1 Yas 2 N	
is cartificate has been signed by the ettending physicial director, page 2 should be detached for use as the bur of Dector, page 2 should be detached for use as the bur of Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Decto	F	Part II. Other significant condition Common O 25. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 In 28a, Data o (Month	Due to (ath but not ra And And Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andre	Set/Outpatier 28b. Tima of Injury	undarlying cer Oluse nt 3 DOA M	Othar Othar Othar Othar Othar Othar Othar	n In Part I. 26. Placa of	f Daath (Cheing Homa ! 28d. E	23b. Did tot 1 Ye 4a. Was arr perform 1 Ya ck only one 5 Resider rescribe hor	n autopsynad? s 2021 s 2021 noe 6 0	e contribution 3 24b	te to the cause of Probably 4 Union. Wara autopsy fin available prior to completion of cet of death? 1 Yas 2 N	
octor: After this certificate hes been signed by the ettending physicial by the funeral director, page 2 should be detached for use as the bur liftcation: To Be Completed by Physician/Medical	F	Part II. Other significant condition Chromic O 25. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 In Indicate of Month of be 28a. Place	Due to (ath but not ra And And Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andre	ER/Outpatier 28b. Tima o	undarlying cer Oluse nt 3 DOA M	Othar Othar Othar Othar Othar Othar Othar	26. Placa of	f Daath (Cheing Homa S	23b. Did tot 1 Ye 4a. Was arr perform 1 Ya ck only one 5 Resider rescribe hor	n autopsy ad? s 2\2\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\f	e contribution 3 24b	te to the cause of Probably 4 University b. Wara autopsy fin available prior to completion of cet of death? 1 Yas 2 N	
ector: After this certificate hes been signed by the ettending physicia by the funeral director, page 2 should be detached for use as the bur lift action: To Be Completed by Physician/Medical	F	25. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 In Indicate of Month of be 28a. Place	Due to (ath but not ra apatient 2[f injury n, Dey Year)	ER/Outpatier 28b. Tima o	undarlying cer Oluse nt 3 DOA M	Othar Othar Othar Othar Othar Othar Othar	26. Placa of	f Daath (Cheing Homa S	4a. Was an perform 1 Yac 4a. Was an perform 1 Yac 6 Resider 1 Resider 1 Stripping one of the perform 1 Stripping one of the perform of the perform one of the perform one of the perform of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the perf	n autopsy ad? s 2\2\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\f	e contribution 3 24b	te to the cause of Probably 4 Union. Wara autopsy fin available prior to completion of cet of death? 1 Yas 2 N	
s cartificate has been signed by the ettending physicial director, page 2 should be detached for use as the bur of Dector, page 2 should be detached for use as the bur of Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector Dector	F 2	Part II. Other significant condition Characteristic Condition 25. Was cesa rafarred to medical axaminar? 1	Hospital: 1 In International Physicians 1 28a. Place of building	patient 2[finjury, Dey Year) of Injury - Atl g, etc. (Spec	BEP/Outpatier 28b. Tima o Injury	indarlying cer Clust The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	A Othar Oct. Othar Oct. Othar Ot	26. Placa of	1 Daath (Che Ing Homa ! 28d. D	23b. Did tot 1 Ye 4a. Was arr perform 1 Yack only one 3 Rasidar rescribe hor pocation (String) or Town, we to the ca	n autopsy and? s 2021 s 2021 noe 6 0 w injury o	24b No 3 1	te to the cause of Probably 4 Un Nere autopsy fin available prior to completion of cet of death? 1 Yes 2 Nere Nere Nere Nere Nere Nere Nere Ne	
octor: After this certificate hes been signed by the ettending physicial by the funeral director, page 2 should be detached for use as the bur liftcation: To Be Completed by Physician/Medical	F 2	Part II. Other significant condition Characteristic Condition 25. Was cesa rafarred to medical axaminar? 1	Hospital: 1 In Institute to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	ath but not ra apatient 2[f injury n, Dey Year) of Injury - At 1 g, etc. (Spec	BEP/Outpatier 28b. Tima o Injury	indarlying cer Clust The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	A Othar Oct. Othar Oct. Othar Ot	26. Placa of	1 Daath (Che Ing Homa ! 28d. D	23b. Did tot 1 Ye 4a. Was arr perform 1 Yack only one 3 Rasidar rescribe hor pocation (String) or Town, we to the ca	n autopsy and? s 2021 s 2021 noe 6 0 w injury o	24b No 3 1	te to the cause of Probably 4 Un Nere autopsy fin available prior to completion of cet of death? 1 Yes 2 Nere Nere Nere Nere Nere Nere Nere Ne	
ector: After this certificate hes been signed by the ettending physicia by the funeral director, page 2 should be detached for use as the bur lift action: To Be Completed by Physician/Medical	F 2	Part II. Other significant condition Compound 25. Was cesa rafarred to medicel axaminar? 1 Yes 7. Manne of Death 1 Netural 5 Pending Invastig 3 Suicida 6 Could in detarmi 29a. Cartifiar Check only 2 Medical E	Hospital: 1 In Ingelia and mann	ath but not ra apatient 2[f injury n, Dey Year) of Injury - At 1 g, etc. (Spec	BEP/Outpatier 28b. Tima o Injury	indarlying cer Clust and 3 DOA f 28 M vastigation, is	A Other Sc. Injury Work? office the time in my oplice.	26. Placa of at a 2 No	1 Daath (Che Ing Homa ! 28d. D	23b. Did tot 1 Ye 4a. Was an perform 1 Ya 2ck only one 5 Rasidar rescribe hor cocation (Str ity or Town, te to tha ca he time, da	n autopsy and? s 2016 n autopsy and? s 2026 s) nce 6 [w injury of and N Stata) use(s) and te and plate	24b No 3 1 24b No 3 thar (Sp courred	te to the cause of Probably 4 Un Nere autopsy fin available prior to completion of cet of death? 1 Yes 2 Nere Nere Nere Nere Nere Nere Nere Ne	
this certificate has been signed by the ettending physicial rail director, page 2 should be detached for use as the bure. To Be Completed by Physician/Medical	F 2	Part II. Other significant condition Chromic D 25. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 In Ingelia and mann	ath but not ra apatient 2[f injury n, Dey Year) of Injury - At 1 g, etc. (Spec	BEP/Outpatier 28b. Tima o Injury	indarlying cer Clust and 3 DOA f 28 M vastigation, is	A Other Sc. Injury Work? office the time in my oplice.	26. Placa of at a 2 No	1 Daath (Che Ing Homa ! 28d. D	23b. Did tot 1 Ye 4a. Was an perform 1 Ya ck only one 5 Rasidar rescribe horo cation (Strity or Town, are to tha cathe time, da	n autopsynad? s 22/1 n autopsynad? s 22/1 n nce 6 [w injury o reet and N Stata) use(s) an tte and pli	e contribution of a courred dumber or a cace, end dulinged (Moi	te to the cause of Probably 4 Units. Wara autopsy fin available prior to completion of cet of death? 1 Yas 2 N Precify) Rural Route Number es steted. ue to the cause(s)	
ector: After this certificate hes been signed by the ettending physicia by the funeral director, page 2 should be detached for use as the bur lift action: To Be Completed by Physician/Medical	F 2 2 2	Part II. Other significant condition Chromic D 25. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 In Ingention of the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physician: To the building Physici	ath but not re apatient 2[f injury, n, Dey Year) of Injury - At I g, etc. (Special of examinar stated.	ER/Outpatier 28b. Tima of Injury homa, farm, strify) owledga, daett ation and/or interest of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the string of the	indarlying cer oluse nt 3 DOA f 28 M 28 wastigation, is	Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Ot	26. Placa of 4 Nursi at at nlon, data and p nlon, deeth	f Daath (Che Ing Homa 28d. D 28f. L C Delece, end de	23b. Did tot 1 Ye 4a. Was arr perform 1 Ya 26k only one 5 Rasidal rescribe hor cocation (Strr ity or Town, the to tha ca he time, da	n autopsy and? s 2016 n autopsy and? s 2016 n autopsy and? s 2016 n autopsy and n autopsy and? s 2016 n autopsy and n autopsy and n autopsy and n autopsy and n autopsy and n autopsy and n autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy autopsy a	24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1 24b No 3 1	te to the cause of Probably 4 Units Wara autopsy fin available prior to completion of cet of death? 1 Yes 2 N Procify) Rural Route Number es steted. ue to the cause(s)	

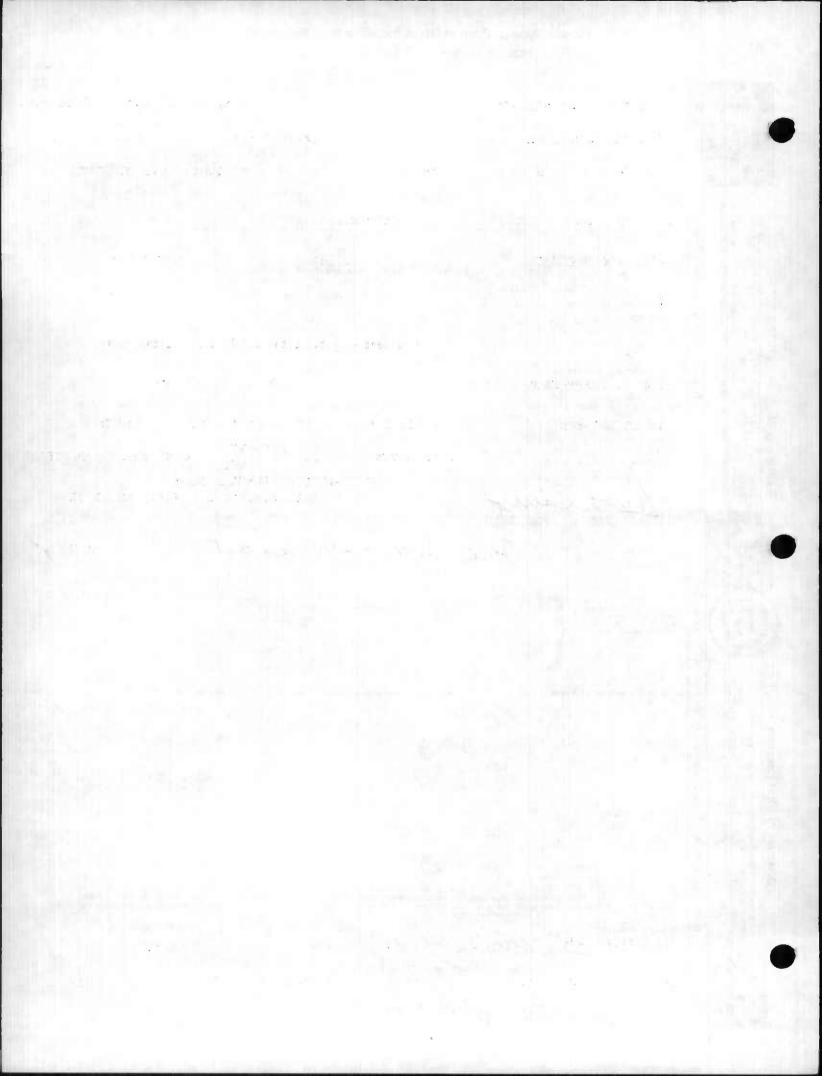


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) JANUARY 6, 1998 **Physician** 3:00 P.M. CERALD STEPHENSON /Medical 4b. City, Town, or Location of Deeth 4c County of Death 4a Facility Name (If not institution, give street and number) **Examiner** GENESIS ELDERCARE SEVERNA PARK ANNE ARUNDEL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9. Birthplece (Str. Months Days Hours Min. SEPT 8, 1923 MISSOURI 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthpiece (State or Foreign **Funeral** 1₩ M 2□ F 74 Yrs. 215-14-5466 **Director** Usual Residence of Decedent the Meryland 10c. City, Town or Location 10d. Inside City Limits 10b. County r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director MARYLAND GLEN BURNIE ANNE ARUNDEL 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Funeral 435 BROOKS COURT 21060 UNITED STATES death 12. Was Decadent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 11. Maritel Stetus 2 should be filed within 72 hours efter and Mental Hygiene. Is marked other than "natural", or its 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Specify: WHITE 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: p 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life, DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) President Western Elementery/Secondery (0-12) College (1-4or 5+) Litho Supply CO. Lithography 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be GERALDINE O'CONNOR FRED J. STEPHENSON 20 permit. Pages 1 and 2 sh Department of Health and Important: if Item 27 is m any Injury or other traum page. 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GLEN BURNIE, MD GARY STEPHENSON/SON 435 BROOKS COURT 20b. Place of Disposition (Neme of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State JANUARY 9. 1 Durial 2 Cremation 3 Removal from State GLEN HAVEN MEM. PK. GLEN BURNIE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 1998 21. Signature of Funeral Service Licensee KIRKLEY ARODOICKY FUNERAL HOME 421 CRAIN HWY. S.E. GLEN BURNIE, MD 21061 Part . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** flute Cerelo Vorcular Accident /Medical Immediate Ceuse (Finel disease or condition resulting In death) Examiner Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In death) Last Due to (or as a consequence of) Due to (or as a consequenca of) Box Physician ö 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. deteched signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy Completed has page 2 1 ☐ Yes 2X No 1 ☐ Yes 2 ☐ No Division of Vital I director 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Be Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No To 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 27. Menner of Death 28a. Date of Injury (Month, Day Year) Certification: After1 il or Attending P after death. I Director: After 1 MNaturel 5 Pending investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be 28e. Piece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours a Funeral D 29e. Certifier 1 🖰 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated. Within 2 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dev. Year) Doclar Altending D21864 JANUARY 7 1998 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 8109 RICHIE HWY. DR. CHACKUMKAL CYRIAC PASADENA, MD 21122

State Registrar 31. Date filed (Month, Day, Year)

JAN 08 1998





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Lest) 2. Dete of Deeth Month IlliAm 1320 JAN 6 4e. Fecility Name (If not Institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Daath Baltimore of Under 24 Hrs. If Under 1 Months Birthplace (Steta or Foreign Country) 7. Age (In yrs. lest birthday) ₩ 20 F Hours 86 Yrs. 192-07-4036 PENNSYLVANIA DEC. 11, 1911 Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 XNo MARYLAND BALTIMORE CATONSVILLE 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 5743 EDMONDSON AVENUE 21228 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, atc. TYPES 2 No WWII
If Yes, Give
Yeer or Dates: 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: Specify: 3 □Widowed 4 □ Divorced WHITE 15. Decedent's Education (Specify only highast grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry G.C. MURPHY'S Elementary/Secondary (0-12) College (1-4or 5+) DEPARTMENT STORE MANAGER 17. Fethar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumema) EMILIA E. GREENFIELD WILLIAM J. SCHMIDT 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2009 HELMSBY ROAD, CATONSVILLE, MARYLAND 21228 ERMA SIMONS, POWER OF ATTORNEY 20b. Piace of Disposition (Name of cametery, crematory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 XBurial 2 □ Cramation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) GARRISON FOREST CEMETERY 1/12/98 OWINGS MILLS, MARYLAND 21. Signeture of Funarel Service Licansas 22. Name end Address of Fecility WITZKE FUNERAL HOMES, INC. 1630 EDMONDSON AVENUE, CATONSVILLE, MD 21228 L' Lemmer 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or hear feiture. List only one ceuse on each line. Immediete Ceuse (Final 5 days disease or condition resulting in death) Due to (or as e consequence of): Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or as e consequenca of): Due to (or es e consequance of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown neumonia Diabetes Mellitus 24b. Were autopsy findings evelleble prior to completion of cause of death? 24e. Wes an eutopsy performed? 20 No 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 12 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner es stated. 29a. Certifier

CHMID or Attanding **Physician**

Examiner

Funeral

Director

28a-f show

ò 238

s and Mentel Hygiene.

1 and 2 should be Health and Mentel

permit. Pages 1 and 2 Department of Health ar Important: If Item 27 is any injury or other traus

Physician /Medical

Examiner

physician and the burial-transit

signed by to

page 2 certificate

this

After

Director:

Physician/Medical

Completed by

Be

Certification: To

Medical

traumatic event, the Medical

Baltimore, Maryland 21215-0020

Examiner rount be notified at

Director

Funera

þ

Completed

Be

Lo

the Maryland

/Medical

To the Funeral Di completely filled in within 24 hours e To the Funeral D Hegistrar

31. Date filed (Month, Day, Year) State

29b. Signatura and title of certifiar 7 : M.P. 29c. License number

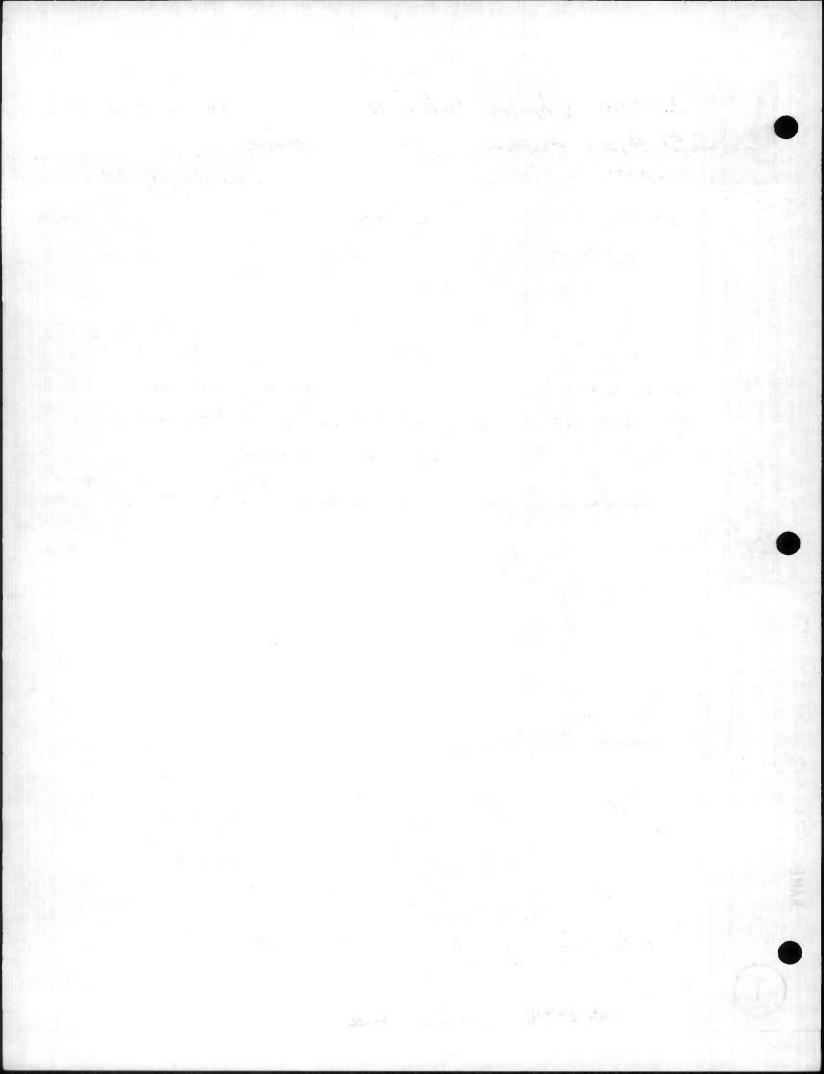
2 Madical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner steted.

29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

CHANTORN SAENG, MD ST. AGNES HOSPITAL 900 CATON AVE. BALTIMORE, MD 2/229 32. Registrar's Signeture

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene 0 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Sentelle Month Duard 3:00 PM January 6 1998 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death

Laurel

Prince George's

Funeral

Physician

/Medical

Examiner

| Hunder 1 Year | Hunder 24 Hrs. | 8. Date of Birth | Hours | Min. | June 26 / 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 217-16-3558 18 M 2□F 74 Yrs. Director Tennessee Usual Residence of Decedent 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Md. Howard Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20723 2 Ruth Avenue USA Funeral 11 Marital Status 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2XXMarried 1 X Yes 2 □ No If Yes, Give V Year or Dates: altimore, Maryland 21215-0020 1 Yes X No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry Department of Health and Mental Hygions important: If then 27 is marked other than "n any Injury or other traumate. Elamentary/Secondary (0-12) Collaga (1-4or 5+) Brick Mason Grade Construction 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) John Bunion Sentelle Carrie Cecel Kuykendall 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Joan Sentelle 2 Ruth Avenue Laurel, Maryland 20723 spouse 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 1/7/98 Catonsville, Md. 21. Signature of Funeral Service Licensee 22. Neme end Address of Facility Donaldson Funeral Home, P.A. 313 Talbott Avenue Laurel, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. Approximate Intarval Between Onaet and Death Physician /Medical Immediate Cause (Finel Keshivalore disease or condition resulting in death) 6 Examiner Due to (or as a consequenca of aspiralim be executed Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated eventa resulting in death) Last pue Due to (or as e consequence of) Box 68760 10 ereprovancular accider Physician/Medical Due to (or as a consequence of): attending | P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably Unknown Records, ð Completed 24a. Was en autopsy performed? Were autopsy findings available prior to peeu Cafendi completion of cause of death? page 2: genglia certificate 1 Yes 1 ☐ Yes 2 ☐ No of Vital ding Physician: 25. Was case rafarrad to medical examiner? Be 26. Place of Death (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 为 No 2 1 npatient 2 ER/Outpetient 3 DOA this 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of Certification: 28c. Injury at Work? lon ai Director: After d in by the After 5 Pending investigation Natural 2 Accident 1 ☐ Yes 2 ☐ No Atten 6 Could not be determined 3 Sulcida 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 4 \ Homicide Medical 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date and placa, and dua to tha cause(s) and manner as atlated.
2 Medicaf Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, date and place, end due to the cause(s) end menner atlated. 29a, Certifian To the I within 2 To the F 29b. Signature end title of cartifier 29c. License number 29d. Dete signed (Month, Dev. Year) D24174 116/1998 Leelabi MD 30. Name and addrass of person who complated ceuse of death (Item 23a) (Type, Print) Van Dusen Road Suite 380 Laurel S. UDAPI, MD. PADMAJA 7350

Hospita

Regional

Laure

Registrar

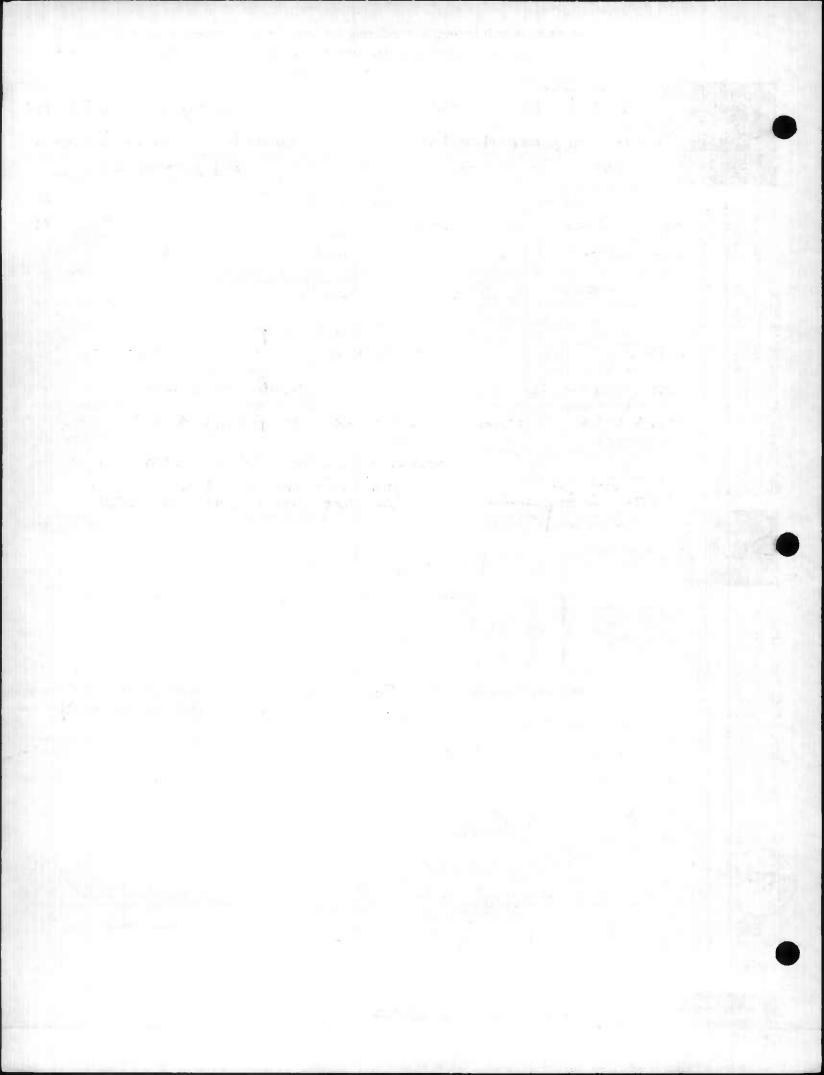
State

JAN 08 1998

31. Dete filed (Month, Dey, Year)

32. Registrer's Signature Julia Davidson-Randall

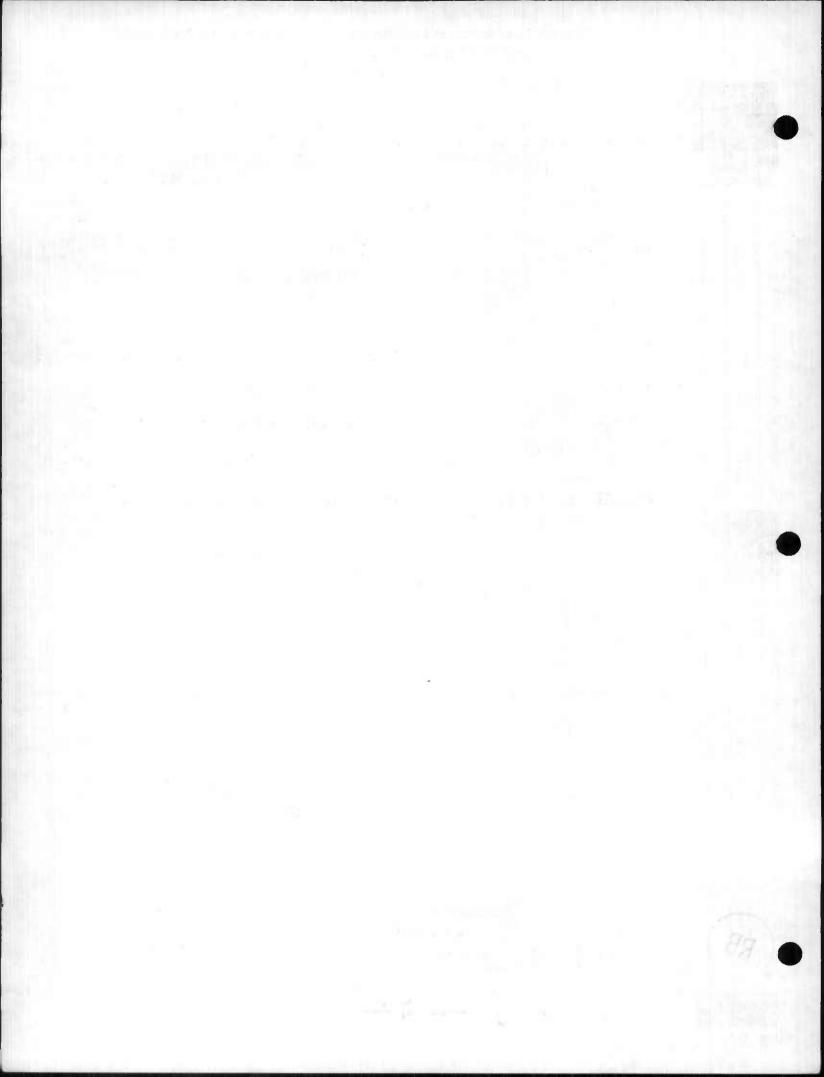
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

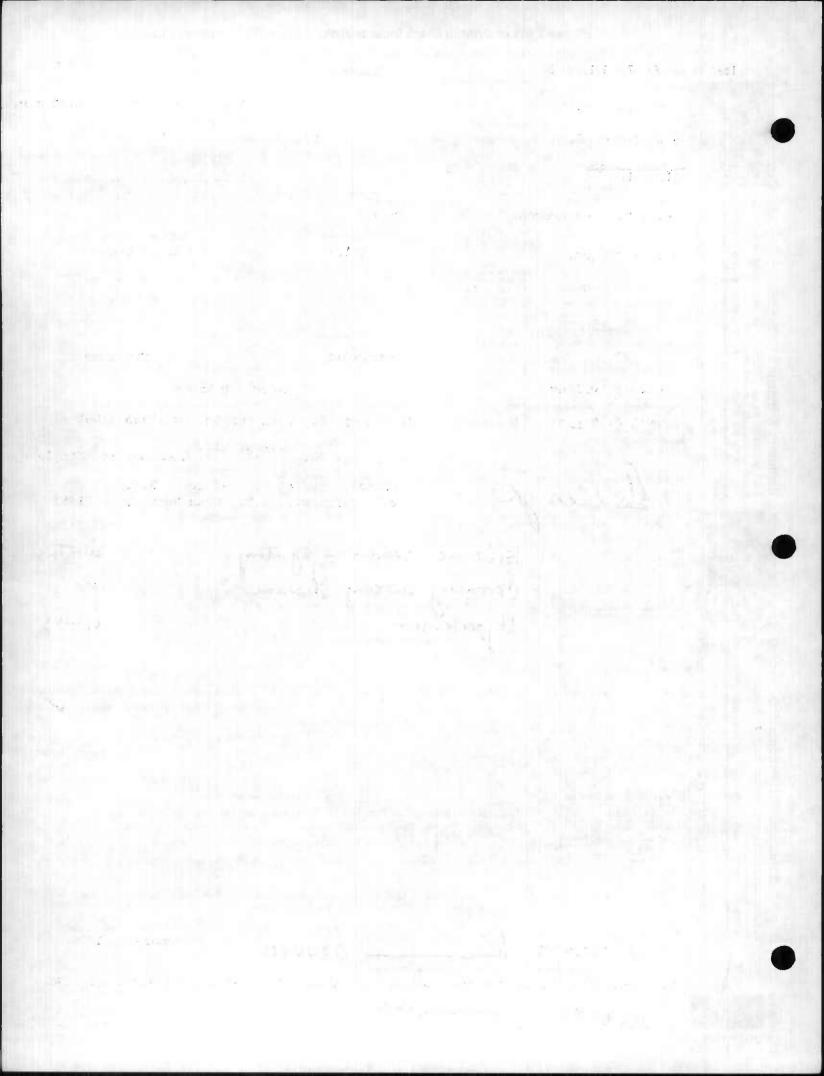
					Certific	ate of	Death		Reg. No.	00240		
Dhusislan		. Decedent's Neme (First, Middle, La	ast)					2. Dete of De Month	eth	3. Time of De		
Physician /Medical		Murphy Smith						Janua	ary 3, 1	998 10:00		
Examiner		e. Facility Neme (If not institution, given					4b. City, Town, or	Location of Deeti	4c. County of	f Deeth		
		Balto Rehah Ex		are Ce		nder 1 Yeer	BALTIM If Under 24 Hrs		n/a	O Birthminns (Ctata or F		
uneral irector			17/11 - 17 -	66	Yrs. Mont		Hours Min			9. Birthplece (State or Fo		
H show	1	0a. State 10b. County	n/a	10c. City, Tow Balt	n or Location imore					10d. Inside City L		
23a or 28a-f s mit be notified ai Director		0e. Street end Number 342 Bloom Street				Zip Code 21217			10g. Citizen of Wh	net Country?		
'natural', or frems 23a or 28a-f show adical Examines must be notified at leted by Funeral Director		1. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? Yey Yes 2 \(\subseteq \text{N}\) If Yes, Give Yeer or Dates:			ecedent of h specify Cub s 2/2/(No	dispenic Origin? (s an, Mexicen, Puer Specify:	Specify Yes or No to Rican, etc.)		- American Indien, White, etc. Black		
it, the Medical		15. Decedent's E (Specify only highest gro Elementery/Secondery (0-12)	ducetion ede completed) College (1-4or 5-	+)	Decedent's Usuel Occupetion (Give kind of work done during most of life. DO NOT use retired)		petion during most of wo d)	erking	16b. Kind of Bus			
ther the			Sr	. Cler	k				stal Servic			
marked other than imatic avent, the M To Be Comp		7. Fether's Neme (First, Middle, Last)						, Meiden Sumame,)		
s marked o aumatic sve To Be	-	Hubert Smith					Hube Swa	an				
5 g		19e. Informent's Neme/Reletionship (Murphy Edward Sm.							er, City or Town, S imore, Mo			
ury or other to	2	20e. Method of Disposition 1 Burial 2 Cremation 3 Removel from Stete 4 Donetion 5 Other (Specify) 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) Garrison Forest Veterans Jan.								ills, Md.		
Important: If it any injury or once.	21. Signature of Funerel Service Licensee 22. Neme end Address of Fecility Nutter Fur 2501 Gwynns Falls PKWY Ball								neral Homes, Inc. ltimore, Md. 21216			
iel-transit iel-transit Examiner		mmediate Ceuse (Finel diseese or condition esulting in deeth)	Due to (or es a consequence of): Hepatocellular Carcinoma Due to (or es e consequence of):									
he bur	1	Sequentially list conditions, eny, leading to immediate euse. Enter Underlying Jeuse (Diseese or Injury het Initieted events esulting In deeth) Lest	c									
5 5			d									
for use	-							1				
igned by the attendifue be deteched for use by Physiclan/I		ert II. Other significant conditions o	contributing to death but	t not resulting l	n the underlyin	ng ceuse giv	ven in Pert i.		ld tobacco use contribute to the causa of de			
should should			24e. Wes en eutopsy performed?						24b. Were autopsy findi aveileble prior to completion of ceus of deeth?			
page 2								10	Yes 20 No	1□Yes 20 No		
9 4 0	2	5. Wes cese referred to medical	26. Piece of Deeth (Check only one)									
ific o		2	exeminer?	Hospitel: 1 Inpatier	nt 2 ER/Ou		*	(Specify)				
s certific director			28c. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 1 Yes 2 No No No No No No No									
this certific al director. To Be	12	7. Menner of Death 1 Naturel 5 Pending 2 Accident investigation	n		141				ice 28f. Location (Street end Number or Rural Route City or Town, Stete)			
In Director: After this certification: To Be	12	7. Menner of Death 1 Naturel 5 Pending	n e osa Plana at lain	ry - At home, fa		ctory, office		28f. Location (City or To	Street end Number wn, Stete)	r or Rural Route Number		
In Director: After this certification: To Be	2	7. Menger of Death 1 Naturel 5 Pending 2 Accident 3 Sulcide 4 Homicide 6 Could not be determined	28e. Plece of Injur	ry - At home, fa (Specify) I my knowledge examination en	rm, street, fec	red et the tir	me, dete end plec	City or To	wn, Stete) ceuse(s) end men	ner es steted.		
Director: After this certification: To Be	2	7. Menper of Death 1 Naturel 2 Accident 3 Sulcide 4 Homicide 1 Certifier (Check only one) 9b. Signature and little of Sulfier	28e. Plece of Injubuilding, etc. system: To the best of influer: On the besis of end menner stet	ry - At home, fa (Specify) I my knowledge examination en	rm, street, fec	red et the tir tion, In my o	pinion, deeth occ	City or To	wn, Stete) ceuse(s) end meni dete end pleca, en	ner es steted.		
In Director: After this certification: To Be	2	7. Menper of Death 1 Naturel 2 Accident 3 Sulcide 4 Homicide 1 Certifier (Check only one) 9b. Signature and little of Sulfier	28e. Plece of Injunction building, etc. 1yelcian: To the best of Injunction of the best of Injunction of the Injunction of the Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of Injunction of	ry - At home, fa (Specify) I my knowledge examination an ed. Chauca Chaus eth (Item 23e)	o, deeth occurred or Investiget Odrech (Type, Print)	red et the tir tion, In my d 29c. Licens D3 8	ppinion, deeth occi	e, end due to the urred at the time,	ceuse(s) end menidete end plece, er	ner es steted. Ind due to the ceuse(s) (Month, Day, Year)		



State of Maryland / Department of Health and Mental Hygien €

Item #5 per FH G755 1/12/98 EW Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3 Time of Death January 8, 1998 **Physician** Edna M. Tippett 6:30 A.M. /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Anne Arundel 512 Kintop Rd. Glen Burnie If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Hours 820 07 586 212-36-1599 1□ M 2⊠ F 65 Yrs Director Mar. 11, 1932 Maryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or flame 23a or 28a-f show the Medical Examiner must be notified at Maryland Anne Arundel Glen Burnie 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 512 Kintop Rd. 21061 United States Funeral 14. Rece - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 12 should be filed within 72 hours efferned Mentel Hygiene. Is marked other than "natural" or Hea 1 ☐ Yes 2 No If Yes, Give 1 Never Married 2 Married Maryland 21215-0020 1 Yes 2 No Specify: Specify: White p 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Jessie Furlong Mary Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 sh Depertment of Health end Important: If Nem 27 Is m any injury or other traum once. Samuel C. Tippett / Husband 512 Kintop Rd., Glen Burnie, Maryland 21061 Date 12 altimore. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State January 1 월 Burial 2 ☐ Cremetion 3 ☐ Removel from State Glen Haven Mem. Pk. Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Kirkley-Ruddick Funeral Home, P.A. 421 Crain Hwy., S.E., Glen Burnie, MD 21061 that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, 23a. Part1. Enter the disease, or com shock, or heart failure. List only Approximate Intervat Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical worths Carda un Examiner Kaus Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to for as a consequence of longrestension years Due to (or as a consequence of): Physician/M 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown signed by Division of Vital Records. Aq 8 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate has 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese reterred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 🖾 Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) funeral 28d. Describe how injury occurred 27. Manner of Death 28h Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending after death. 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 8 Hospital of 24 hours al Funeral D edicai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the I within 2 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifier January 8, 1998 30. Name and address of person who completed cause of death (ttem 23a) (Type, Print) Joseph Kim, M.D., 203 Hospital Drive, Suite 206, Glen Burnie, Maryland 21061 12 Register's Signature and see 31. Date filed (Month, Day, Year) State 081998 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Daeth Month 020 AM Alfred C. Wilson, Sr. januari 4e. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth C+44 General saltimore Maryland NA If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sex 7. Age (in yrs. lest birthdey) Birthplace (State or Foreign Country) Months Dava Min. Hours 1X M 2□ F Yrs 213-26-3912 08-20-33 64 MD Usual Rasidance of Dacedant 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits MYea 2□No Md NA Baltimore 10a. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 1718 Poplar Grove Street 21216 USA 12. Wes Decedent Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 11. Merital Status 14. Race - American indian, Bieck, Whita, atc. 1 ☐ Yas 2 ☐XNo If Yas, Giva Yaer or Datas: 1 Navar Married 2 Merried Specify: 3.☐.Widowed 4 ☐ Divorced Black 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiamentary/Secondery (0-12) Coilega (1-4or 5+) 7th Grade Laborer Longshoreman 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middla, Maiden Sumama) Clara Bell Wilson Major 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 21216 19a. informant's Name/Raiationship (Type, Print) Alfred C. Wilson, Jr. 1718 Poplar Grove Street Baltimore, Md. 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XBuriai 2 ☐ Cramation 3 ☐ Ramoval from Steta 4 ☐ Donation 5 ☐ Othar (Spacify) Zion Cemetery 01-08-98 Lansdowne, Md. 21. Signature of Funeral Sarvice Licensee 22. Nama end Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23a. Pert1. Enter the disaasa, or companion, or haart failure. List only of relications that caused the daeth. Do not antar the mode of dying, such es cardiac or raspiratory arrest, Interval Between Onsat and Death Immediata Causa (Final disease or conditi-rasulting in death) Dua to (or as a consequance of): Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or injury that initiated events rasulting in daeth) Last Dua to (or as a consequence of): Due to (or es e consequance of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 No 1 ☐ Yes 2 No 1 ☐ Yea 25. Was case rafarrad to medical exeminer? 28. Piece of Death (Check only ona) Hospitai: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 Dinpatiant 2 ER/Outpatient 3 DOA 27. Manner of Daath 28a. Data of injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding invastigation 1□ Yas 2□No 2 Accident

Examiner Physician/Medical Division of Vital Records, P.O. Box 950 signed by the ald be detached for page 2 s certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

Certification:

3 Sulcide

4 Homicida

þ 2

Medical

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Funeral

Director

Examiner must be r

"natural", or

marked other

Ham 27

Physician /Medical

Examiner

Pages 1 and 2 should be nent of Health and Mental

the Maryt

State Registrar

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piece, and due to the cause(s) and manner es stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end piece, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signature end tiffa of certifie

6 Could not ba

JAN 071998

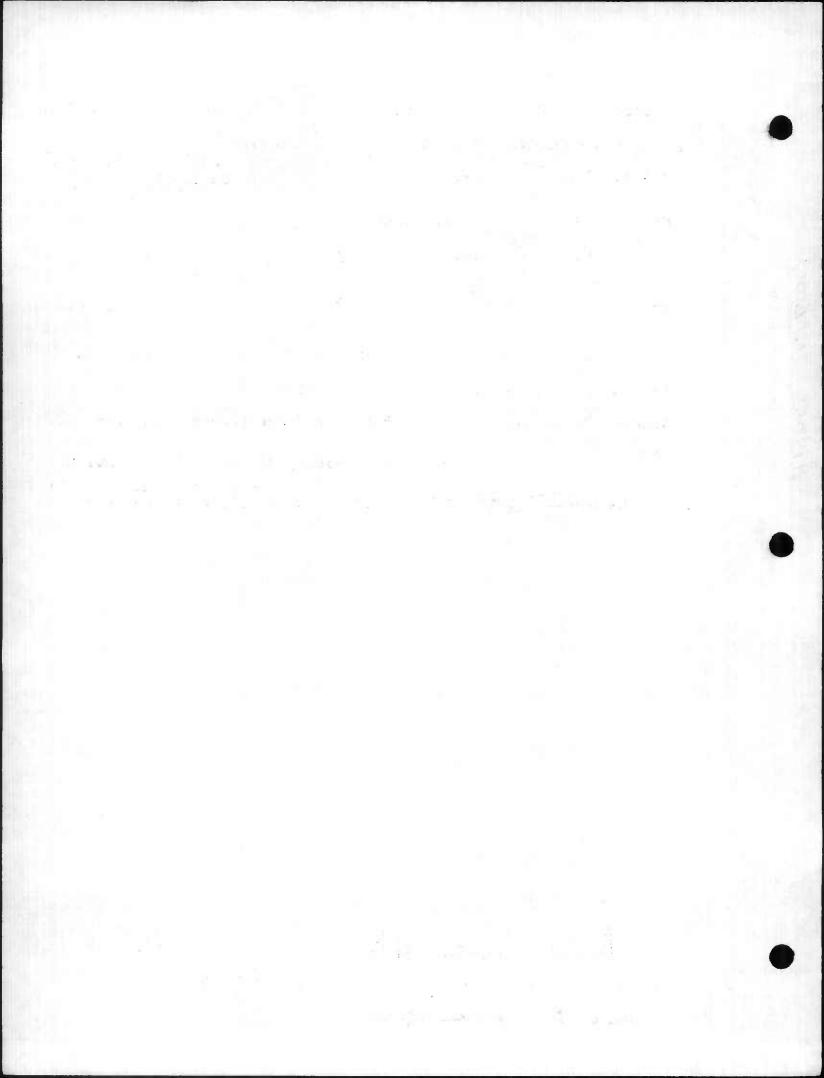
28a. Place of Injury - At home, farm, straat, factory, offica building, atc. (Specify)

29c. Licansa number

29d. Dete signed (Month, Day, Year)

28f. Location (Streat and Number or Rural Route Number, City or Town, Stete)

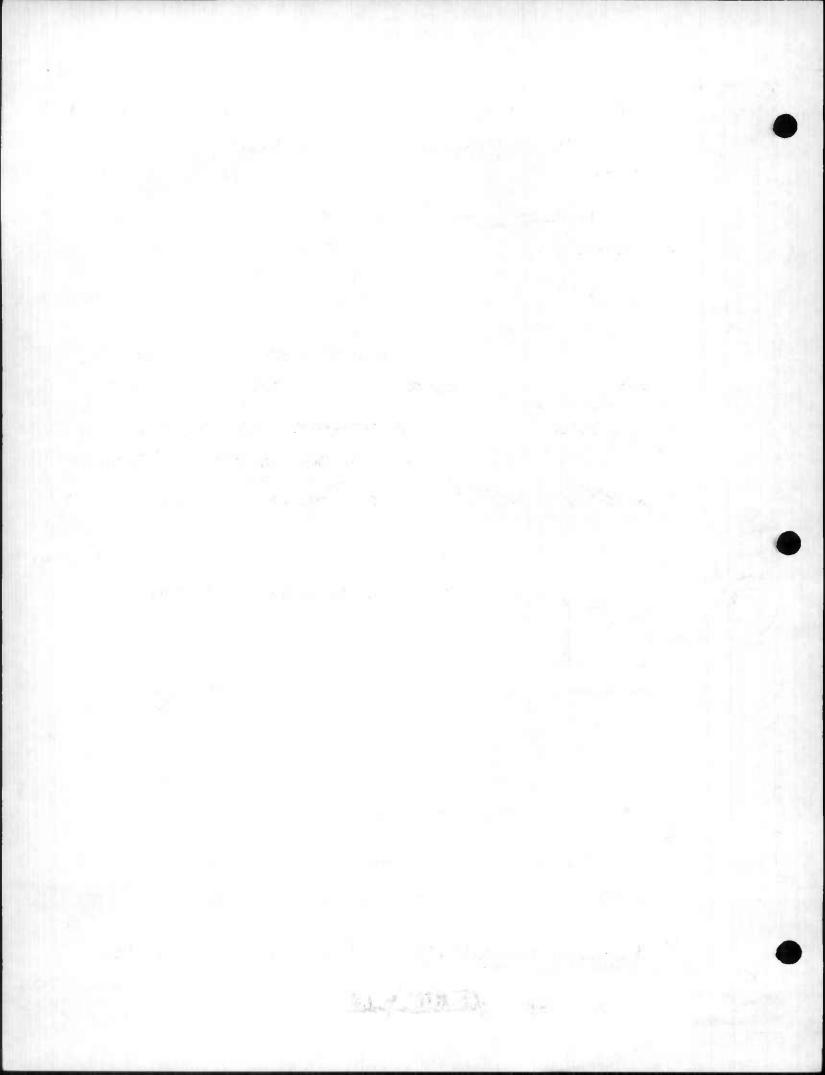
30. Nama and addrass of person who complated causa of daeth (Itam 23a) (Type, Print) m.D.40 DAUE, Maryland Mitul 31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

							te of				Reg. No.			
ician		. Decedent's Name (First, Middle, L.	ast)	1130					Ĭ	2. Date of De Month	ath Day	Ye	ar	3. Time of De
dical	-	Aaron	Wy	nn						Jan	05	199		21:4
iner	48	a. Facility Neme (If not institution, gi						4b. City, To	wn, or Lo	cation of Deeti	4c. Co	unly of D	eath	
.,	ų,	University			and			Bal	hu	coe		N/A		
al or		218-22-2078	Sex 7. A 1 XM 2 □ F	ge (Intyrs. 69	last birthday) Yrs.	Months	Days	If Under:	Min.	8. Date of Bir (Month, Da JUNE	y, Year)			ice (State or F y) YLAND
t, the Medical Examiner must be notified at Completed by Funeral Director	-	Usuel Residence of Decedent Oa. State 10b, County		10c. City	y. Town or Loca	ation							10	d. Inside City
		MD BALTI	MORE	BALTIMORE									100	1 ☐ Yes 2
	10	0e. Street and Number 44 FARMHOUSE CT		10f. Zip Code 21208						10g. Citizen of What Country?				
	-	Marital Stetus	12 Was Decedent	12. Was Decedent Ever in U,S. 13. Was Decedent of His								Rece - A	merica	n Indian
		1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces 1 Types 2 If Yes, Give Year or Dates:	? No	11	Yes, spe	ecify Cub	Specify:	, Puerto I	Rican, etc.)		Black, W	Vhite, et	
		15. Decedent's E (Specify only highest gi	Education		16e. Decedent's Usual Occupation (Give kind of work done during most of work					20	16b. Kind	of Busine	ess/Industry	
	-	Elementery/Secondary (0-12)	life. Do	life. DO NOT use retired)										
S	-		4		LOA	N AL	INIM	STRAT		FIN			ICE	
a a		7. Father's Name (First, Middle, Las	t)							(First, Middle,	Meiden Su			
2		HARRY		WE:	INBERG			ES	TELL	E		GL	JICK	
	1	9a. Informant's Name/Relationship	(Type, Print)		19b. Mailing	Address	s (Street	and Numbe	r or Rura	Route Number	er, City or To	own, Stat	e, Zip C	Code)
other traumatic	INA WYNN (WIFE) 20b. Place of Disposition (Name of Disposition (Name of Disposition (Name of Disposition Date 20c. Location - City													
	20	0a. Method of Disposition 1 □ Buriel 2 □ Cremation 3 [☐Removal from State		emetery, crema	atory or c	me of other pla	ce)	i	Date	20c. Locat	tion - City	or Tow	m, State
		4 Donation 5 ☐ Other (Speci	3 Li Hemoval from State									DRE,	MD	
	21. Signature of Funeral Service Licensee 22. Name end Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD.											21208		
	2	23a. Pert1. Enter the diseese, or con	nplications that cause	10 - 1 - 1		,,,,,,	1/11/1		CALLTA			, mm		
ician	23a. Pent. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, ahock, or heart feilure. List only one cause on each line.													Approximate
1	1	arrock, or near tellure. List only	one cause on each i	ine.	n. Do not enter	r the mod	de of dyir		cardiac o	r respiretory e	rrest,		1	Approximate nterval Betwe Onset end Dea
ı 🔚	Ir	mmediate Cause (Finel	one cause on each i	ine.	h. Do not enter	r the mod	de of dyir		cardiac o	r respiretory e	rrest,			Approximate nterval Betwe Onset end De
	lr d		y one cause on each i	Se	psis				cardiac o	r respiretory e	rrest,			Approximate nterval Betweenset end Dec
r r	lr d	mmediate Cause (Finel disease or condition	one cause on each l	Se Due to (o	PSIS	uence of):		ng, such as						Approximate nterval Between Conset and Dec
r r	lr d re	mmediate Cause (Finel diseese or condition esulting in death)	ab	Se Due to (o	psis	uence of):	Br	ng, such as				ing		Approximate nterval Between Onset end Dec
Examiner	Ir d	mmediate Cause (Finel diseese or condition esulting in death)	a. b	Se Due to (o	esteno	uence of):	Br	ng, such as				ing		Approximate interval Betwee Druset end Dec
Examiner	Ir d	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, and in the cause. Enter Underlying cause. Enter Underlying cause. (Disease or Injury het initiated events	ab.	Due to (or	astano la consequir as a consequir	lence of):	Br	ng, such as				ing		Approximate interval Betwee Onset end De
Examiner	Ir d	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Jeuse (Disease or Injury	ab	Due to (or	esteno	lence of):	Br	ng, such as				iny		Approximate interval Betwee Onset and Dec
Medical Examiner	Ind in Other	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, and in the cause. Enter Underlying cause. Enter Underlying cause. (Disease or Injury het initiated events	ab	Due to (or	astano la consequir as a consequir	lence of):	Br	ng, such as				iny		Approximate interval Betwee Onset and Dei
Medical Examiner	Ind in Other	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, and in the cause. Enter Underlying cause. Enter Underlying cause. (Disease or Injury het initiated events	a	Due to (or	asteno asteno asteno r as a conseque	pence of):	Br	eaxd	Ew n	of C	olecto]		Approximate mierval Between Driset end De.
Medical Examiner	Ind in Other	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Jeuse (Disease or Injury het initiated events esulting in death) Lest	a	Due to (or	asteno asteno asteno r as a conseque	pence of):	Br	eaxd	Ew n	of C	tobaccoun	• contrib	outa to t	Donset end Dei
Physician/Medical Examiner	Ir d re	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Jeuse (Disease or Injury het initiated events esulting in death) Lest	a	Due to (or	asteno asteno asteno r as a conseque	pence of):	Br	eaxd	Ew n	of C	tobaccoun	• contrib	outa to t	and Dec
by Physician/Medical Examiner	ir d re	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Jeuse (Disease or Injury het initiated events esulting in death) Lest	a	Due to (or	asteno asteno asteno r as a conseque	pence of):	Br	eaxd	Ew n	23b. Did	tobaccoun	contrib	puta to t	che causa of dably 4 Un
by Physician/Medical Examiner	ir d re	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Jeuse (Disease or Injury het initiated events esulting in death) Lest	a	Due to (or	asteno asteno asteno r as a conseque	pence of):	Br	eaxd	Ew n	23b. Did 1 □ 24a. Was perfo	tobacco ua Yes 2	contrib	Proba	the cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of
Completed by Physician/Medical Examiner	Irrid dre	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying leuse (Disease or Injury het initiated events esulting in death) Lest	a	Due to (or	asteno asteno asteno r as a conseque	pence of):	Br	eaxd	Ew n	23b. Did	tobacco use Yes 2	contrib	Proba	che causa of dably 4 Un
Be Completed by Physician/Medical Examiner	In d d re	mmediate Cause (Finel disease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying cause (Disease or Injury het initiated events esulting in death) Lest art II. Other significent conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditi	a b c d contributing to death t	Due to (or Due to (or but not resu	asteno asteno asteno r as a conseque	pence of):	: Br	en In Part I.	€ W ∩	23b. Did 1 24a. Was perfo	tobacco use Yes 2	contrib	Bb. Wer avail com ol de	the cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of
To Be Completed by Physician/Medical Examiner	Ird driver of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	mmediate Cause (Finel lisease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Jeuse (Disease or Injury het initiated events esulting in death) Lest art II. Other significent conditions art II. Other significent conditions art II. Other significent conditions are auminer?	a. c. d. contributing to death the	Due to (or Due to (or but not resulting the same series)	astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono astono	uence of): uence of): uence of):	Brancause give	ven In Part I.	of Death	23b. Did 1 24a. Was perfo	tobacco ua Yes 2 an autopsy med? Yes 2	contribute 3 = 24	Bb. Wer avail com ol de	the cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of
To Be Completed by Physician/Medical Examiner	Ird driver of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	mmediate Cause (Finel lisease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Ceuse (Disease or Injury net initiated events esulting in death) Lest art II. Other significent conditions are awariner? 1	a. b. c. d. contributing to death be in the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of the interest of th	Due to (or Due to (or but not resulting the same series)	astono astono astono rasa conseque rese conseque	derlying c	Cause give Cause give Cause give Cause give Cause give Cause give Cause give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give Cause Give	ea V d over the part I.	of Death	23b. Did 1 24a. Was perfo	tobacco ua Yes 2 an autopsy med? Yes 2	contribute 3 = 24	Bb. Wer avail com ol de	the cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of
To Be Completed by Physician/Medical Examiner	Ird driver of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	issess or condition esulting in death) Sequentially list conditions, early, leading to immediate ause. Enter Underlying below (Disease or Injury het initiated events esulting in death) Lest art II. Other significent conditions are underlying to the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of	d contributing to death to the contributing to death to the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conseque	uence of): derlying c	Cause giv	ven In Part I.	of Death	23b. Did 1	tobacco use Yes 2	contribute 3	bute to 1 Proba avail common of de 1	the causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of
To Be Completed by Physician/Medical Examiner	Ird drivers of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	mmediate Cause (Finel lisease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Ceuse (Disease or Injury net initiated events esulting in death) Lest art II. Other significent conditions are awariner? 1	d	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS OF SIS O	uence of): derlying c	Cause giv	ea V d over the part I.	of Death	23b. Did 1 24a. Was perfo	tobacco use Yes 2	contribute 3	probable Wer avail common of de 1	the causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of causa of
Certification: To Be Completed by Physician/Medical Examiner	ir de re	issess or condition esulting in death) Sequentially list conditions, leading to immediate ause. Enter Underlying Joues (Disease or Injury net initiated events esulting in death) Lest art II. Other significent conditions are sexuminer? 1 Yes No 7. Manner of Death 1 Natural 5 Pending Investigation 2 Accident 3 Sulcide 6 Could not independent of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the c	d	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	e consequence of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a	Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of): Jence of):	Cause give Cause give Cause give Cause give Cause give Cause give Cause give Cause Garage Cause Cause Garage Cause Garage Cause	ven In Part I. 26. Place ner: 4 Nu yet k? Yes 2 It	of Death	23b. Did 1 1 24a. Was perfo 24a. Was perfo (Check only of the Sed. Describe) 28f. Location (: City or Tou	tobacco use Yes 2 an autopsymmed? Yes 2 Anne) dence 6 [how injury o Street and N wn, State)	contributed 3 [24] No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24 No 24	puta to 1 Proba Specify) r Rural	the cause of a lably 4 Under the lable prior to pletion of cause at 17. Route Number ted.
edical Certification: To Be Completed by Physician/Medical Examiner	Ird driver	issesse or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Ceuse (Disease or Injury net initiated events esulting in death) Lest art II. Other significent conditions are awariner? 1 Yes No 7. Manner of Death Natural d. Contributing to death to the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in t	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	e consequence of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a	derlying of M	Cause give 28c. Injur Wor 1 Urg., office	ren In Part I. 26. Place her: 4 Nu y at k? Yes 2 1	of Death	23b. Did 1	tobacco use Yes 2 an autopsy med? Yes 2 how injury o	o contribute 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Cal	probab. Weral avail common of de 1	The causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa o	
Certification: To Be Completed by Physician/Medical Examiner	Ird driver	issess or condition esulting in death) Sequentially list conditions, leading to immediate ause. Enter Underlying Joues (Disease or Injury net initiated events esulting in death) Lest art II. Other significent conditions are sexuminer? 1 Yes No 7. Manner of Death 1 Natural 5 Pending Investigation 2 Accident 3 Sulcide 6 Could not independent of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the c	d	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	e consequence of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a	derlying of M	Cause give 28c. Injur Wor 1 Urg., office	ven In Part I. 26. Place ner: 4 Nu yet k? Yes 2 It	of Death	23b. Did 1	tobacco use Yes 2 an autopsymmed? Yes 2 Anne) dence 6 [how injury o Street and N wn, State)	o contribute 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Cal	probab. Weral avail common of de 1	The causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa o
edical Certification: To Be Completed by Physician/Medical Examiner	Ird driver	issesse or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Ceuse (Disease or Injury net initiated events esulting in death) Lest art II. Other significent conditions are awariner? 1 Yes No 7. Manner of Death Natural d	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	e consequence of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a	derlying of M	Cause give 28c. Injur Wor 1 Urg., office	ren In Part I. 26. Place her: 4 Nu y at k? Yes 2 1	of Death	23b. Did 1	tobacco use Yes 2 an autopsy med? Yes 2 how injury o	o contribute 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Call 24 No 3 Cal	probab. Weral avail common of de 1	The causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa of a causa o	



VIN L. W	ILLIAMS		State of Ma	aryland /	Department o	f Health and N		iene 8	002	52			
	1. Decedent's Neme (First, I)	2. Dete of Deet	h	3. Time of Deeth								
Physicia /Martin	FRVIN	LI	EE	WI	LLIAMS		JANUARY	06. 19	Year 98 0	015AM			
/Medica Examine	to English blome //freet het	tution, give	street end number)			4b. City, Town, or L		4c. County					
Funeral Director	JOHNS HOPKIN 5. Social Security Number 219-78-586 Usuel Residence of Decede	Year) 26,1961	N/A 9. Birthplece (State or Foreig Country) 6,1961 MARYLAND										
72 hours after death with the Maryland satural", or items 23a or 28e-f show seal Examinating the notified at	10e. Stete 10b. Co		1A	10c. City, To	wn or Location	BALTIH	ORE C	LITY	1	ide City Limits Yes 2□No			
or 28	MARYLAND 10e. Street end Number				10f. Zip Coo	de	1	0g. Citizen of V	Vhat Country?				
ath w			AH AVE		6		SA. ce - American Indian,						
Hems Inst. m	11. Maritel Status		12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Sp. 14 Yes, specify Cuben, Mexican, Puerto				o Rican, etc.)		ck, White, etc.				
ral', or	3 □ Widowed 4 □ Dive		1 ☐ Yes 2 X !! If Yes, Give Yeer or Detes:	NO	1 □ Yes 2X	No Specify:		Specify: BLACK					
natural'	15. Dec	edent's Edu	ducetion ade completed)		e. Decedent's Usuel Oc (Give kind of work do	one during most of wor	king	16b. Kind of Bu	islness/Industry				
than than	15. Dec (Specify only in Elementary/Secondary (0- 11 TH GRAD)		College (1-4or 5+) (ife. DO NOT use retired) BAKER				BAKERY						
	17. Father's Name (First, Min	17. Father's Name (First, Middle, Last) ERVIE WILLIAMS BETT							me (First, Middle, Malden Surneme)				
Ment arked	ERVIE		L	y L	, R	OGERS	5						
pue man	19e. Informent's Neme/Rele	tionship (Ty		1		reet and Number or Ru							
permit. Pages 1 en Departmant of Heat Important: If Item 2 any Injury or other once.	20e. Method of Disposition 1 Burial 2 Creme 4 Donelion 5 Oth 21. Signature of Funerel Se	er (Specify) vice Licens	Removel from State	20b. Plece cemel	UATIONAL 22. Name end A	CEMETERY O	01-09-98	LAURI	EL MA	RYLAND ME PA.			
100	23e. Pert1. Enter the disees shock, or heart failure.	se, or compl	icetions thet ceused	the death. Do	2140 No not enter the mode of	dying, such es cerdiad	AVE, BI	ALTI HOR est,	Appro	oximate vel Between			
Physician /Medical	Immediate Cause (Final disease or condition				Wound o				Onse	at and Deeth			
Examiner	resulting in deeth) Due to (or es e consequence of):												
	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	5	b	Due to (or as	a consequence of):								
pearn certificate be attending physicial of for use es the bo	that initiated events resulting in deeth) Lest		d										
the attenual the for us	Pert II. Other significant cor	nditions cor	ntributing to death b	ut not resulting	In the underlying caus	e given in Pert I.	23b. Did to	bacco uss co	ntribute to the c	ause of death?			
							1 🗆 Y	88 2 No	3 Probably	40 Unknown			
e law requiras has been sign je 2 should be	Completed by						24a. Wes e		eveileble	on of cause			
ate ha	E						1,55 Y	es 2 No	1 Kves	2 No			
s certificate director, par	25. Wes cese referred to me examiner?					26. Plece of Dec	eth (Check only or	10)					
h di	O 1⊠ Yes 2□ No	1 ⊠ Yes 2 □ No Hospital: 1 □ Inpatient 2 ⊠ ER/Outpatient 3 □ DOA				lome 5 Reside							
After funer	1 Neturel 5 P	ending vestigation	(Month, De	y Year)	Time of 28c.	subject	/ 1 1						
or Attending eftar deeth. Director: Aftel I in by tha fune	Suicide 6□C	ouid not be etermined	28e. Plece of Injuding, et	ury - At home, c. (Specify)	farm, street, factory, of	281. Location (Street end Number or Rurel Route Number, City or Town, Stete)							
Hospi 4 hou Funer tely fill	29e. Certifier 1 Car	tifying Phys lical Exami	nician: To the best oner: On the basis of end menner sta	of my knowled	ge, deeth occurred et the and/or investigation, in i	ne time, dete end plece my opinion, deeth occu	, end due to the c	euse(s) and me	anner as stated.				
To the within 2 To the comple	29b. Signeture and fittle of co	ertifier	700,		29c. Lk	cense number	2	9d. Dete signe	d (Month, Dey, 1	(ear)			
	100	us &	6 Chute	w		.C.M.E.		JANUARY	06, 19	98			
3	30. Name and address of pe	rson who co	empleted ceuse of d			root Palt	imar- 1	low-1	2 21201				

State Registrar

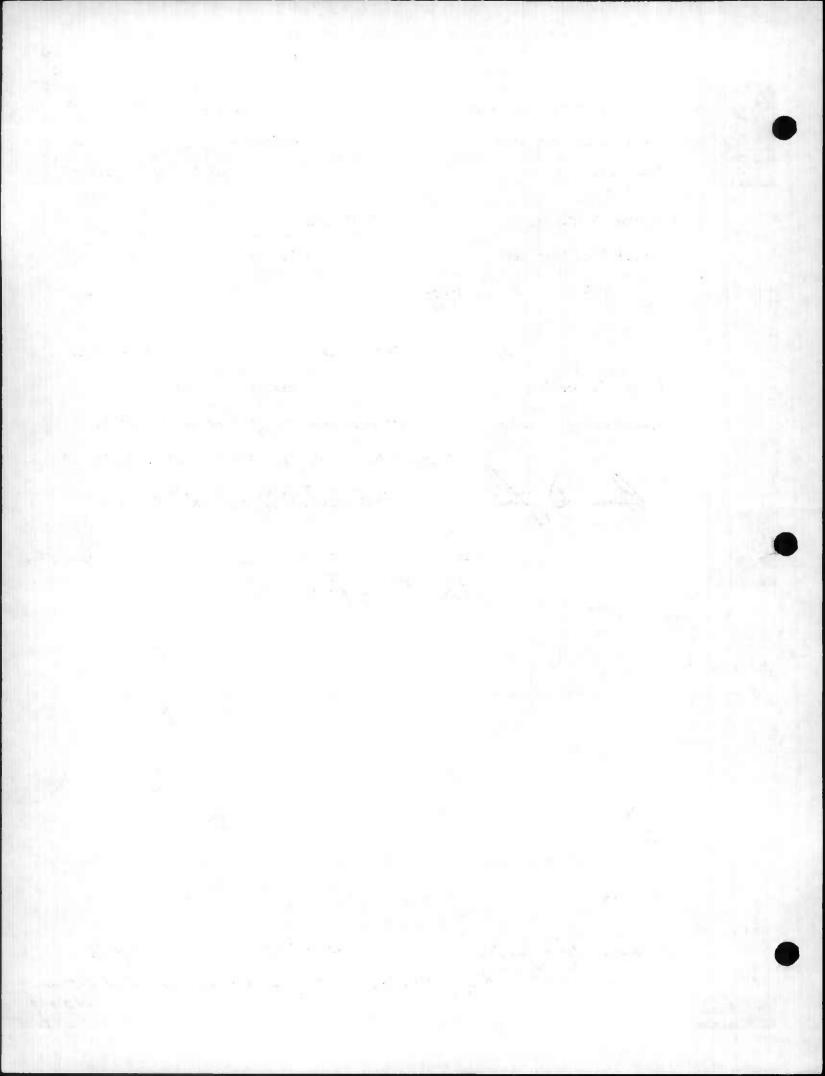
and the state of the same of the same AN JANUAR DE LA LANGE DE LA PROPERTIE DE LA PR

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death Month **Physician** Donald Frank Wellner January 1998 2:45 PM 6, /Medical 4e. Fecility Nema (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 4131 Glen Park Road Baltimore Baltimore Under 24 Hrs. 8. Data of Birth (Morgh, Day, Year) April 27, 1924 If Under 1 Year 5. Social Security Number 7. Aga (In yrs. last birthdey) 9. Birthplaca (Stata or Foraign **Funeral** 10 M 20 F Maryland 73 216-16-8744 Yrs Director Usual Rasidanca ot Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Medical Examinar must be notified at 1 Yes 2 No Director Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 4131 Glen Park Road 21236 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or Items 23s Funerai 12. Was Dacadant Evar in U.S. Armed Forces? 1 ⊠Yas 2 □ No 1 943 – It Yas, Giva Year or Datas: 1 949 Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.) 11. Marital Status 14. Reca - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Dacedant's Education (Spacify only highest greda complated) 16b. Kind of Businass/Industry College (1-4or 5+) Elementary/Secondary (0-12) Supervisor Gas & Electric Co. 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meidan Sumama) Frank J. Wellner Nellie Heart P 19a. Intormant's Neme/Ralationship (Type, Print) 19b. Malling Address (Streat end Number or Rurel Route Number, City or Town, Stata, Zip Code) (wife) Mafalda Wellner 4131 Glen Park Rd., Baltimore, MD other 20b. Place of Disposition (Name of camatery, cremetory or othar placa) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 □ Cramation 3 □ Ramoval trom Stata iny injury or 1/9/98 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest VA Cem. Owings Mills, MD 21. Signatura of Junaral Service Lidenses 22. Nema and Addrass of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, 23a. Part1. Entar the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Batw Onsat end Deeth **Physician** /Medical Immadiata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner Sequantially list conditions, if any, laading to Immediata causa. Entar Underlying Causa (Disaase or Injury that Initiated avants rasulting in death) Lest Physician/Medicai Dua to (or as a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the Division of Vital Records, P.O. been signed by the should be detach 1 ☐ Yes No No 3 Probably 4 Unknown p 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to Completed complation of cause of death? has paga 2 To the Hospital or Attending Physicien: within 24 hours after death.

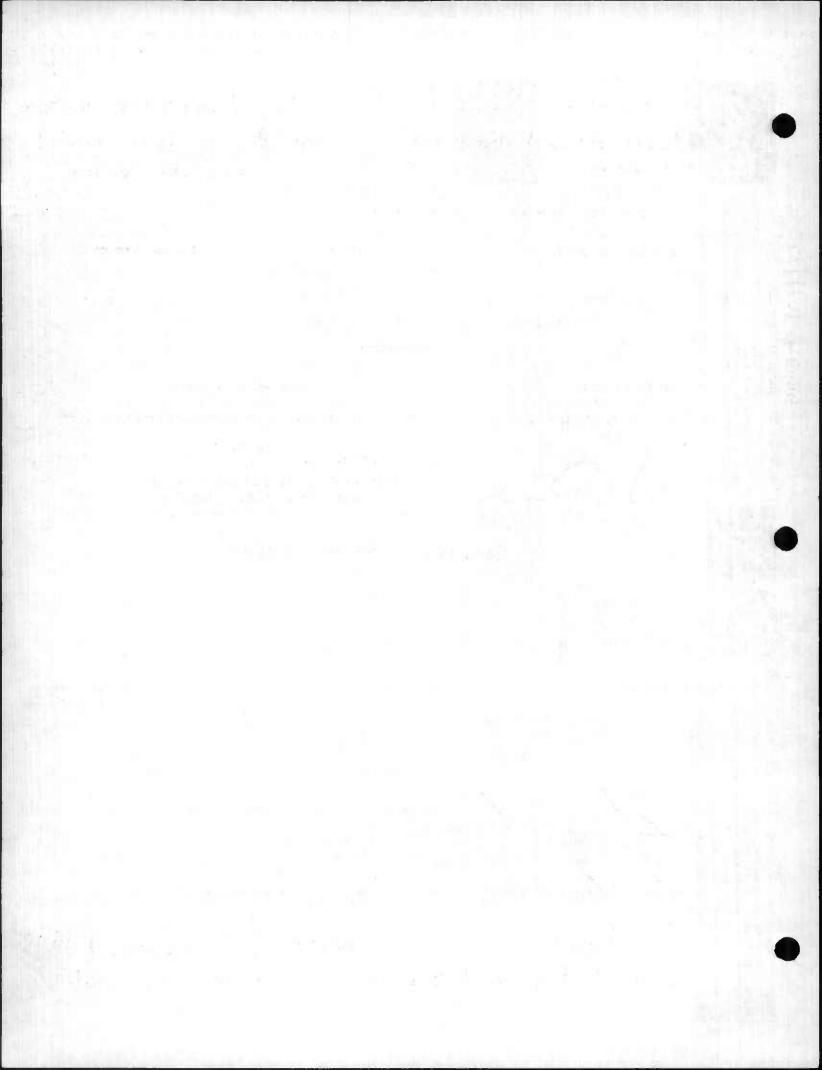
To the Funeral Director: After this cartifica funeral director, 25. Was casa reterred to medical axaminar? Be 28. Place of Death (Check only ona) 20 NO Other: 4 Nursing Homa 1 ☐ Yes 2 5 Rasidanca 8 Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3□ DOA 28a. Data of Injury (Month, Dey Yeer) 27. Mannes of Death 28b Time of 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 10 Natural 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Sulcida 28a. Place of Injury - At homa, tarm, streat, factory, office building, atc. (Specify) 28t. Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end mannar es steted.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceusa(s) and mannar statad. 29a. Certifiar Medicai 29b. Signatura and title of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Year) Samarit. 31. Data tiled (Month, Day, Year) State 08 Registrar



State of Maryland / Department of Health and Mental Hygiene 98 00254

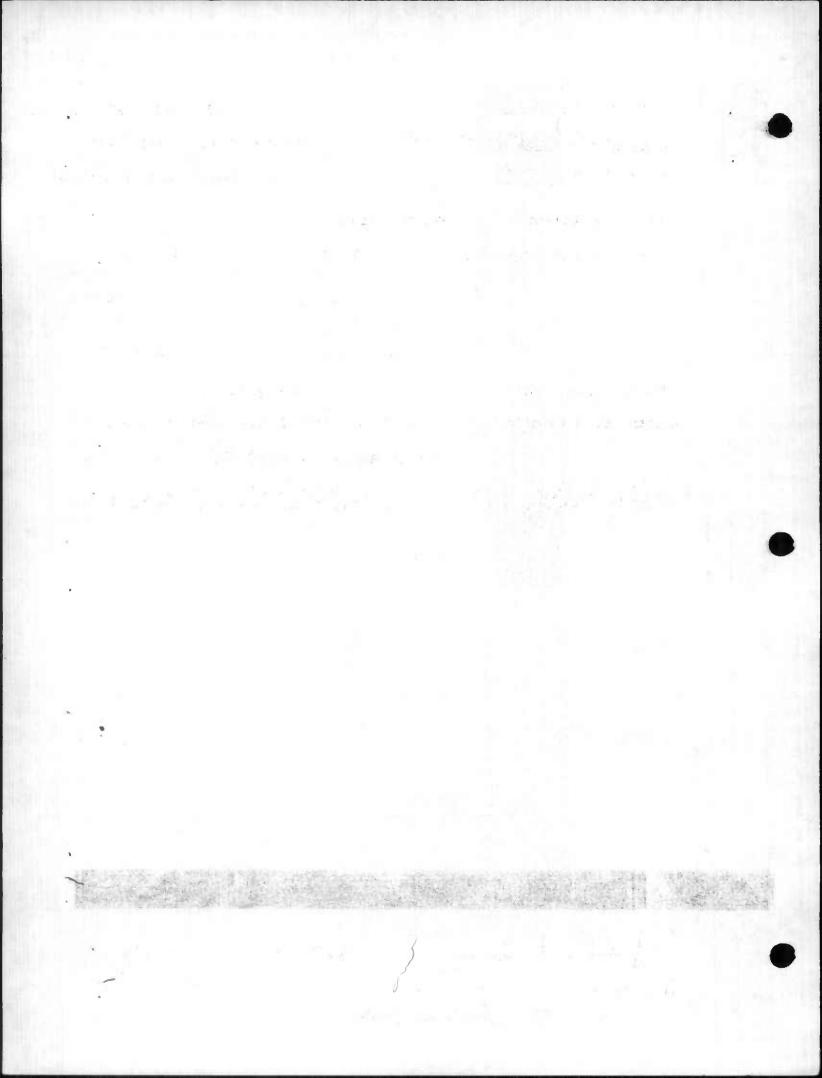
	Decedent's Neme (First, Middla, La	st)		Cen	tificat	e of	Deat	n	2. Dete of De	Reg. No.		3. Time	of Death
Physician	Betty L. White								Month	Dey	144 8ar	11/	50 A.M
/Medicai Examiner	4e. Facility Nama (If not Institution, giv	e street end number)					4b. City,	Town, or L	ocation of Dear	-	County of Deal		
LAGIIIIICI	North Arms	(e) Ho	spita	1		(Gle	n B	unnie	A	ine /	trun	del
uneral lirector	5. Social Sacurity Number 6. S 216-68-8660		e (In yrs. lest		if Under Months	1 Year Days	if Und Hour	er 24 Hrs. Min.	8. Date of Bi (Month, Di May 5,	rth ey, Year)	9. Birt		te or Foreign
M	Usuai Residenca of Decedant 10a. Stata 10b. County		10c. City, T	own or Loc	ation								City Limits
or 28a-f show be nuttined at Director	Maryland Anne Ar	unde1	Glen	Burni	Le								es 2∄No
23a or 2 unit be no rai Dire	10e. Straet and Number 907 Genine Drive				10f. Zip 21	.060				-	an of What Co	-	
of the property of the profiled at standard at the profiled at standard by Funeral Director	11. Maritai Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 □ Yes 2 25 if Yes, Give Yaar or Detes:			/as Deced Yes, spec				pecify Yas or No Rican, etc.)		i. Rece - Ame Black, Whit Specify:		
eted	15. Decedent's Ed (Specify only highest gre	fucation de completed)	1	6a. Daceda (Give k	ant's Usue and of wor	ei Occup rk done	ation during m	ost of wor	king	16b. Kind	d of Business/	Industry	
other traumatic event, the Medical	Elementary/Secondary (0-12)	Collaga (1-4or s	5+) I	Homema		se retire	0)			Ow	n Home	<u> </u>	
Be C	17. Fether's Nema (First, Middle, Last)						18. Mo	har's Nam	na (First, Middle	, Meiden S	'umeme)		
To	David M. White						Mi	ldred	E. And	lerson	1		
E	19a. informant's Neme/Relationship (ral Route Numb				
other tra	Robert W. White	/ Son	OOb Pleas					, Gle	n Burni				
eny injury or other once.	20e. Method of Disposition 1 ☑ Byrial 2 ☐ Cramation 3 ☐ 4 ☐ Dinetion 5 ☐ Other (Specification)			a of Dispos atary, cremi Have			_		an. 9, 1998		ation - City or Burni		
eny inj	21. Signature of Funaral Service Dicer	ل ذلا				-			neral H E., Gle			D 210	61
	23e. Part1. Enter the diseese, or com- shock, or heart feilure. List only	plications thet caused	the death. [1110, 21	Approxim	
ical iner	Immediate Causa (Final disease or condition resulting in deeth)	a. Con	UBT Due to (or es			107	F	AILU	ré		 	Onset ar	id Death
edical Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Ceusa (Disaese or Injury thet initieted events	b	Due to (or as								1		
5 5	resulting in daeth) Last	d	Due to (or as	a consequ	erice ory.						1		
hed for use	Part II. Other significant conditions of	ontributing to death b	ut not resultin	o in the uno	darlving c	ause div	en In Pe	rt f	23b. Did	tobacco u	sa contributa	to the caus	te of death?
P. P.				9	auriyinig v						No 3□P		Unknown
should									24e. Wes	an eutops ormed?		Were autopo available pri completion of of death?	or to
Page 2									10	Yes 2 🗓	No	1 ☐ Yes 2	!□ No
B Be	25. Was casa raferred to medical examiner?	1						ce of Dea	th (Check only	one)			
	1 Yes 2 No	Hospitei:		Outpatient			4	Nursing H	oma 5 Res			cify)	
fune	27. Menner of Deeth Netural 5 Panding 2 Accident invastigation		y Yeer) 28	b. Time of Injury	M 2	8c. Injur Wor 1 □	y et rk? Yes 2	□No	28d. Describe	how injury	occurred		
Certification:	3 Sulcida 6 Could not be determined	28e. Place of Injubulding, etc	ury - At home c. (Specify)	, ferm, stree	et, factory	, offica			28f. Location (City or To	Street and wn, Stete)	Number or Re	ural Routa N	umber,
Medical Certifical	29a. Certifier (Check only one) 1 Certifying Ph 2 Medical Exam	ysician: To the best of niner: On the basis of and mannar sta	examinetion	ige, death of and/or inve	occurred a estigation,	at the tir , In my o	me, date pinion, d	end place, eath occur	end due to the red et the time,	ceuse(s) e date end p	nd manner as lece, end due	s staled. to the caus	e(s)
completely filled Medical Ce	29b. Signeture and titla of certifier				29c	. Licens	e numbe	г		29d. Deta	signed (Mont	h, Day, Year)
	30 Name and address of the	Completed as	ms	a) (T: -: -	1	43	97	7		Jani	vany	7 1	998
7	30. Name end eddress af person who	completed cause of d	HR 71	a) (Type, P	DQ.	e.	(d)	n Br	mms.	V A	0 2	01.1.	
	31. Data filed (Month, Dey, Year)	1		IV							1/	- 4	



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8 0 2 5 5

		1. Decedant's Nama (First, Middle,	ast)		Cel	tificate o	Deall	2. Data of D	Reg. No.		3. Tima of Death
Physic		Cora Bell						Month 0 1	Day 0.3	Year 98	750
<i>i</i> Medi Examii		4a. Facility Nama (If not institution, g Cherrywood Ro Health Care	ive street and numb	atio	n and		4b. City, Town, or Reiste	Location of Dea	th 4c. Count		e e
Füneral Director		5. Social Sacurity Number 220-01-6354	Sax 7.		last birthday) Yrs.	If Undar 1 Yas Months Day	r If Under 24 Hrs	8. Data of Bi	irth Pay, Year)	9. Birthpi Coun	lace (State or Foraign try) Land
pue M		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. Ci	ty, Town or Lo	cation				10	Od. tnsida City Limits
the Marylan 28a-f show	to	MD Baltin	nore		eister						1 ☐ Yas 2 N
th with	Funeral Director	10e. Street and Number 12020 Reiste:	rstown R	d.		10f. Zip Code 2113		C++	10g. Citizan of U.S.		try?
urs efter al', or ite	by	11. Marital Status 1 □ Nevar Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Deceda Armed Force 1 Yas 24 If Yas, Giva Yaar or Data	§? ∰No		Vas Decedani o Yas, specify Cu □ Yas 2⊠ N	f Hispanlc Origin? (Suban, Maxican, Puar o Specify:	Specify Yas or Note Rican, atc.)		ce - Amaricack, Whita, 6	atc.
within she.	Completed	15. Decedant's (Specify only highast of Elemantary/Secondary (0-12)	Education irada completed) Collega (1-4)	or 5+)	(Giva	ant's Usual Occ kind of work dor NOT use reti nemaker	ne during most of wo red)	rking	16b. Kind of E		lustry
al Hygi other	Bec	17. Fathar's Nama (First, Middla, La	st)				18. Mothar's Na	ma (First, Middle	e, Maiden Sumai	me)	
should be nd Mental marked o	To	Thomas Emory					Nancy	Rosie	r		
end 2 sho ealth end n 27 is me		19a. Informant's Name/Raiationship Dorothy E. Wilhe		ter			et and Number or R armel Ro				
Peges 1 end 3 ent of Health nt: If Item 27 I ny or other tr		20a. Mathod of Disposition 1 🔀 Burial 2 🗀 Cramation 3 4 🗋 Donation 5 🗋 Other (Spec	☐Ramoval from Sta	20b. F	Place of Dispos cometary, cren	sition (Name of natory or other p		Jan 6	20c Location	- City or To	wn, Stata
permit. Peges Department of I Important: If ite any injury or of		21. Signature of Funaral Sarvice Lo)	22 J	Nama and Add		in Mort	uarv.I	nc.	
Physician /Medicai Examiner	ler	Immediata Causa (Final disassa or condition rasuiting in daath)	a. De	Dua to (c	or as a conseq	uance of):				1	
icete be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediata causa. Entar Undarlying Causa (Disaase or injury that initiated events	b	Dua to (d	or as a conseq	uanca of):			×		
certificate by ding physicisa sa es the bo	/Medical	Causa (Disaase or Injury that initiated events rasulting in death) Last	c	Dua to (o	r as a consequ	vance of):		,		6	Maria ()
atten 1 for u	clan	Death Other clandings and discus-						ant pt	. 10701100		
es that the deeth cert igned by the attendin be deteched for usa	by Physician/N	Part II. Other significant conditions At heroscles			-				Yes 2 No	- 111	the cause of death
aw requires been so 2 should	Completed t				2-199a			24a. Was perf	s an autopsy ormed?	ava	ra autopsy findings illable prior to appletion of cause death?
								10	Yas 20 No	10	Yas 2□ No
Physician: The this certificate ral director, pag	Be	25. Was casa rafarred to medical axaminar?	Hospital:				Whar:	ath (Check only			
Ing Phys	on: To	1 Yas 2 No 27. Mannar of Death 1 Natural 5 Panding	28a. Data of li		28b. Tima of Injury	28c. In	ury at ork?		how Injury occu)
To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di	Certification:	2 Accident invastigati 3 Sulcide 6 Could not datarmine	be 28a. Placa of	Injury - At he atc. (Specif	oma, farm, stra	M 1	□Yas 2□No e	28f. Location City or To	(Street and Num own, Stata)	ber or Rurai	l Route Number,
e Hospitu n 24 hours e Funera pletely fille	edical (29a. Cartifiar (Check only one) 1 Certifying F	hysician: To the be- iminer: On the basis and mannar	of axamina	wledga, daath tion and/or Inv	occurrad at tha astigation, In my	tima, data and place opinion, daath occu	e, and dua to tha erred at tha tima,	causa(s) and m , data and placa,	annar as st	ated tha cause(s)
To th To th	×	29b. Signature and title of certifler	1 0				nsa number		29d. Data signe	ed (Month, L	Day, Year)
		guelah	Mkon				7123		11419	8	•
		30. Nama addrass of person who			1 23a) (Type, F		otevsto is	wa a	· 2	1136	
	te	31. Data filed (Month, Day, Year)			itura Pane	3 \	- (- 1 (7) 10		,	7	



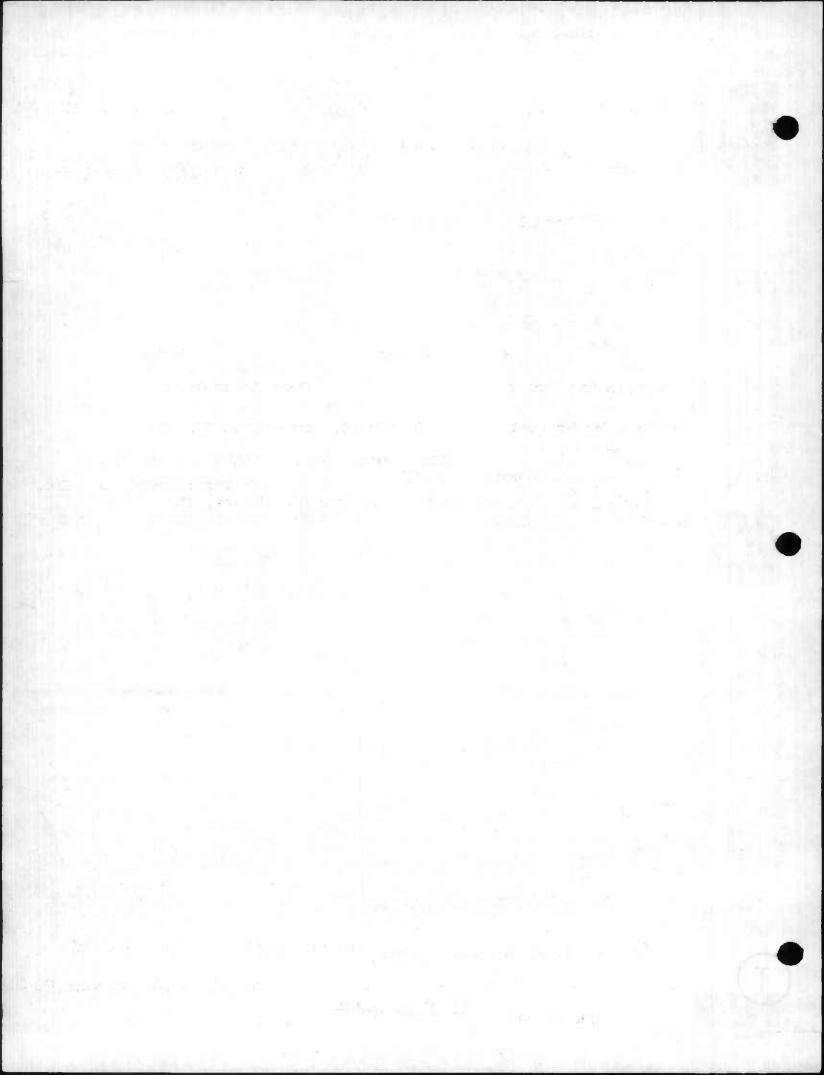
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygierie Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 9:16 AM corge 1998 eager. 4 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hosp Baltimore
If Under 1 Year If Under 24 Hrs. 8. Date of Birth 09 niversit Maryland
7. Age (Irryrs. last birthday) USA 06. Sex 18 M 2□ F 8. Date of Birth (Month, Dev. Year) 10/19/1905 5. Sociel Security Number 9. Birthplece (State or Foreign **Funeral** Months Deys Hours West Virginia 219-32-1790 92 Vrs Director Usuel Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r is marked other than "natural", or items 23a or 28a-f show traumatic event, the Mapical Examiner man be notified at 1 ☐ Yes 2 No Director Anne Arundel Crownsville 10e. Street and Number 10f. Zin Code 10g. Citizen of Whet Country? 324 Kyle Rd. 21032 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Merital Status 14. Race - American Indien, Bleck, White, etc. 72 hours after 1 ☐ Never Merried 2 X Married 1 XYes 2 ☐ No If Yes, Give "natural", or Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Yes, Give Specify by 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hygiane. Eiementary/Secondery (0-12) College (1-4or 5+) Surgeon Medical permit. Pagas 1 and 2 should be file Department of Health and Mental Hy, Important: If item 27 is marked oths any Injury or other traumatic event, once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 8 Touis Godfrey Yeager Susan Lambie Osborn 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) George H. Yeager (son) 20b. Pleca of Disposition (Name of cemetery, cremetory or other piece)

20b. Pleca of Disposition (Name of cemetery, cremetory or other piece) 21032 20a. Method of Disposition

1 Burlai 2 Cremetion 3 Removal from State 20c. Location - City or Town, State Hilltop Service Corp. 1/8/98 4 ☐ Donetion 5 ☐ Other (Specify) Towson, MD. Carroll22 Name and Address of Facility Ruck Towson Funeral Home, Inc. 21. Ineture of Funerel Service Licensee Dennis C. 1050 York Rd. Towson, MD. 23a. Part cnter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and on the cause of the control of the control of the control of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the caus **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) 2 weeks neumonia Examiner Due to (or es e consequence of): Examiner 3 w Reks obstruction bowel The lew requires that the death certificate be executed physician and the burial-trans Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of) Box 68760. Physician/Medical Due to (or as a consequence of): 88 ettending p usa Records, P.O. tha Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown 2 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed peed hes paga 2 1 ☐ Yes 2 No 1 ☐ Yes 2 No Division of Vital Be 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ■ Inpatient 2 ■ ER/Outpatient 3 ■ DOA this 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28d. Describe how Injury occurred Certification: 28b Time of 28c. Injury et Work? Aftar or Attending 5 Pending 1 Naturel death. 1 ☐ Yes 2 ☐ No investigation 2 Accident Director: 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 24 hours a Hospital 29e. Certifier 156 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examinar: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and menner stated. 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 0 AT 2438946 Abul-Khoudoud, MD mran 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 22 S. Greene Strut, Balkimor, MO 2/201 Abul-Khoudoud 32. Registrer Signatur 31. Dete filed (Month, Day, Year) State 0 8 1998

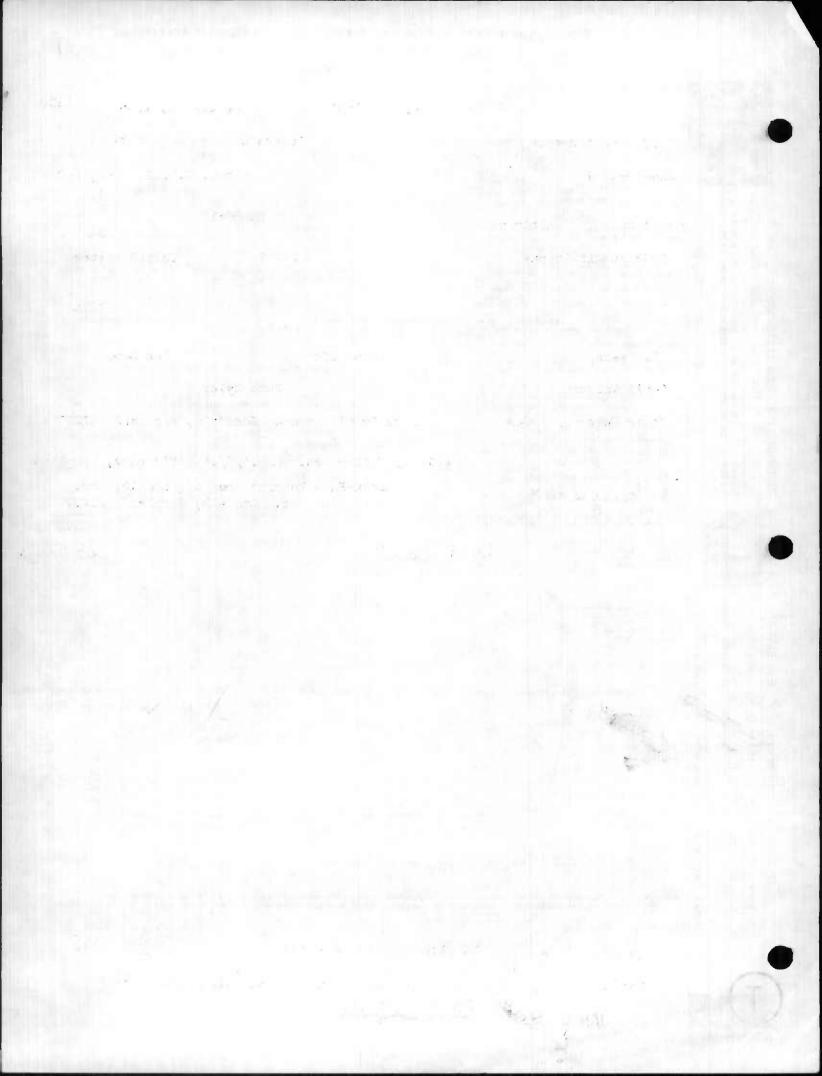
DHMH 16 Rav 6/95

Registrar



State of Maryland / Department of Health and Mental Hygierie 8 00257

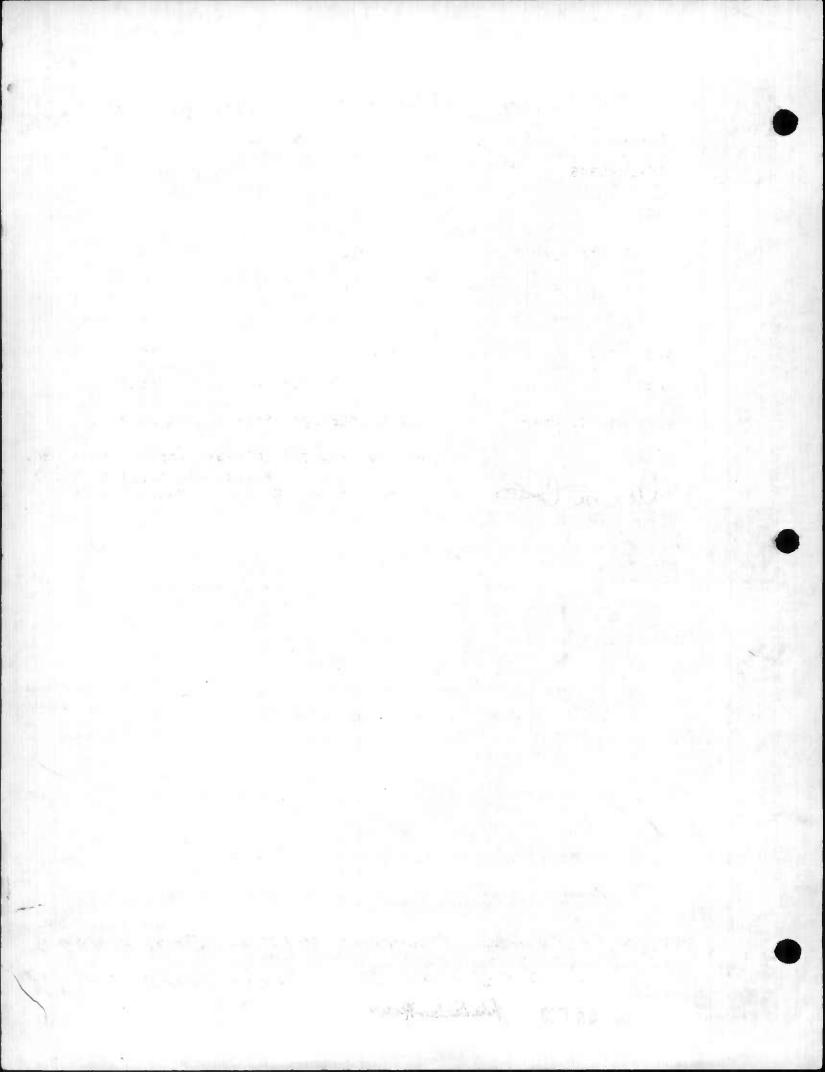
								Cer	tificat	e of l	Death		R	eg. No.		
		_	1. Decedant's Name (First, Middle	, Lasi)		100						2. Data of Dea		Vaar	3. Time of Death
	Physician				Th	nelma	Е		Ze	pp			Month Januar	y 2, 19	Year 98	8:30 AM
	/Medical		a Facility Nama (If not institution	. aiva	street and nu	ım <i>ber</i>)	1.1	•			b. City, To	wn, or Lo	cation of Death	4c. County		1
)	Examiner			1							Pog	edal	_	B a	ltim	ore
H	_		1803 Summit Av	6. Sa		7 Age (In yrs. last bii	rthdayl	If Under	1 Year	If Undar					
	Funeral	1			M 2⊠F	r. rigu (Yrs.	Months	Days	Hours	Min.	8. Date of Birth (Month, Day			nplece (Stata or Foraign untry)
	Director	-	214-20-9244 Usual Rasidence of Dacedant				74						Sept.	,1923	Ma	ryland
	Pue &	-	10a. State 10b. County			1	Oc. City, Tow	m or Lo	cation							10d. Inside City Limits
	sho a	5										Ros	sedale			1 ☐ Yas 2 ☐ No
	or 28a-f s	2	Maryland 10e. Street and Number	Bal	timore	2			104 7:-	Code				log. Citizen of	Mhat Car	mt-2
	vith o	5							10f. Zip	C009				log. Citizen of	What Cot	antry
	23a	2	1803 Summit A	ven							212			Unite		
	within 72 hours after death with the Meryland ene. than "natural", or items 23a or 28a-f show he Hedical Examinat must be notified at hompleted by Elipsonal Director	a l	11. Maritai Status		12. Was Dec Armad F	cedant Eve orces?	er in U,S.	13. 1	Was Deced f Yas, spec	dant of H cify Cuba	ispanic On in, Maxican	gln? (Spe , Puarto	ecify Yes or No- Rican, atc.)		ce - Amar ick, Whita	rican Indian, i, atc.
0	afte or it		1 Navar Married 2 Marri	ed	1 Tas	2X No			1 🗆 Yes	28 No	Specify:			Specif	lv:	
00	raff, c	5	3€ Widowed 4 □ Divorced		Yaar or I											hite
5-(ygiene. Nor than "netural, the Mexical Commission.	200	15. Decedant (Specify only highes	's Edu	cation)	16a	. Deced	lant's Usua	al Occup	ation during most	of worki	ina	16b. Kind of B	usinass/Ir	ndustry
21	within ene.		Elementary/Secondary (0-12)			(1-4or 5+)		life. L	DO NOT u	sa ratirec	during most					
7	w die	5	12 Years						House	wife	2			Own	Home	
Pu	be filed hall Hygin d other svent, II		17. Fether's Nama (First, Middla,	Last)							18. Motha	r's Nama	(First, Middla,	Maiden Sumai	na)	
la I	Menta Menta Menta erked etic sv	5	Cecil Travers									Ione	Tyler			
Maryland 21215-0020	2 should be filed vand Mental Hygie Is marked other taumstic svent, the TO Re CO		19e. Informant's Name/Raiations	nip (T)	rpe, Print)		19t	. Mailin	ng Address	(Street	and Numbe	or or Rura	al Routa Numbe	r, City or Town	, Stata, Z	ip Code)
	nd 2		James Zepp	/	Son		1	803	Summ	nit A	Avenue	e Ro	osedale	Maryl	and	21237
ē,	other tr	1	20a. Mathod of Disposition				20b. Place o	f Dispo	sition (Name	na of	ne.l		Data	20c. Location	- City or T	Town, State
altimore,	Peges nent of I int: If ite		Burial 2 ☐ Cramation Donation 5 ☐ Other (St			State						3	1 /E /00	m: mon		Manual and
圭	rtme rtan njur	-	21. Signatura of Funeral Sarvica I				Dulan	_		-	ss of Facilit	-	1/5/98	Timon	lum,	Maryland
Ba	permit. Pages Department of Important: If it any Injury or once.		Dohnny I										Home of	Dunda	1k,	Inc.
	401.0		1 /1						7922	Wise	Ave.	. Di	undalk,	Maryla	nd	21222
п	100		23a. Pari 1 Enter tha diseasa, or shaw, or haart failura. List	componly o	lications that	caused the each line.	e death. Do	not ant	er tha mod	la of dyin	g, such as	cardiac o	or raspiratory an	rest,	i	Approximate Interval Batween
١.	Physician					١٨ .									- 1	Onsat and Death
	/Medical		Immediata Ceusa (Final diseasa or condition			Kectp	1 (a	ncel	R						i	25 months
п	Examiner		rasulting In death)		8	Du	e to (or es e	conseq	uence of):							
	2														i	
	eath certificate be executed ettending physician end for use as the burial-transit clan/Medical Examiner		Sequentieily list conditions.		b	Du	a to (or as e	conseq	uenca of):							
ó	an er riel-t	Š	Sequantielly list conditions, if any, laading to immadiate cause. Entar Undarlying Causa (Disaesa or injury												i	
68760,	te be	2	thet initiated avents	4	C	Du	a to (or as a	conseq	uence of):							
68	as th	3	resulting in daath) Last												i	
×	anding use a	2			d											
Bo.	that the death cered by the ettendin detached for use	2	Part II. Other significant condition	ne co	ntributing to a	looth but r	not reculting i	in the III	ndarlying	auca ak	an In Part I		23h Did t	obacco una co	ontribute	to the cause of death?
0	by the lacked	7	artii. Other argimioant contanto	110 00	in builing to t	Juuin Doi 1	ior rasuming i	ir iria di	ilida iliya igi c	adou giv	arrair arra			es 2 No		obably 4 Unknown
0.													1	es spelio	OCI III	obably 4 dikilomi
Vital Records,	8 22 6	2											24a. Was	an autopsy	24b, Y	Ware autopsy findings
Ö	been should	210											perfo		C	veilebie prior to complation of causa
ec	has t	2													0	of death?
H	The law require sate has been single 2 should	5											1 🗆 Y	as 2 No	1	I □ Yas 2 No
Ħ	ysician: The is certificate director, peg		25. Was case referred to medical axeminer?								26. Plece	of Deet	h (Check only o	na)		
of V	2 0 0		1 ☐ Yas 2 No	1	Hospitai:	Inpatient	2 ER/O	utpatien	nt 3 🗆 D0	Oth Oth	ar: 4 Nu	rsing Ho	me 58 Resid	anca 6 🗆 Ot	har (Spec	oify)
0	After th funeral		27. Mannar of Deeth		28a. Dete	of Injury		Time of Injury	1	8c. Injur Wor	y at		28d. Dascribe h	ow injury occu	rred	
Division	Attending in deeth. Ctor: Attention by the funeriffication	9	1 Natural 5 Panding 2 Accidant Invastig					,,	М		Yes 2	No				
Vis	or Attendent dest Director:		3 ☐ Suicida 6 ☐ Could r 4 ☐ Homicida determ	not be ined	28e. Piec	e of Injury	- At home, fa	arm, str	eet, fector	y, office			28f. Location (S		ber or Ru	ral Route Number,
ā	is or Attending P rs efter deeth. al Director: After t led in by the funera Certification:		4 I Homoda		Dunc	ling, etc. (эрвску)						Ony or Ton	· · · · · · · · · · · · · · · · · · ·		
													and due to the			
	n 24 hou n 24 hou ne Fune pletely fil		(Check only 2 Madical I	Exami		pasis of ax		nd/or Inv	vastigetion	, in my o	pinlon, dee	th occurr	red at the tima,	data and piaca	and dua	to tha causa(s)
	within 7 to the comple	_	29b. Signatura and titla of certifian	1	1.4				29	c. Licans	e number			29d. Data sign	ed (Monti	h, Day, Year)
	->-0		0,,,,,,	X o		MO	Pho			Du	1410	-		Too 2	nd 1	1998
		-	Jenni C	1/10	rily			CT.	Data	07	6713			الاس ک		
-	1	1	30. Name and address of person		M					Cerl	2	R	Uhmoe	MO 2	1282	
-	T			ow		o? Min	-	ova	7	wil	1	1)Cu	Jamin	100	1607	
	State Registrar	•	31. Data filad (Month, Day, Year)	0 1	QQQ	4u	Signature	A	Pands P	è						
100	richianat		11/7/1	0	770	1 100		WALL A		-						



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth ROWN. 4b. City, Town, or Location of Deeth 4c. Country Month **Physician** BEULAH :35 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4c. County of Deeth Examiner Church Home Hospital Baltimore 7. Age (In yrs. lest birthday) If Under 1 Year Months Days Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number Birthpiece (State or Foreign Country) 6. Sex 1 M 200 F **Funeral** Hours 78 Yrs. 215-30-0346 **Director** 03-04-19 MD. Usuai Residence of Decedant the Maryland 10e Stete 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hygiene.
Important: if them 27 Is marked orther then "natural", or items 23a or 28a-f show any injury or other traumatic event, its function is any injury or other traumatic event, its function is 10d. inside City Limits MD. NA Baltimore 1 Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 608 N. Streeper Street 21205 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Biack, White, etc. 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black Specify: þ 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Eigmantary/Secondary (0-12) Coilege (1-4or 5+) various trades Domestic 10th Grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Melden Sumeme) Amelia Cottman Frank Brown 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 604 N. Streeper Street Baltimore, Md. 21205 Virginia Goodman 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removei from Stete King Mem. Pk. Cem 1-10-98 Randallstown, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Lice 22. Name end Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North AVenue 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or have failure. List only one cause on each line. Approximete Intarvai Batween Onset end Deeth **Physician** /Medicai Immediate Ceuse (Finai SEPS15 diseese or condition rasulting in death) Examiner Examine Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting in deeth) Lest Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Onknown 1 Yes 2 No TB NIO SCLB NOSIS Records, þ 24b. Wara eutopsy findings evelleble prior to complation of cause of death? 24e. Was en eutopsy performed? Completed 1 Yes 2 No 1 Yes 2 No certificate Division of Vital I or Attending Physician: after death. Director: After this certifica 25. Wes case referred to medical Be 28. Piece of Deeth (Check only ona) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 1 Yas 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 1 Natural 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 28b. Time of 5 Pending investigation 1 Tyes 2 No 2 Accident 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 2 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a. Certifier Medicai 29b. Signetura and titla of certifier 29d. Date signed (Month, Dey, Year) 29c. License number 017322 JAN, 5, 1998 Jorzann m pleted causa of deeth (Item 23e) (Type, Print)

VAZEMI, MG. CHUNCH HOSPITAL, BALT. 30. Name end eddrass of person who completed causa of deeth (item 23e) (Type, Print) 31. Dete Med (Month, Day, Yaar) 32. Registrer's Signatura State wha Davidson Pandalle Registrar JAN 09 1998

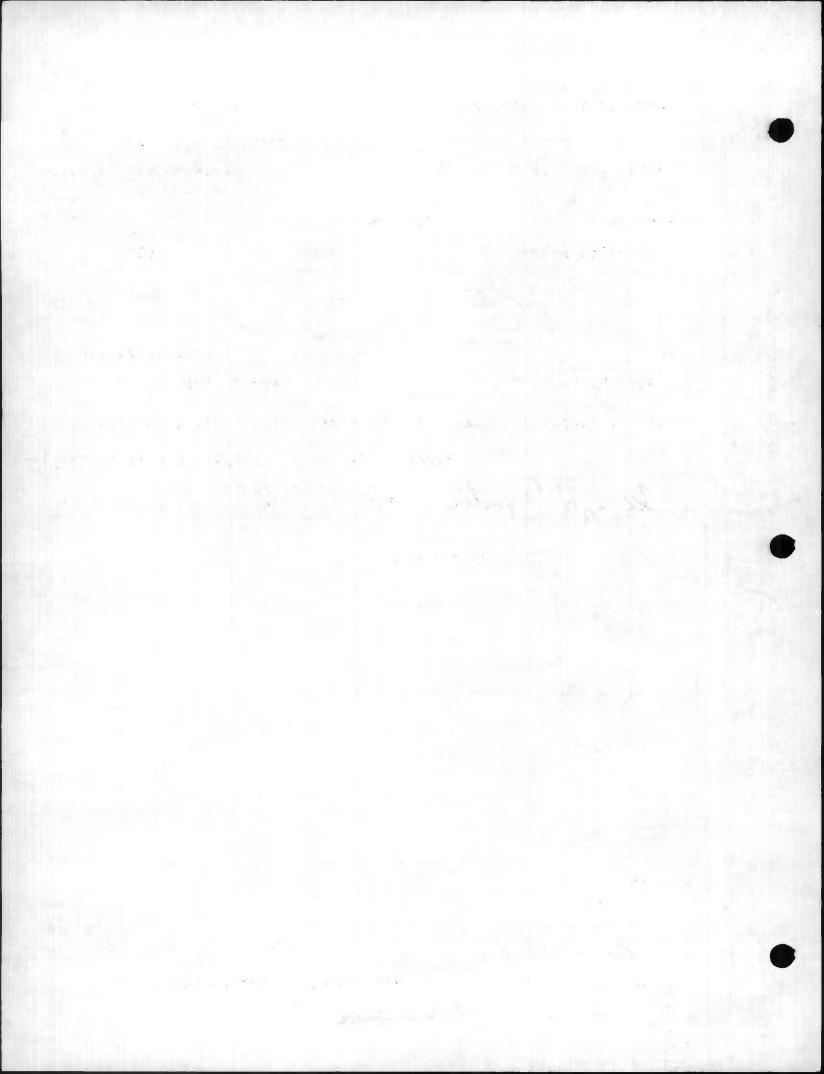


Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 687

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

IN BECK		State of Maryland / [Department of F Certificate of			iene	0259
Physician	1. Decedent's Name (First, Middle, Last) John Harrison [Beck, Jr.	T-PW		2. Date of Deat Month		3. Time of Death 9:14 PM.
/Medica Examine	4a Facility Name (If not institution, give s			4b. City, Town, or L	ocation of Deeth	4c. County of Death	
Funeral Director	5. Social Security Number 6. Sex 2 1 7 - 5 4 - 7 8 8 6	14 OF 1	thday) If Under 1 Year Months Deys		8. Date of Birth (Month, Day, March	9. Birti 30, 1950	hplace (Stete or Foreign untry) Maryland
or 28a-f show	Usual Residence of Decedent 10a. State 10b. County Maryland N	10c. City, Tow	n or Location timore				10d. Inside City Limits X Yes 2 □ No
23e or 28e-fe	10e. Street and Number 2647 Miles Aver		10f. Zip Code	211	1	Og. Citizen of What Co	untry?
urs after deeth v		12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No H Yes, Give Yeer or Detes;	13. Was Decedent of Hif Yes, specify Cub.		ecify Yes or No- Rican, etc.)	14. Rece - Ame Bleck, White Specify:	
permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heath and Mental Hygiena. Important: if item 27 is marked other than "nature!", or items 23a or 28a-f show any joury or other treumatic event, it is Medical Examiner must be notified at once. To Re Commissed the Engage Director			Decedent's Usual Occup (Give kind of work done life. DO NOT use retired	d)	ing	16b. Kind of Business/	Industry
should be filed and Mental Hyg marked other umatic event,	17. Father's Name (First, Middle, Last)	, Sr.	1100110	18. Mother's Nam	e (First, Middle, M Chairs		4.1.1
ind 2 sho aith end 2 27 is m	19a. Informant's Name/Relationship (Type Mary C. Burgee		. Mailing Address (Street				
Peges 1 a lent of Hex nt: If Item ry or othe	20a. Method of Disposition MUNICIPAL 2 □ Cremetion 3 □R 4 □ Donation 5 □ Other (Specify)	emovel from State	f Disposition (Name of ry, cremetory or other plea awn Cemet	ce)	Dete	20c. Location - City or	
Standing private as the bound of the standing private as the bound of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the standing private of the stan	Cause (Disease or Injury that initiated events resulting in death) Last	LUNG CANO Due to (or as a Due to (or as a	not enter the mode of dyi	ng, such as cerdiac	or respiratory arm	ore, MD	Approximate Interval Between Onset end Deeth
death death od for	Part II. Other algnificant conditions con	fributing to death but not resulting l	n the underlying cause given	ven in Part I.			to the cause of death?
has been sign ge 2 should be					24a. Was a perform	ECTION	Were autopsy findings available prior to completion of cause of death?
certific rector	25. Was case referred to medical	ospital: 1 ☐ Inpatient 2 ☐ ER/Ou	utpatient 3□ DOA Oth	or:	th (Check only or	ence 6 Other (Spe	cify)
or Attending after death. Director: After in by the fune	27. Manner of Deeth 1 Natural 2 Accident 3 Suicide 4 Homicide 27. Manner of Deeth 5 Pending Investigation 6 Could not be determined	28a. Date of Injury 28b.	Time of njury M 1 □	ryat rk? IYes 2 □ No		ow injury occurred treet end Number or Re	ural Route Number,
To the Hospital within 24 hours of the Funeral completely filled Madical Completely Completely Completely Completely Completely Completely Completely Completely Completely Completely Completely Completely Completely Comp		ician: To the best of my knowledge er: On the basis of examination an and manner stated.					
To the within To the complex	Dennis/C	hurfo pr		.C.M.E.		9d. Dete signed (<i>Mont</i> JAN 06, 1.99	
State	30. Name and address of person the co Dennis Chute M.D. 31. Date filed (Month, Day, Year)	111	Penn Street	, Baltimo	ore, Mary	yland 21201	L
Registrar	JAN 091	998 Dulia David	con- Andree				



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month EDNA ELIZABETH BARRETT JANUARY 08 01:00 dm 1998 4e. Fecility Neme (If not institution, give street end number) 4b. Cify, Town, or Location of Death 4c. County of Deeth Union Memorial Hospital Baltimore Hours Min. 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (State or Country) Pec. 30,1898 Maryland 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year 9. Birthplace (Stete or Foreign 10 M 20 F Deys 216-09-4577 99 Yrs. Usual Residence of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits N/A Maryland Baltimore ₩OXYes 2 No 10e. Street end Number 10f. Zip Code 10g Citizen of What Country? 1453 Medfield Avenue 21211 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: white 3 ☑ Widowed 4 ☐ Divorced 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16h Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Assembly Worker Cotton Mill 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) John Grimes Leanna Thompson 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Hazel Klacik Daughter 1453 Medfield Avenue Baltimore, MD 21211

1 duriel 2 ☐ Cremetion 3 ☐ Removel from Stete Crest Lawn Mem. Grdn 1/10/98 Marriottsville, MD 4 ☐ Donetton 5 ☐ Other (Specify) 21. Signeture of Funerei Service Lica 22. Name end Address of Fecility Burgee-Henss Funeral Home, 3631 Falls Road Baltimore, ease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, ire. List only one ceuse on each line. Lun Immediete Ceuse (Finel acidoso Severe disease or condition resulting in death) Physician/Medical Examiner

20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece)

Due to (or es e consequenca of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Renal failure Atrial fibrillation

Unosepso 25. Wes case referred to medical exeminer?

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

28e. Dete of Injury (Month, Dev Year) 5 Pending investigation 6 Could not be

28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

Location (Street and Number or Rural Route Number, City or Town, State)

24e. Wes en eutopsy performed?

28d. Describe how injury occurred

29b. Signature and title of certifier

1x Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner steted. 29c. License number

26. Place of Deeth (Check only one)

Dete

Simonen

January 08, 1998

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

HUSAM SEMAAN, M.D. UMH 201 E. UNIVERSITY PKWY BALTIMORE, MD 21218 31. Dete filed (Month, Dey, Year)

State Registrar

Physician

/Medical

Examiner

Director

Funeral

à

Completed

Be

20e. Method of Disposition

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest

1 Yes 2 No

27. Manner of Deeth

1 Naturel

2 ☐ Accident

3 Suicide

29a. Certifier

4 ☐ Homicide

10a State

Funeral

Director

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at

72 hours after

Hygiene.

permit. Pages 1 and 2 should be filed to Department of Heelth and Mental Hygie Important: If Item 27 is marked other 1 any Injury or other traumatic event. In

Physician

Examiner

signed by to

certificate

Director: J

To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by

þ

Be Completed

Certification: To

Baltimore, Maryland 21215-0020

32. Registrer's Signeture Julia Davidson Randalle JAN 09 1998

DHMH 16 Ray 6/95

Edna Elizabeth Barabino Vital Records, P.O.

completion of cause of deeth?

24b. Were eutopsy findings eveileble prior to

21211 Approximete Intervel Between Onset and Death

1 ☐ Yes 2 ☐ No

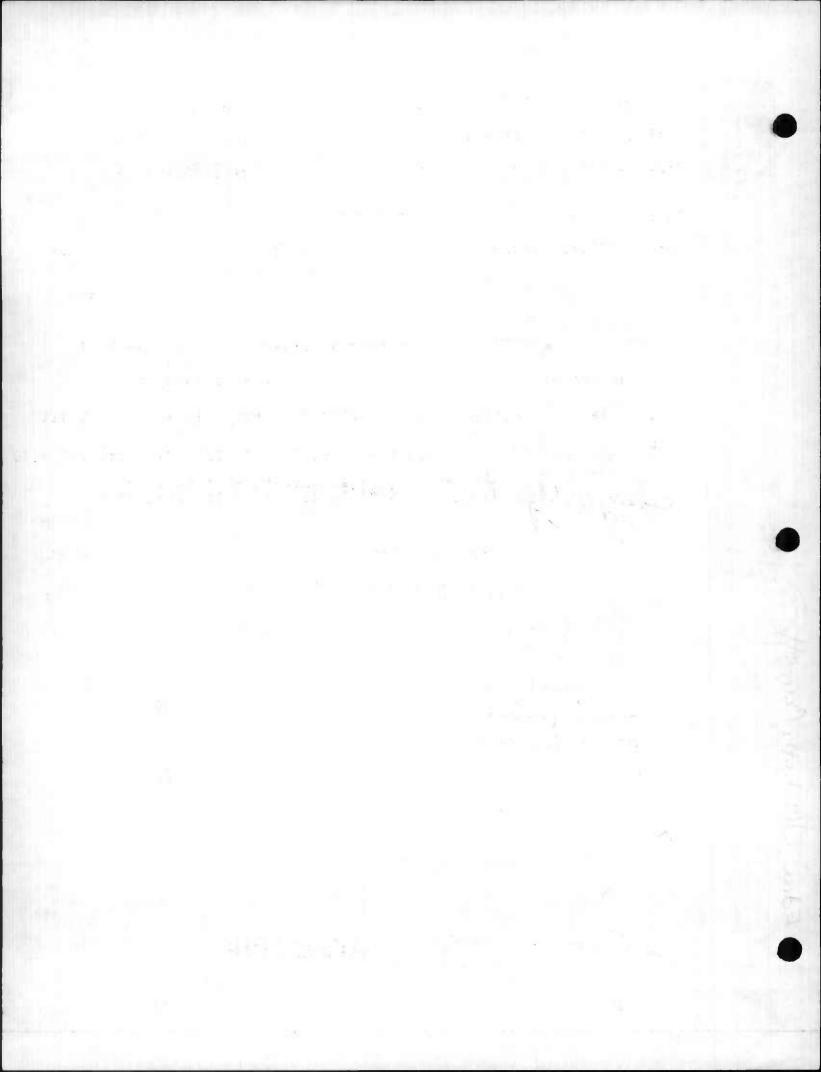
Other: 4 Nursing Home 5 Residence 6 Other (Specify)

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

20c. Location - City or Town, State

29d. Dete signed (Month, Dey, Yeer)



	1. Decedent's Na	me (First, Middle, L	ast)						Death		2. Date of De			3. Time of Death
Physician	LOUITS	F. BULLEN	TR								JANUAF	PAY 6. 1	Year L998	8:00 PM
/Medical Examiner		(If not Institution, g		umber)					4b. City, Tow	m, or Lo	ocation of Deat		ty of Deeth	
Examine	LORIEN	NURSING	HOME						COLUM	BIA		HOW	ARD	
Funeral Director	5. Sociel Security 218-01-		Sex 1⊠M 2□ F	7. Age (In)		rs.	If Under Months	1 Year Days			8. Dete of Bir (Month, De AUG 14		9. Birth Cou MAR	plece (State or Foreig INTry) YLAND
	Usual Residenca	1		140-	O1. T.		-41							
Show	10a. Stete	10b. County		100.	City, Town									10d. Inside City Limits 1 ☐ Yes 2 1 No
first must be notified at	MD		NGTON		HAGE	RST	_							
늅	10e. Street end N						10f. Zip					10g. Citizen of		intry?
6		EACOCK TR		and at Court	-110	40.14	In Dans		21742	-0/0-	naife. Ven na his	U.S.		Ican Indien,
- in	11. Marital Status	irried 2□ Married	Armed F	cedent Ever I	n U,S.	13. V	Yes, spec	ify Cub	an, Mexican,	Puerto	ecify Yes or No Rican, etc.)	BI	ack, White	
by		4 Divorcad	If Yes, G	2 □ No live Dates: ₩₩	II I	1	☐ Yes :	XNo	Specify:			Spec	ily: WHI	TE
		15. Decedent's I		- VV V	168	Deced	ent's Usua	Occup	pation			16b. Kind of		
Completed	(Sp Etementery/Se	ecify only highest g	rade completed	(1-4or 5+)		(Give k	ind of wor O NOT us	k done e retire	during most	of work	ing			
E O	N/A	CONOBIN (0-12)	collede	(1-40(3+)		SEC	URIT	Y GU	JARD			MANUF	ACTUR	RING
BeC		e (First, Middle, Las	st)						18. Mother	's Nam	e (First, Middle	, Maiden Sume	me)	
70	LOUIS F	. BULLEN,	SR.						1	LILI	LIAN PE	ARL JON	ES	
	19a. Informant's	Name/Relationship	(Type, Print)	-	19b.	Mailing	Address	(Street	t and Number	or Rur	el Route Numb	er, City or Tow	n, State, Zi	ip Code)
	MARY DO	TY (NIECE	()		11	923	PEA	COCE	K TRAII	L -	HAGERS'	TOWN, M	D. 2	21742
5	20e. Method of D	•			b. Place of cemeters	Dispos	ition (Nan atory or o	ne of ther pla	ice)	1	Dele	20c. Location	- City or T	Town, State
once.		2 ☐ Cremetion 3 n 5 ☐ Other (Spec		State	GARRIS	ON	FORE	T T	VETS C	EM 1	1/9/98	OWING	S MIL	LLS, MD
sician edical niner	23a. Part1. Ente shock, or hi Immediate Ceus disease or condi resulting in death	tion	a	den		4	U anno of					errest,		Approximate Interval Between Onset end Death
Physician/Medical Examiner	Sequentially list if any, teading to cause. Enter Un Cause (Disease that initiated ever resulting in death	nts	. Ca	rde	o (or as a co	ansequ	CR	u es- rte	t my		utly	se		(7)
Sic Sic	Part II. Other sign	nificant conditions	contributing to	death but not	resulting In	the un	derlying c	ause gi	ven in Part I.		23b, Dld	tobacco use o	ontribute	to the cause of death
	1	ter h	Runn	0	ino	55	us	2	,		1 🗆	Yes 2 No	3 □ Pro	Obably Unknow
completed by		J										s en eutopsy ormed?	a	Vere autopsy findings vailable prior to completion of cause of death?
мо											10	Yes No	1	☐Yes 2☐No
Be C	25. Was case ref	erred to medical							26. Place	of Deat	h (Check only	one)		
To B	examiner?	X Ro	Hospital:	Inpatient	2 ER/Out	patient	3 DC	A Ot	her & e			Idence 6 🗆 O	ther (Spec	sify)
	27. Manner of De 1 Naturat	5 Pending investigati	on	e of Injury nth, Day Yea	r) 28b. T	ime of jury	M 2	8c. Inju Wo	iry at ork?] Yes 2 1	lo	28d. Describe	how injury occ	urred	
at Director: After the funeral of in by the funeral Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	A 256. Plac	ce of Injury - Adding, etc. (Sp	At home, far ecify)	m, stre	et, factory	, office				(Street and Nur wn, State)	nber or Ru	ral Route Number,
plettery fills	29a. Certifier (Check only one)	1 Certifying F 2 Medicat Ex	mtner: On the l	e best of my basis of exan nner steted.	knowledge, nination and	death Vor Inv	occurred estigation	at the ti	me, date and opinion, deat	l plece, n occur	end due to the red at the time,	, dete and pleci	manner as a, end due	stated. to the cause(s)
M P	29b. Signeture ar								se number			29d. Date sign		

341

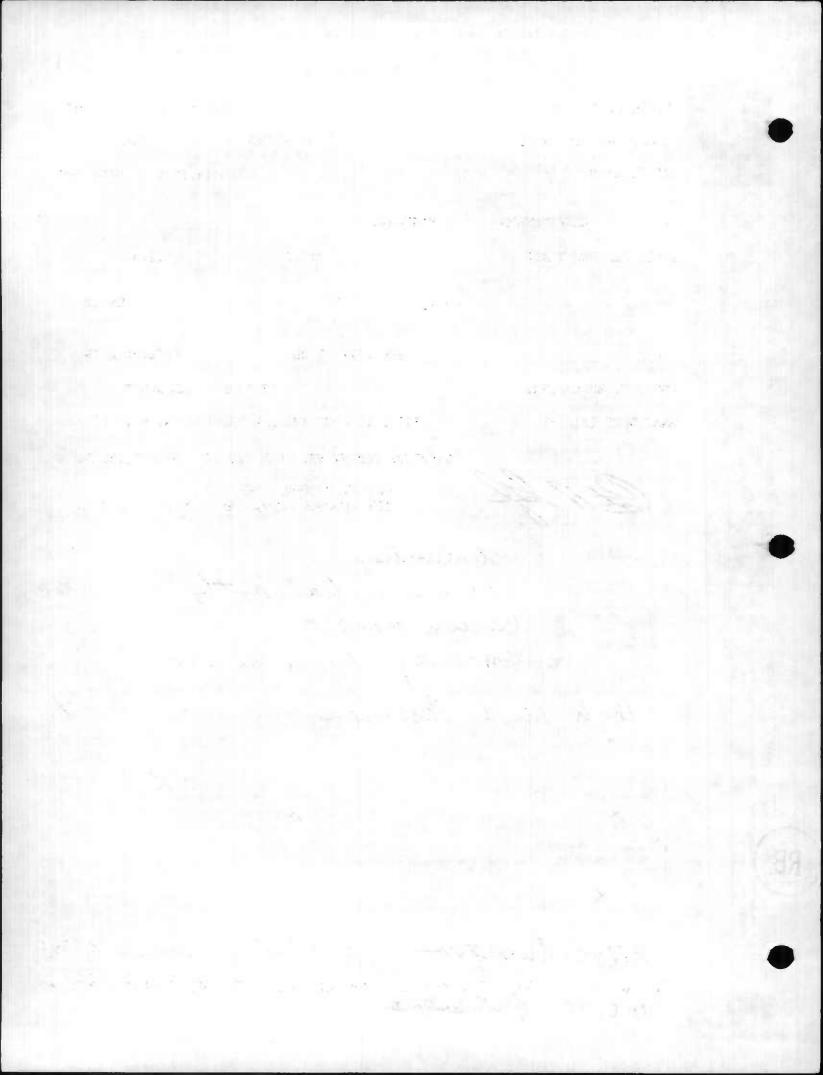
State Registrar

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

who completed cause of death (Item 23a) (Type, Print) 21042

KOLODRUBETZ, 9901 OLD ANNAPOLIS RD., SUITE 200, ELLICOTT CITY, MD. DR. RICHARD



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death Month 07 01 98

Physicia /Medica Examine	1
Funeral Director	

1. Decedent's Nama (First, Middle, Last) 3. Time of Leth William 20:02 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Daath UNIVERSITY OF MARYLAND MEDICAL CENTER BALTIMORE 7. Aga (In yrs. last birthday) If Undar 1 Year If Under 24 Hrs. 5. Social Sacurity Number 215-26-5908 Sax 1 M 2 F Hours 66 Yrs. Usual Rasidance of Dacedanf Pages 1 and 2 should be filed within 72 hours after death with the Maryland neat of Health and Mental Hyglens. Intil I flemme 25a or 28a-f show thit If flemme 71 is marked other than "neturel", or ferms 23a or 28a-f show ary or other traumatic event, the Montal Exercises man be notified at any or other traumatic event, the Montal Exercises man be notified as 10a Stata 10b. County 10d. Inside City Limits Baltimore 1 Yes 2 No Completed by Funeral Director Maryland 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 12. Was Decadent Ever In U,S. Armed Forcas? 1 ∰Yas 2 □ No If Yas, Giva Yaar or Detas: Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14 Race - American Indian, Bleck, Whife, etc. 1 ☐ Naver Merried 2 ☑ Married specify: Black 1□ Yas 2₽ No Baltimore, Maryland 21215-0020 3 ☐ Widowed 4 ☐ Divorced 15. Dacadant's Education (Specify only highast grade complated) 18a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) College (1-4or 5+) Ho ticulturist - Grow 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surneme) Be William Grace Williams 19b. Mailing Addrass (Street and Number or Aural Route Number, City or Town, State, Zip Code) 21216 2943 Wolbrok Ave. Baltimore, Maryland 19a. Informant's Name/Raletionship (Type, Print) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata Department of Important: If any injury or Owings Mills, Maryland Garrison Forest 4 ☐ Donafion 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility Kevin A. Parker Funeral 3572 Frederick Ave. Baltimore, Maryland 21. Signature of Funeral Service License 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final Overwhelming sepsis disaasa or conditior rasulting in death) Examiner Physician/Medical Examiner Backerial endocardin3 2 months Saquantially list conditions, if any, leading to immadiate cause. Enter Underlying Gausa (Disaasa or Injury that initiated events rasulting in daeth) Lest Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Ves 2 No 3 ☐ Probably 4 ☐ Unknown Cerebrouascular accident from embolus Completed by 24b. Wara autopsy findings available prior to complation of cause of daath? 24a. Was an eutopsy performed? certificate 1 Yas 2 PNo 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was casa rafarred to medical examinar? Be 28. Placa of Death (Check only ona) 1 Yas 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28c. Injury at Work? 27. Manner of Daath 28d. Describe how injury occurred 1 Matural 5 Panding Invastigation 1 Yas 2 No 2 Accidant within 24 hours after deet To the Funeral Director: completely filled in by the 6 Could not be 3 Suicida 28e. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide Hospital 1 🗹 Cartifying Physician: To tha bast of my knowledga, daath occurred af the tima, date and placa, and dua to tha causa(s) and mannar as stated. Medical 29a. Cartifiar (Check only one) 2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) 29b. Signefure end fille of certifier 29c. License number 1 Soulelf 30. Name and eddrass of parson who completed cause of death (Item 23a) (Type, Print) BRET D. BORCHELT, MD 22 S. GREENE ST BALTIMORE, MD

32. Ragisti s Signature

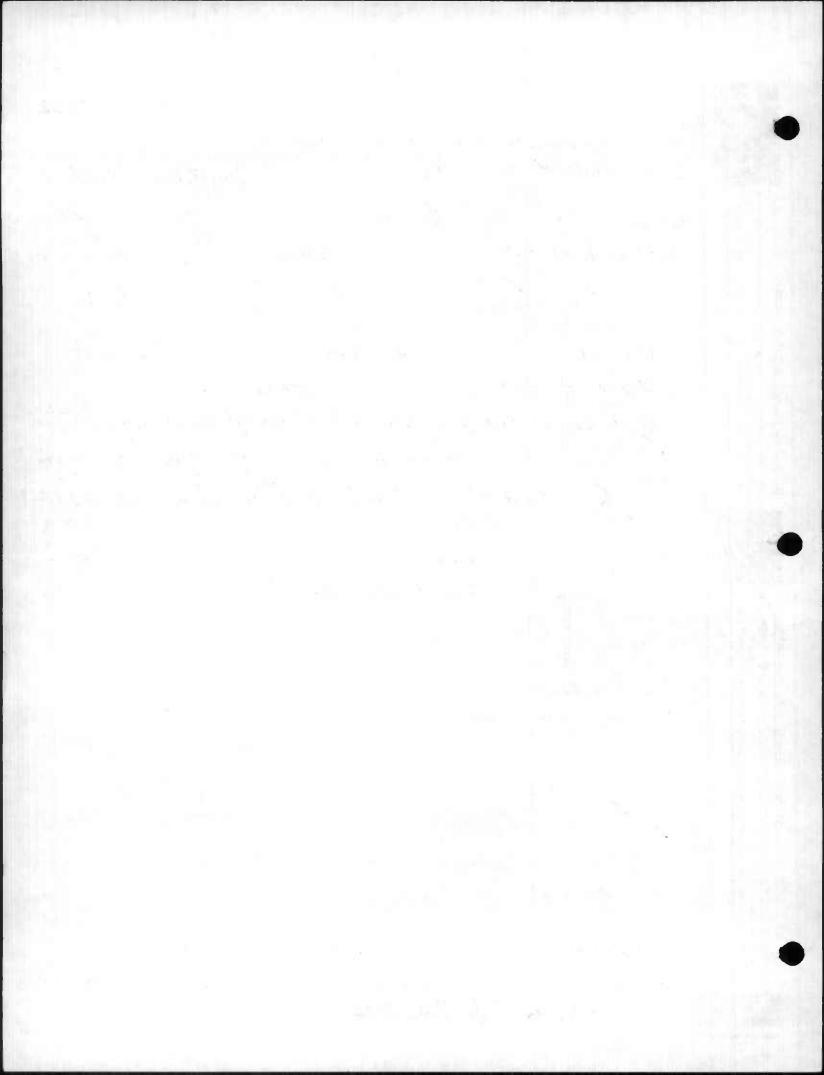
Suna Davidson

State

Registrar

31. Data filed (Month, Day, Year)

JAN 09 1998

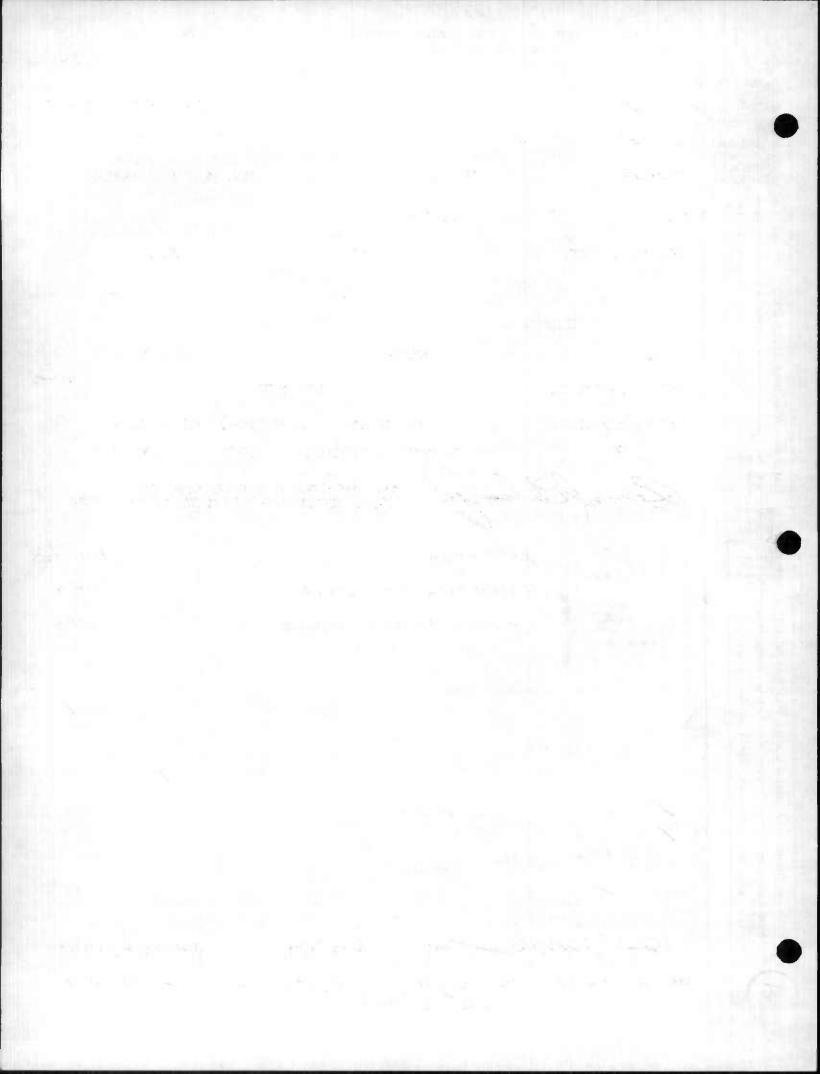


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0 0 0 2

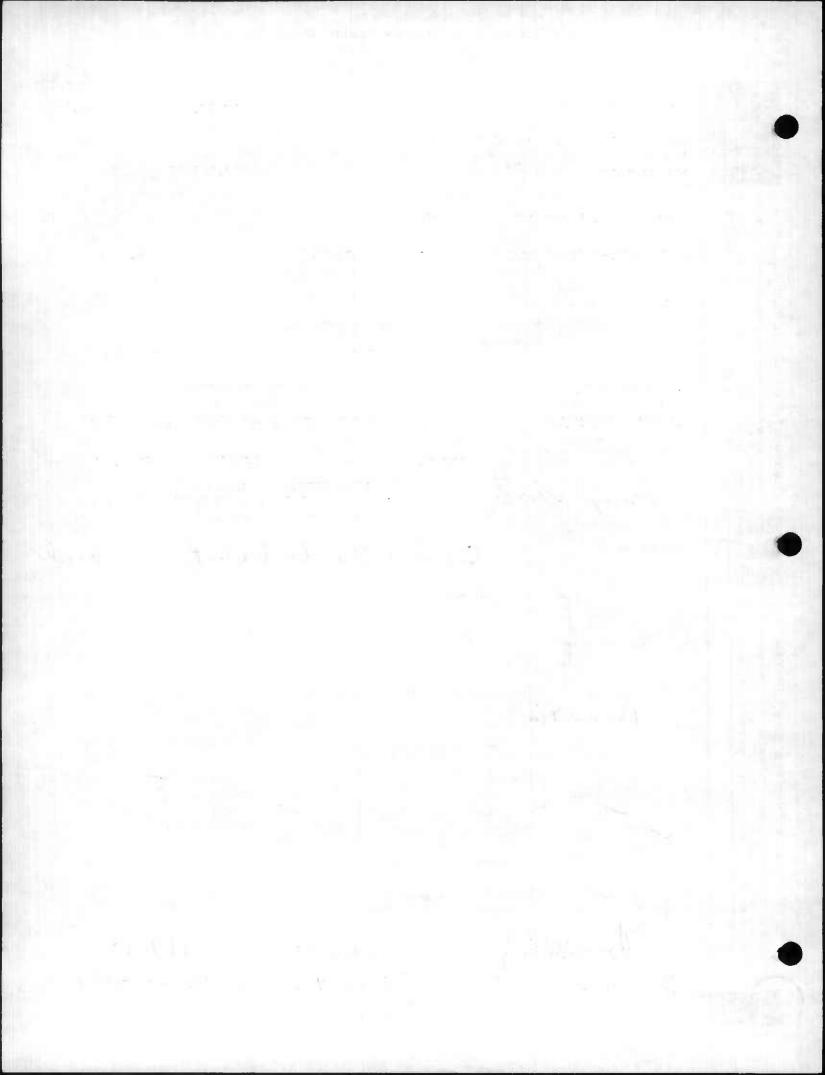
cian	1. Decedent's Nan		Last)			4-4-		2. Date of Dea	ith Day	_Year 3.	Time of Death
dical	WILLIA				BRO	NWC		JANUARY	4, Day 199	8 12	2:44 P
iner	4a. Facility Name THE JOH	(If not institution, NS HOPK)					4b. City, Town, or L BALTIMORE		4c. County		
ai or	5. Social Sacurity	Numbar 6	3. Sex 1	7. Aga (In yrs.	last birthday) Yrs.	If Under 1 Yaa Months Days	r If Under 24 Hrs.	8. Date of Birth (Month, Day	Year)		(Stata or Foreig
	Usuai Rasidence o	of Decedent 10b. County		10c. Ci	ty, Town or Loc	ation				10d 1	nside City Limits
to	MD.	1	I/A		LTIMORE						Yes 2 No
Director	10e. Street and Nu	umbar			0-1-	10f. Zip Code			10g. Citizen of	What Country?	
aiD	2616 ORLE	NS STREET				21224			U.S.A.		
by Funeral		ried 2 Marria	Armed			as Decedent of Yes, specify Cu ☐ Yes 2 No	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	pecify Yas or No- Rican, atc.)		e - American in ck, White, etc.	ndian,
Completed	(Spe	15. Decedent's cify only highest	Education grade completed	d)	16a. Decede	ent's Usuai Occu	upation a during most of work ed)	king	16b. Kind of B	usinass/Industr	у
mpi	Elemantary/Sec			(1-4or 5+)	`life. D	O NOT use retir	ed)				
	7 YRS.	/First Middle 1	net)		WELDER		18. Mothar's Nam	o /First Middle		BRICATOR	
Be									waidan Suman	10)	
10	19a. informant's N				19b Mailing	Address (Stres	ANNA NEWCO		r City or Town	State Zin Con	(a)
	LAURIE BRO						ROAD BALT				,
Ŀ	20a. Mathod of Dis		☐Removal from	m State BA	Place of Dispos			Date	20c. Location	City or Town,	State
	21. Signatum F 23a. Part1. Enter shock, or ha	mell	Del	caused to deal	MO 30	OO E. BAI	N DABROWSKI TIMORE STRE ring, such as cardiac	ET BALTIM	RE. MARY	LAND 21:	224 proximate proximate
n il r	Immediata Cause disease or conditi- resulting in death)	on	a. ARY	CYTHMI Due to (74 or as a consequ	anca of):				M	sat and Death
Examiner	Sequantially list of	onditions,	b. MY0	Due to (or as a consequ	SCHEM ence of):	IA				URS
ledicai	Sequantially list or if any, leading to it causa. Entar Und Causa (Disease o that initiated event resulting in death)	S	0.	Dua to (c	ARTEI		SEASE			YE	ARS
Physician/N	Part II. Other signi	ficant condition	d	death but not ras	sulting in the unc	derlying ceusa g	ivan in Part I.	23b. Dld to	obacco use co	ntribute to the	causs of death
by Phy								1□ Y	es 2□No	3 Probabiy	4 Unknov
Completed								24a. Was a perfor		availab	utopsy findings le prior to tion of cause n?
Con								1□ Y	as 2 No	1 ☐ Ye	s 2 No
Be	25. Was casa rafa examinar?	rrad to medical	Manakali		,		26. Place of Deal	th (Check only or	ne)		
10	12 Yes 2 27. Manger of Dea				ER/Outpatient	3LI DOA		ome 5 Rasid			
Certification:	1 Naturai 2 □ Accident 3 □ Suicide	5 Pending invastiga 6 Could no datarmin	(Mo	e of injury onth, Day Year)	28b. Time of Injury		Yes 2 No	28d. Describe h			ute Number.
	4 Homicida 29a. Cartifiar			ca of injury - At h ding, etc. (Specil				City or Tow			
ledicai	(Check only one)	2 Medical Ex	aminar: On the	basis of axamina nnar stated.	ation and/or inva	istigation, in my	ima, date and place, opinion, daath occur	rad at tha tima, d	lata and place,	and dua to the	causa(s)
Σ	29b. Signature and	title of certifiar	1 0				nse number	2	9d. Data signa	d (Month, Day,	Year)
	Str	us)	ne		np		394	7	TANVARY	4, 1	198
	30. Name and add	rass of person wi	no compiatad car	use of death (iter	n 23a) (Typa, P	rint)					
		VICAL A	71 4 -44	1 1 -	. 41		BALTIN		0 212	27 - 7 -	000

DHMH 16 Rev 6/95 641



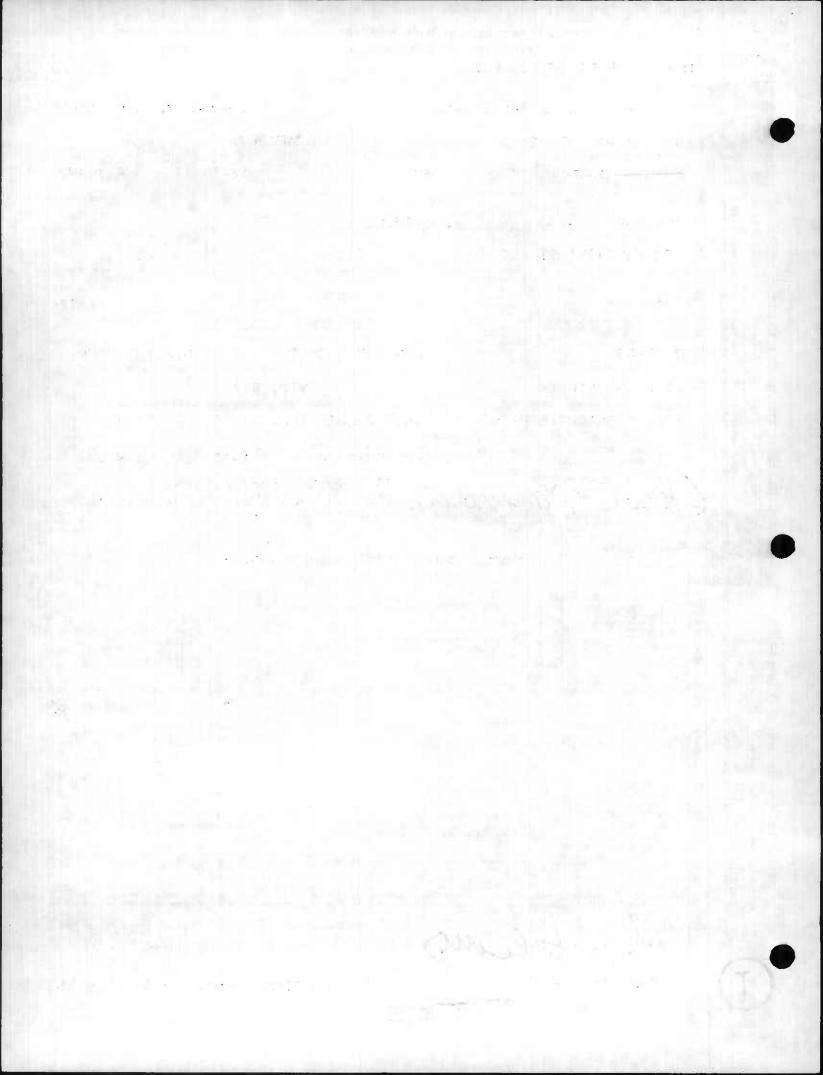
		1. Decedent's Nem	ne (First, Middle	, Lest)		CE	ertificate of	Death		Reg. No.	00	3. Time of Dea
/sicia: ledica		ALTA M.								07/1998	Year	8:11AM
amine	er	4e. Fecility Name (CENTER		4b. City, Town			ounty of Dee	
eral		5. Social Security N	Number	6. Sex 1 ☐ M 2 🖾 F	7. Age (In y	rs. lest birthday Yrs.		If Under 24		of Birth hith Day, Year) 30/1907	INE ARU	thplece (Stete or For
tor		269-62-30 Usual Residence of	of Decedent						00/	30/1907	Or	1
ncured at	٦	10e. Stete	10b. County	A DILINIDET		City, Town or I	Location					10d. Inside City Li
TOTAL STREET	ecto	MD 10e. Street end Nu		ARUNDEL	CF	ROFTON	101 7:- Onda			40- 00-		1 ☐ Yes 24
3	Funeral Director	2131 DAV:		LLE ROAD			10f. Zip Code 211	14		Tog. Citize	n of Whet Co	-
	nera	11. Maritel Status		12 Wes De	acadent Ever in	U,S. 13	. Wes Decedent of I		? (Specify Yes	or No- 14	. Race - Ame	erican Indien,
1	þ	1 ☐ Never Man	ried 2 Marrie	Armed I 1 Yes If Yes, 0 Year or			If Yes, specify Cub 1 ☐ Yes 2 No		uerto Rican, e		Bleck, Whit	
183	ed	(Spec	15. Decadent's	s Education	d)	16e. Dec	edent's Usuel Occure kind of work done	pation	working	16b. Kind	of Business	/Industry
a water	Be Completed	Elementery/Seco		T	(1-4or 5+)	life.	DO NOT use ratire	d)	Horning	0	NOH NW	ME
Nent,	Se C	17. Fether's Neme	(First, Middle, L	ast)				18. Mother's	Neme (First,	Middle, Meiden St	umeme)	
	0	AMBROSE	MUSGRAY	JE				RETT	A GUIS	INGER		
		19a. Informent's N					iling Address (Stree					
one required		GERALD I		SON	201		COLONIAL position (Name of	POINT F	LACE E			Z1U3/ Town, State
5		1 ABuriel 2		3 □Removel from	m State	cametery, cri	emetory or other pla CEMETERY	ica)	1/10/		OREST	
once.		21. Signeture of Fu	Uneral Service L	icensee	4		22. Name end AddreSTERLING 736 EDMON	ASHTON				21228
		23a. Pert1. Enter t	the disease, or co	complications that	t caused the de	noth Do not or	nter the made of du					
cal ner		fmmediate Cause diseese or condition resulting in deeth)	on	e	C	0	e Var					
ner	dical Examiner	diseese or condition	onditions, nmediate erlying trijury s	e	Due to	ereb-	equence of):					Interval Between
ner neuer-trainer	edical	disease or condition resulting in deeth) Sequentially list colif eny, leeding to incause. Enter Unde Ceuse (Disease or that initiated events.	onditions, nmediate erlying trijury s	e b c	Due to	o (or es e conse o Sis	equence of):					Interval Between
ner neuer-trainer	edical	disease or condition resulting in deeth) Sequentially list colif eny, leading to incause. Enter Under Couse (Disease or that initiated event resulting in deeth)	onditions, nmediete erlying I Injury s Lest	e b c	Due to	o (or es e conse	equence of):	culan,	Accid	ent	te contribute	Interval Betwee
ner de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la compan	Physician/Medical	disease or condition resulting in deeth) Sequentially list cold environments of item, leading to incause. Enter Undo Ceuse (Disease or that initiated event resulting in deeth) Pert II. Other algain	onditions, nmediete erlying I Injury s Lest	b c d	Due to	o (or es e conse	equence of):	culan,	Accid	ent		Interval Betwee Onset and Dea
de describer de des est international de des de de de de de de de de de de de de de	by Physician/Medical	disease or condition resulting in deeth) Sequentially list cold environments of item, leading to incause. Enter Undo Ceuse (Disease or that initiated event resulting in deeth) Pert II. Other algain	onditions, mmediate enlying I injury S Lest	b c d	Due to	o (or es e conse	equence of):	culan,	Accid	o. Dld tobacco un	No 3□P	e to the cause of de Probably 4 University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University U
Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the Device of the De	by Physician/Medical	disease or condition resulting in deeth) Sequentially list cold environments of item, leading to incause. Enter Undo Ceuse (Disease or that initiated event resulting in deeth) Pert II. Other algain	onditions, mmediate enlying I injury S Lest	b c d	Due to	o (or es e conse	equence of):	culan,	Accid	Did tobacco us	No 3□P	e to the cause of de robably 4 Unk
Policy, page 2, should be detected to use as the buriantialism.	Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list condition in cause. Enter Under Ceuse (Disease or thet initiated eventuresulting in deeth) Pert II. Other algain	onditions, mediate erlying I injury S Lest	b c d	Due to	o (or es e conse	equence of): equence of): equence of): underlying cause gi	culan, ven in Pert I.	Accid	Did tobacco us 1 Yes 2	No 3□P	e to the cause of de robably 4 Unk Were eutopsy findia avelleble prior to completion of cause of deeth?
il directior, page & sirvoid de defectied foi use es tire duffactiatisti.	to be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list condition in cause. Enter Under Ceuse (Disease or thet initiated eventuresulting in deeth) Pert II. Other algain	onditions, mediate erlying Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Injury State Inju	b. c. d. Hospital: 1	Due to Due to	o (or es e conse	equence of): equence of): underlying cause gi	cular ven in Pert I. 28. Place of her: 4 Moursi	Ac cid 231 241 Deeth (Checking Home 55	Do Did tobacco us 1 Yes 2 3 Wes an autops, performed? 1 Yes 2 3 only one) Residence 8 6	7 24b.	e to the cause of de crobably 4 Unk Were eutopsy findir aveileble prior to completion of cause of deeth? 1 Yes 2 No
Idinata director, page & sirodiu de derecide Loi use és ine builar-italisis.	to be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list condition in the cause. Enter Under Ceuse (Disease or their initieted eventures utiling in deeth) Pert II. Other eligation in the cause in the cause in the cause (Disease or their initieted eventures utiling in deeth) 25. Wes case referencements are caused in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the caus	onditions, namediate entying rinjury s Lest	b c d se contributing to Hospital: 1 28e. Dat	Due to Due to Due to Due to	cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse	equence of): equence of): equence of): underlying cause given to a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	cular ven in Pert I. 28. Place of her: 4 Moursi	23l 24s Deeth (Checking Home 55) 28d. Des	Did tobacco use 1 Yes 2 A Wes an autopsy performed? 1 Yes 2 A confly one) Residence 8 [scribe how injury of	24b.	e to the cause of de Probably 4 Unk Were autopsy finding aveileble prior to completion of cause of deeth? 1 Yes 2 No
Idinata director, page & sirodiu de derecide Loi use és ine builar-italisis.	to be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list condition in the cause. Enter Under Ceuse (Disease or their initiated event resulting in deeth) Pert III. Other alignment of their cause. The cause (Disease or their initiated event resulting in deeth) 25. Wes case reference was miner? 1	onditions, namediate artying injury s Lest	b. c. d. Hospital: 1 28e. Data (Mo	Due to Due to Due to Due to	o (or es e conse	equence of): equence of): equence of): underlying cause given the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence	ven In Pert I. 28. Place of her: 4 In Nursil ry at rk?	231 248 Deeth (Checking Home 5 D 28d. Dee	Did tobacco use 1 Yes 2 A Wes an autopsy performed? 1 Yes 2 A confly one) Residence 8 [scribe how injury of	24b.	e to the cause of de completion of cause of deeth? 1 Yes 2 No
Idinata director, page & sirodiu de derecide Loi use és ine builar-italisis.	to be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list condition in deeth, list condition in deeth, list course, listed eventures with the sequence of the tinitieted eventures with the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the	onditions, mediate erlying relying tinjury s Lest ficant condition th 5 Pending investige 6 Could no determin	b	Due to Due to Due to Due to Due to Due to Due to Due to	cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e cores e conse cores e cores e cores e conse cores e cores e cores e cores e cores e cores cores e cores e	equence of): equence of): equence of): underlying cause given to a control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	ven in Pert I. 28. Place of her: 4 Nursi rk? 1 Yes 2 No	Deeth (Checking Home 55 28d. Deeth Chry lece, end due	Did tobacco us 1 Yes 2 A Wes an autops, performed? 1 Yes 2 A conty one) Residence 8 [scribe how injury of or Town, State) to the ceuse(s) et	24b. Other (Special Control of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Record of Reco	to the cause of de probably 4 Unk. Were eutopsy finding avelleble prior to completion of cause of deeth? 1 Yes 2 No notify)
Idinata director, page & sirodiu de derecide Loi use és ine builar-italisit.	ledical Certification: 10 Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list condition in deeth in the cause. Enter Under Ceuse (Disease or thet initiated eventures ulting in deeth) Pert II. Other algain the condition in deeth in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	onditions, mmediate erlying rinjury s Lest ficant condition rred to medical th 5 Pending Investige 6 Could not determine	b	Due to Due to Due to Due to Due to Due to Due to	cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e conse cores e cores e conse cores e cores e cores e conse cores e cores e cores e cores e cores e cores cores e cores e	equence of): equence of): equence of): equence of): underlying cause given the street, fectory, office oth occurred at the till	ven In Pert I. 28. Place of her: 4 Nursi ry at rk? 1 Yes 2 No	Deeth (Checking Home 55 28d. Deeth Chry lece, end due	Did tobacco use 1 Yes 2 Wes an autopsy performed? 1 Yes 2 conly one) Residence 8 (soribe how injury of the course(s) eretime, date end principle.	24b. Other (Special Control of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Recognition of Reco	e to the cause of de probably 4 Unk Were eutopsy finding avelleble prior to completion of cause of deeth? 1 Yes 2 No Pural Route Number, s ateted.
precedy inter in by the future at unection, page 2 should be designed by use as the burnarians in the contraction of the burnarians in the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the co	ledical Certification: 10 Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list collifery, leeding to incause. Enter Under Ceuse (Disease or thet initiated event resulting in deeth) Pert II. Other algain 1 Pert II. Other algain 1 Pert II. Other algain 2 Pert II. Other algain 2 Pert II. Other algain 3 Pert III. Other algain 3 Pert II. Other algain 3 Pert II. Other algain 3 Pert III. Oth	onditions, mmediate erlying rinjury s Lest ficant condition rred to medical th 5 Pending Investige 6 Could not determine	b	Due to Due to Due to Due to Due to Due to Due to Due to	cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores	equence of): equence of): equence of): underlying cause given the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ven in Pert I. 28. Place of her: 4 Inversion of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of th	23l 24s Deeth (Checkeng Home 5 5 28d. Dec City) 28f. Loc City lece, end due bocurred et the	Did tobacco use 1 Yes 2 . Wes an autopsy performed? 1 Yes 2 . only one) Residence 8 scribe how injury of time, date end picture, date end picture.	24b. Other (Special Control of Manager of Release, and during the signed (Montrol of Release).	to the cause of de robably 4 Unk Were eutopsy findir aveileble prior to completion of cause of deeth? 1 Yes 2 No acity) burral Route Number, steled. e to the ceuse(s)
Idinata director, page & sirodiu de derecide Loi use és ine builar-italisit.	Medical Certification: 10 be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list collifery, leeding to incause. Enter Under Ceuse (Disease or thet initiated event resulting in deeth) Pert II. Other algain 1 Pert II. Other algain 1 Pert II. Other algain 2 Pert II. Other algain 2 Pert II. Other algain 3 Pert III. Other algain 3 Pert II. Other algain 3 Pert II. Other algain 3 Pert III. Oth	onditions, namediate entring trinjury s Lest ficant condition rred to medical th 5 Pending investige 6 Could not determing 1 Certifying 2 Medical E	b	Due to Due to Due to Due to Due to Due to Due to Due to	cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores e conse Cores	equence of): equence of): equence of): underlying cause given the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ven in Pert I. 28. Place of her: 4 Inversion of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of th	23l 24s Deeth (Checkeng Home 5 5 28d. Dec City) 28f. Loc City lece, end due bocurred et the	Did tobacco use 1 Yes 2 . Wes an autopsy performed? 1 Yes 2 . only one) Residence 8 scribe how injury of time, date end picture, date end picture.	24b. Other (Special Control of Manager of Release, and during the signed (Montrol of Release).	Interval Between Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal

DHMH 16 Ray 6/95



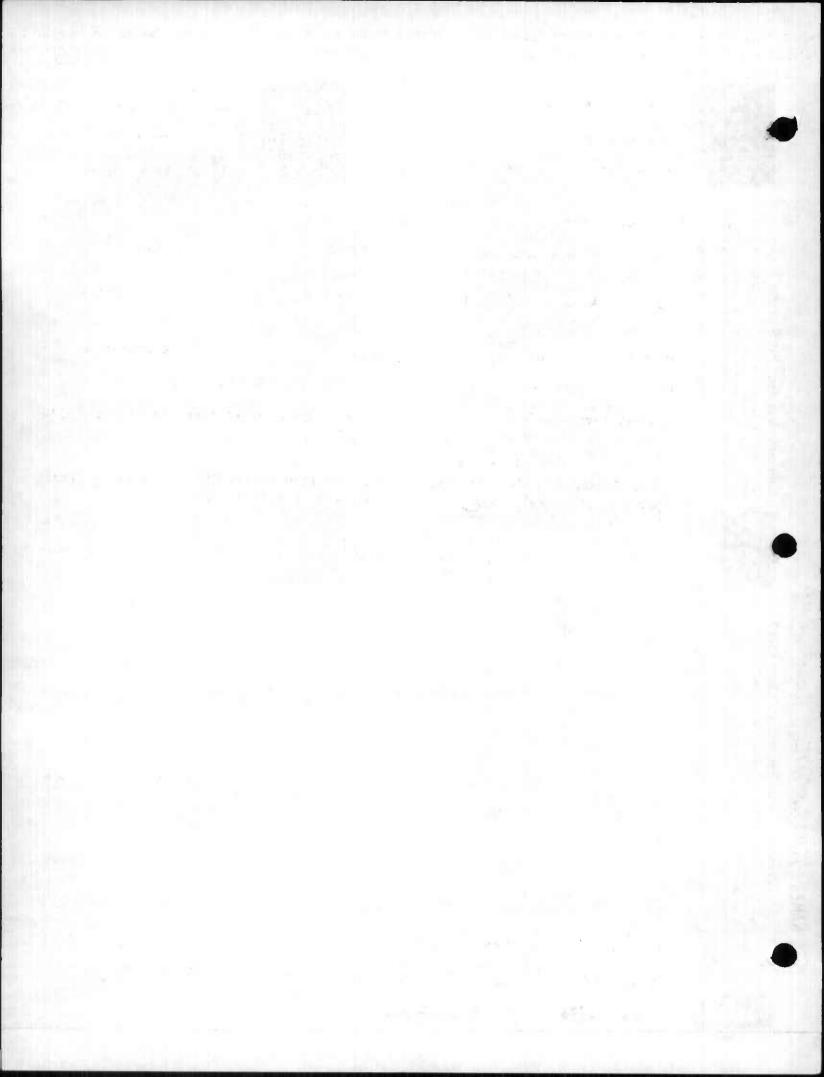
NTOINETTE I	tem: 5 Per FH Film G-	State of Maryla 756 2-5-98RC		artment of rtificate or		Mental Hy	/giene Reg. No. 8	002	65
	1. Decedent's Nama (First, Middla, L	ast)			150	2. Data of D	eath		ima of Death
Physician /Medical	ANTOINETT	E MARIE BUC	K			Month JANUAR	Y 8, 19	Yaar 198 5:4	44P.M.
Examiner	4a Facility Nama (If not Institution, gr	iva street and number)			4b. City, Town,	or Location of Dea	th 4c. County	of Death	
	432 FOLCROFT STR				BALTI		N/		
uneral			s. last birthday)	Months Day		in. (Month, D	irth lay, Year)	9. Birthplaca (S Country)	Stata or Foraign
tor	-UNKNOWN 213-07-000	08 X	80 Yrs.			12-18-	- 17	MARYLA	ND
Director	10a. Stata 10b. County	10c. 0	City, Town or Lo	ocation				10d. Ins	ida City Limits
to	MARYLAND N/A	B	ALTIMO)RF				10]Yas 2□No
Directo	10e. Street and Number		712 1 1110	10f. Zip Coda			10g. Citizen of	What Country?	^
alD	432 FOLCROFT S	TREET		2122	4	- 100	US	Α	
by Funeral	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in Armed Forcas? 1		Was Decedant of If Yas, specify Cu 1 ☐ Yas 2 ☑ N	ıban, Maxican, Pu	(Specify Yas or N arto Rican, atc.)		ce - Amarican Ind ck, Whita, atc. y:	ian, ITE
pe	15. Decadant's E		16a. Dace	dant's Usuai Occ	upation		16b. Kind of B	usinass/Industry	L 1 L.
Be Completed	(Specify only highast go Elamantary/Secondary (0-12)	rada complated) Collaga (1-4or 5+)	(Giva	NOT usa reti	a during most of v red)	vorking			
MOC	7 YEARS		NURS	SING AS	SIST.		NURSIN	G HOME	
Be (17. Fathar's Nama (First, Middla, Las				18. Mothar's N	lama (First, Middle	a, Maiden Suman	na)	
2	KARL KRZYSTNIA				VICTO				
	19a. Informant's Name/Ralationship MRS. BERNADETT					Rural Routa Num			
	20a. Mathod of Disposition			osition (Nama of	m AVE.	BALTO.		222 - City or Town, SI	ata
	1 □ Burlal 2 ☒ Cramation 3	Ramoval from Stata	cematary, cre	matory or other p		1			ata
	4 □ Donation 5 □ Othar (Spec			10UNT C		1-10	BALTO.	MD.	
800/	21. Signature of Funeral Service Lice	10/				INERAL H			
18/	Part1. Entar tha diséase, or cor shock, or haart failura. List ont	acquous	ec	201 DU	NDALK A	VE. BAL	TO. MD		2 eximata
hysician and the bunal-transit	Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disease or Injury	b	(or as a conse						
Physician/Medical	that initiated avants rasulting in death) Last	Dua to	(or as a consac	quanca of):					
Sici	Part II. Other significant conditions	contributing to death but not re	asulting in tha u	indariying causa	givan in Part I.	23b. Did	d tobacco use co	entribute to the c	euse of death?
						10	Yes 2 No	3 Probably	40 Unknown
Completed by					TELL	04-101		24b. Wara au	loney findings
etec						per	s an autopsy formed?	availabla	prior to on of cause
DOM							ECTION	of death?	
						1 [Yas 2X No	1 🗆 Yas	2 No
Be C	25. Was casa rafarred to medical axaminar?	Hospital:			Whar.	Death (Check only			
. To	1 ☐ Yas 2 ☐ No 27. Mannar of Death	1 inpatient 2	ER/Outpatie	nt 3L DOA	4 LI Nursin	9 Homa 5 ₹ Ras 28d. Dascribe	sidanca 6 Oth how injury occur		
tlor	1 XNatural 5 ☐ Pending 2 ☐ Accidant invastigation	28a. Data of Injury (Month, Day Year)	injury		lork? □Yas 2□No				
Medical Certification:	3 Suicida 6 Could not datarmine	be an aller of the tree		raat, factory, offic	ee	28f. Location City or To	(Street and Numi own, Stata)	ber or Rural Rout	a Number,
edical		hysician: To the best of my ki miner: On the basis of axamic and manner stated.							ause(s)
Σ	29b. Signature and title of certifier	10 111		29c. Lica	nsa number		29d. Data signe	ed (Month, Day, 1	(ear)
	1 aunt	reem		0.	C.M.E.		JANUARY	9,1998	
	30. Nama and addrass of parson who	complated causa of daath (It	am 23a) (Type,	Print)					
	J. Laron Locke M	.D.		111 Pe	enn Stree	et, Balti	more, Ma	aryland	21201
State	31. Data filed (Month, Day, Year)	Constitute Sig	malura						

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 0026

Physicia							01 .	Death		Reg. No.			
		1. Decedent's Name (First, Middle Rose Ann Bart							2. Date of Month	n Dev	Year 998	3. Time o	Death
/Medic Examin	_	4a. Facility Neme (If not institution St. Agnes Hosp	give street end numb	per)			4	b. City, Town Balti	, or Location of		of Death		
Funeral Director				Age (In yrs. le	st birthday) Yrs.	If Under 1 Months	Vear Days	If Under 24 Hours	Hrs. 8. Date (Mont	of Birth h, Day, Year) 7 28, 1924	9. Birthpl Count Tex	lace (State of	or Foreign
		Usual Residence of Decedent											
f show	tor	10a. State 10b. County Maryland Howar	đ		Town or Loc Lumbia						10	0d. Inside C 1 ☐ Yes	ity Limit
or 28a	Funeral Director	10e. Street and Number				10f. Zip (10g. Citizen of V		itry?	
23	'e	5665 B. Harper							0.40 11.14			an Indian	
netural', or items 23a or 28a-f show dical Examiner nast be notified at	by	11. Marital Status 1 Never Married 2 Marri 3 StWidowed 4 Divorced	12. Was Deced Armed Force 1 Yes 2 If Yes, Give Year or Date	es? ⊠No		vas Decede f Yes, speci I□Yes 2			n? (Specity Yes a Puerto Ricen, etc	Specify	e - Americ ck, White, o Whi	etc.	
natur	Completed	15. Decedent (Specify only highes	s Education t grade completed)		16a. Deced	lent's Usual kind of work	Occup	ation during most o	f working	16b. Kind of B	usiness/Inc	dustry	
than	E D	Elementary/Secondary (0-12)	College (1-4	or 5+)		neer		-7		Elec	troni	cs	
Hygir int, th	S	unknown 17. Fether's Name (First, Middle, I			Dugi	lieer		18. Mother's	Name (First, M	liddie, Maiden Suman	ne)		
ked o	To Be	Clarence Longn								ca Desmond			
27 is mar r traumal		19e. Informant's Name/Relations Robert Barbar			19b. Mallin 1520	ag Address Ever	(Street	Road,	or Rural Route Marrio	Jumber, City or Town, ttsville, M	State, Zip aryla	code) and 21	104
Department of Heelih and Mantal Hygiene. Important: If Item 27 is marked other than "natural", any injury or other traumatic event, the Madical Exo once.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 4 ☑ Donetlon 5 ☐ Other (Sp		Cel	ace of Dispo metery, cren	sition (Nam natory or ot	e of her plea	00)	Date	20c. Location	City or To	wn, Stete	
Departm importar any inju		21. Signature of Funeral Service Ronal C		irector	22				Board, 6	55 W. Bal	timor	e Str	eet
hysician /Medical xaminer	er	Z3e. Fart1. Enter the disease, or shock, or heart failure. List- Immediate Cause (Final disease or condition resulting in death)	only one ceuse on ea	Jung	0	n Ce i		ig, 30011 a3 00	indiae of respirat	ory anoug		Approxima Interval Be Onset end	Death
ınd transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	b		as a conseq								
sician a a burial-		ceuse. Enter Underlying Cause (Disease or Injury that initiated events	C										
ding physician and use as the buriel-transit	//Medical	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	d	Due to (or		uence ot):					1		
ettanding physician a I for usa as tha bunal.	//Medical	resulting in death) Last	d	Ì				ion in Doct I	226	Did tohenno use co		the cause	of des
e ettar	Physician/Medical	that initiated events	d	Ì			ause giv	ven in Pert I.	23b	. Did tobacco use co 1 ☐ Yes 2 ☐ No	ontribute to		of dea
been signed by the ettar hould be dateched for u	by Physiclan/Medical	resulting in death) Last	d	Ì			ouse giv	ven in Pert I.			3Prol		Unkn
been signed by the ettar hould be dateched for u	by Physiclan/Medical	resulting in death) Last	d	Ì			euse giv	ven in Pert I.		1 ☐ Yes 2 ☐ No Wes en eutopsy	24b. W. ev co	ere autopsy eileble prior empletion of death?	Unkn
ate has been signed by the ettar paga 2 should be dateched for u	Completed by Physician/Medical	resulting in death) Last Pert II. Other significant conditio	d. ————————————————————————————————————	th but not resul			ouse giv		24a.	1 ☐ Yes 2 ☐ No Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No	24b. W. ev co	tere autopsy reileble prior impletion of death?	finding to cause
this cartificate has been signed by the ettar al director, paga 2 should be dateched for u	To Be Completed by Physiclan/Medical	Pert II. Other significant condition 25. Was case referred to medical examiner? 1 \(\text{Yes} \) 2 \(\text{Yes} \) No 27. Manner of Death	Hospitel: 1 1 (1)	th but not resul		nderlying co	Ott	26. Place o	24a. of Deeth (Check	1 ☐ Yes 2 ☐ No Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No	24b. W. co of 1 [ere autopsy eileble prior mpletion of death?	finding to cause
this cartificate has been signed by the ettar al director, paga 2 should be dateched for u	To Be Completed by Physiclan/Medical	Pert II. Other significant condition 25. Was case referred to medical examiner? 1 Yes 20 No	Hospitel: 1 (Month pation not be a 28e. Place of month)	th but not resul	ER/Outpetier 28b. Time of Injury	nderlying co	A Oth	26. Place o	24a. of Deeth (Check sing Home 5 28d. Des	Wes en eutopsy performed? 1 Yes 2 No only one) Residence 6 Otto	3 Prol	bably 4 [ere autopsy eileble prior mpletion of death? Yes 2	finding to cause
this cartificate has been signed by the ettar al director, paga 2 should be dateched for u	To Be Completed by Physiclan/Medical	25. Was case referred to medical examiner? 1 Yes 20 No 27. Manner of Death Natural 5 Pendin investic investic 2 Accident 3 Suicide 4 Homloide 29a. Certifier 1 Certifyin 29a. Certifier 29a.	Hospitel: 1 (n) gation and be located as Place of building gaphysician: To the base of the located as place of building as physician: To the base of the located as place of	patient 2 Enjury, Day Year) of Injury - At hor g, etc. (Specify,	ER/Outpetier 28b. Time of Injury me, farm, str	nderlying cannot all product the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	A Ott	26. Place of her: 4□ Nurs ry at rk? I Yes 2□ N	24a. of Deeth (Check sing Home 5 28d. Des 0 28f. Loca City	Wes en eutopsy performed? 1 Yes 2 No only one) Residence 6 Ottoribe how injury occurition (Street and Num or Town, State)	3 Prol 24b. W. ev co of 1[16 her (Special red)	ere autopsyseileble prior mpletion of death? Yes 2 A Route Nu	Unkn finding to cause No
this cartificate has been signed by the ettar al director, paga 2 should be dateched for u	edical Certification: To Be Completed by Physician/Medical	25. Was case referred to medical examiner? 1 Yes 20 No 27. Manner of Death Natural 5 Pendin investic investic 2 Accident 3 Suicide 4 Homloide 29a. Certifier 1 Certifyin 29a. Certifier 29a.	Hospitel: 1 (A) 28a. Date of (Month) pation of be ined 28e. Place of building	patient 2 Enjury Day Year) Injury - At hor g, etc. (Specify, lest of my know is of examinati	ER/Outpetier 28b. Time of Injury me, farm, str	nderlying cannot all product the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	A Ott	26. Place of her: 4□ Nurs ry at rk? I Yes 2□ N	24a. of Deeth (Check sing Home 5 28d. Des 0 28f. Loca City	Wes en eutopsy performed? 1 Yes 2 No only one) Residence 6 Ottoribe how injury occuration (Street and Num or Town, State) to the ceuse(s) end making, date and place	24b. W. ev co of 1	ere autopsy eileble prior mpletion of death? Yes 2 Aryon al Route Nu stated.	Unknow finding
this cartificate has been signed by the ettar al director, paga 2 should be dateched for u	To Be Completed by Physiclan/Medical	Pert II. Other significant condition 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 2 Accident investig 3 Suicide 6 Could determ 29a. Certifier (Check only 2 Madical 1 Certifying (Check only 2 Madical 2 Madical 2 Madical 2 Madical 2 Madical 2 Madical 2 Madical 2 Madical 2 Madical 2 Madical 2 Madical 3 Madical 2 Madical 2 Madical 3 Madical 2 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Madical 3 Ma	Hospitel: 1 In In In In In In In In In In In In In	patient 2 Enjury Day Year) Injury - At hor g, etc. (Specify, lest of my know is of examinati	EP/Outpetier 28b. Time of Injury	nt 3 DO f 20 M Preet, factory	A Ott	26. Place of her: 4 Nurs ry at rk? I Yes 2 Nume, date and oppinion, deeth	24a. 24a. 25f Deeth (Check sing Home 5 = 28d. Des co	Wes en eutopsy performed? 1 Yes 2 No only one) Residence 6 Ottoribe how injury occur attion (Street and Num or Town, State) to the ceuse(s) end matime, date and place. 29d. Date sign.	24b. W. ev co of 1 [] her (Specifitred) ber or Run senner es s and due to ed (Month, 2)	ere autopsy eileble prior mpletion of death? Types 2 A Route Nu stated. o the ceuse	Unkr r finding to cause No
this cardificate has been signed by the ettar	edical Certification: To Be Completed by Physician/Medical	Pert II. Other significant condition 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 2 Accident 3 Suicide 6 Could a determine the condition one) 29a. Certifier (Check only one)	Hospitel: 1 (a) (in a) (a) (a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a	patient 2 Elnjury Day Year) of Injury - At hora, etc. (Specify, est of my know is of examination stated.	EP/Outpetier 28b. Time of Injury	nt 3 DO f 20 M Preet, factory	A Ott	26. Place of her: 4 Nurs ry at rk? I Yes 2 Nume, date and oppinion, deeth	24a. 24a. 25f Deeth (Check sing Home 5 = 28d. Des co	Wes en eutopsy performed? 1 Yes 2 No only one) Residence 6 Ottoribe how injury occuration (Street and Num or Town, State) to the ceuse(s) end making, date and place	24b. W. ev co of 1 [] her (Specifitred) ber or Run senner es s and due to ed (Month, 2)	ere autopsy eileble prior mpletion of death? Types 2 A Route Nu stated. The Day, Year)	Unk



State of Maryland / Department of Health and Mental Hygierie 3

Certificate of Death 2 Date of Death 1 Decedent's Name (First Middle Last) 3. Time of Death TAPPIN 07, 1998 Year **Physician** MARY 5:23 PM. CARTER (DERALDINE /Medical 4b, City, Town, or Location of Death 4a Fecility Name (If not institution, give street end number) 4c County of Death Examiner N/A 1326 E. COLDSPRING LA. BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 6. Sex 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** Days 1□M 2XF Yrs SEPTEMBER 1,1933 MARYLAND 213-30-8331 **Director** Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or ferms 28s or 28s-4 show other traumstic event, the Madical Examiner must be notified at 1 X Yes 2 □ No MARYLAND BALTIMORE NA Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21239 1326 E. COLDSPRING LANE Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Sfatus 1 ☐ Yas 2 X No If Yes, Give 1 ☐ Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: PLACK λq If Yes, Give Yaar or Detes 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 2 should be filed within 72 h nend Mental Hygiene. Is marked other than "natu Elementery/Secondary (0-12) College (1-4or 5+) LONDON FOR SEAMSTRESS 9TH GRADE 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) RICHARDS WILLIAM MARY WILLIAMS 19a. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) WILLIAM J. CARTER (HUSBAND) 1326 E. COLDSPRING LANE, BALTIMORE, MARYLAND 21239 permit. Pages 1 end 2 Department of Health e important: If Item 27 is altimore. 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 ■ Burial 2 □ Cremation 3 □ Removel from State 1-12-98 BALTIMORE, MARYLAND ö ARBUTUS MEMORIAL PARK any injury o 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Neme end Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, RA. 2140 N. FULTON AVE., BALTIMORE, MARYLAND 21217 nowen 13 oylers Part 1. Enter the disease, or complications that crused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceusa on such line. Approximate Intervel Betwaan Onset and Deeth Physician Immediate Ceuse (Finel disaase or condition resulting in deeth) /Medical Arteriosclerotic Cardiovascular Disease Examiner Due to (or es e consequence of). Examiner Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events rasulting in deeth) Lasf pue Due to (or es e consequence of): physician Box 68760 Physician/Medical 94 Dua to (or as a consequence of): 2 8 Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the ceuse of deeth? P.O. yd bengis 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Vital Records, 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24e. Was en eutopsy performed? INSPECTION 異な 1 ☐ Yes 2 OXNo 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? Be 26. Place of Deeth (Check only one) examiner r 1 Yes 2 No Hospital: Other: 4 Nursing Home 5X Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending invastigation 1 Naturel 1 Tyes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, ferm, streef, fectory, office building, etc. (Specify) 4 I Homicide 29a. Certifier 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated. edical Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) (Check only To the Pwithin 2 29b. Signature end title of certifian 29c. Licanse number 29d. Data signed (Month, Day, Year) O.C.M.E. JAN. 08, 1998 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) David Fowler, M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registra

31. Dete filed (Month, Day, Year) JAN 0 9 1998



Commence ! e Fin V CARL DESIGNATION SERVICE AND ALLESSES The state of Congressions Same LESSTE Strain Courte DAMESTIC STORY PERIS AMERICAN MARCHARD TO PROPERTY OF THE STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER Brown other case have 1-12 to 18 metrices the district THE SERVICE CONTROL FOR THE POPULATION AS A SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE OF THE SERVICE

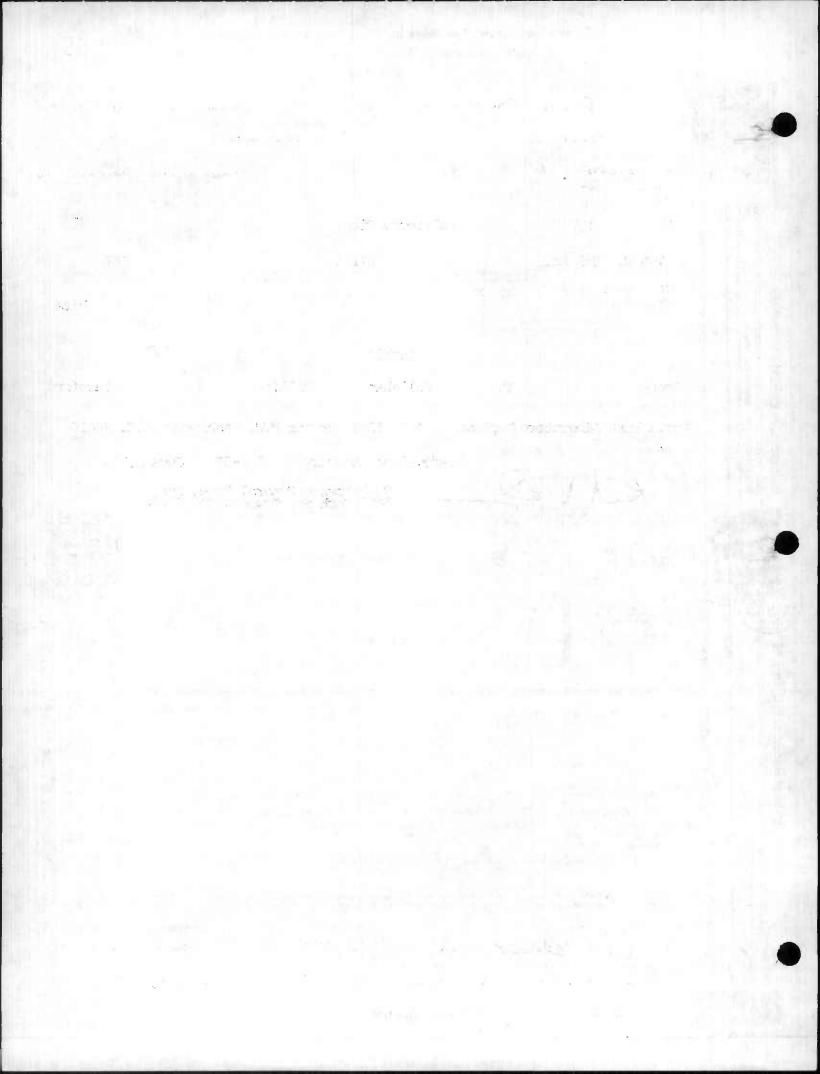
State of Maryland / Department of Health and Mental Hygiene 8

					Certific	ate of	Death		Reg. No.	002	00
Physicia	an	1. Decedent's Neme (First, Middle,	Last))			111	2. Dete of D		Year 3.	Time of Deeth
/Medic		Madeline		usic	LK			Janu	ary 5.	1998 1	25m
Examin	er	4e. Fecility Neme (If not institution,				1	4b. City, Town, o	or Location of Dee			
	- 11	Stella Maris I					Towson			timore	
Funeral Director		215-18-5125	. [7] [70	ge (In yrs. las 97	Yrs. If Un	hs Deys	If Under 24 H Hours Mi	n. 8. Date of B (Month, I Feb.	irth Dey, <i>Year)</i> 22 , 1900	9. Birthplece (Country) Maryl	
*_		Usual Rasidence of Decedent 10a. Stete 10b. County		10c City T	Town or Location					10d Ir	nside City Lin
a pa	ō		N/A		only of Economic	Ъ	altimor	e City			StYes 2□
28a	ect	Maryland 10e. Street end Number	**/ **		104	Zip Code	arcimor	ccicy	10g. Citizen of		
s 23a or	Funeral Director	326 Elrino Str					21224		United S	States	
0,1,0	by	11. Meritel Stetus 1 □ Never Merried 2 □ Marrie 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 200 If Yes, Give Year or Dates:			s 2 X No		(Specify Yes or N erto Rican, etc.)	Specif	ce-American Indick, Whita, etc. White	
"natural".	ec	15. Decedant's (Specify only highest		1	6e. Decedent's U	Isuel Occup	ation	vorkina	16b. Kind of B	usiness/Industry	,
r than Tre Ma	Be Completed	Elementery/Secondary (0-12)	College (1-4or 5	5+)	lifa. DO NO	Tuse retired	during most of w d)	Orking			
t t t	Co	7 Years			Housewi	ife			Own I	lome	
d other	Be	17. Fether's Neme (First, Middle, Le	ist)				18. Mother's N	ame (First, Middl	e, Meiden Sumar	na)	
	70	Percy Thorto	n				Car	rie Hale			
and s		19e. Informent's Neme/Reletionshi	(Type, Print)		19b. Meiling Addr				-		9)
E 2 =		June Wilson / D	aughter		326 Elri	ino St	reet B	altimore	, Maryla	and 212	224
item 2		20a. Method of Disposition		20b. Plec	e of Disposition (i	Neme of	ce)	Date	20c. Location	City or Town, S	Stete
Department of I Important: If ite any injury or of once.		XX Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe			eland Me			1/7/1998	Baltin	nore. Ma	rvlan
inju		21. Signeture of Funeral Service Li	censee	0	22. Name	end Addre	ss of Fecility				/ 0
Departm Importan any injur		1 H	50	1					Dundall		
		220 Port1 Enter the diseased as a	Z C.Ke	d the death of	7922	Wise	Ave. D	undalk,	Maryland		
		23a. Pert1. Enter the disease or conshock, or heart failure.	ceuse on each li	na.	Do not enter the n	noue or ayır	ig, such es cardi	ac or respiretory	errest,	Appr	roximete val Between et end Deeth
nysician Medical xaminer		Immediate Ceuse (Finel disease or condition resulting in deeth)	. Conges	Dua to (or es	heart		ailure				
	Examiner				,	,-					
P. S.	am	Sequentially list conditions.	b	Due to (or es	e consequence	of):					
and the second second	7	if eny, leeding to Immediate cause. Enter Underlying									
n A A	Medical	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in deeth) Lest	C	Due to (or as	a consequença o	of):					
33	Jed led	resulting in deeth) Lest				,					
			d								
E 0	icia	Part II. Other significant condition	contributing to death by	ut not recultin	or in the underlyin	a course als	ton in Bort I	22h Die	I tobacco uae co	ntribute to the	naugo of de
to do	Physician	Tarin and anguinoun action	ooning to death of	at not resultin	ig in the underlyin	ig cause giv	on in roll i.				\$4
gned be det	by P							_ '	Yes 2 No	3 Probably	* (Diplike
8 P	D D							24e. Wa	s en eutopsy	24b. Were eu	itopsy findin
8 6	Completed							per	formed?	eveilable	prior to ion of cause
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	E E								,	of death	7
								1	Yes 2 No	1 ☐ Yes	2□ No
8.8	Be	25. Was case referred to medical axaminer?	Han-State					eeth (Chack only	one)		
	2	1 ☐ Yes 2N No	Hospital:			DOA Oth	4LI Nursing		idence 6 Doil		OSPIC
Altar	e i	27. Menner of Death 1 Naturel 5 ☐ Pending	28e. Deta of Inju (Month, Day	ry y Year) 28	b. Time of Injury	28c. Injur Wor	y et k?	28d. Describe	how injury occur	red	
r death. ector: Alte by the fune	Certification:	2 Accident investiga			М	1 🗆	Yes 2 □ No				
rect rect	Ĕ	3 Suicide 6 Could no 4 Homicide datarmin	28a. Plece of Inju- building, etc	ury - At home	, farm, straet, fac	tory, offica			(Street end Numb	per or Aural Rou	te Number,
eral Direct	Ce			(,		
hou mer		29a. Certifier 1 Cartifying (Check only 2 Medical Ex	hysician: To the best of	of my knowle	dga, death occurr	ed at the tin	ne, date end plac	ce, and due to the	cause(s) and ma	anner as stated.	
within 24 hours after deat To the Funeral Director: completely filled in by the	edicai	one) 2 Medical Ex	amfner: On the basis of end mannar sta	axamination	end/or invastigat	ion, in my o	pinion, deeth oc	curred et tha time	, dete end plece,	and dua to tha c	ause(s)
Total	ž	29b. Signature end tille of cartifies	^	~		29c. Licens	e number		29d. Date signe	d (Month, Dey,	Year)
2.172.50		178	de			D	4412	6	Maria	H. K	an.
n.	-	20 Name and address of second		and the same) (Tono 5 ini	4	17/4	0	Janua	M S	1770
2		30. Name and address of person wi					a m²)	
		Dr. Penelope Edv			ey Valle	y Roa	a Timor	nium, MD	21093		
State	_	31. Date filed (Month, Day, Year)	1998 32. Registre	er's Signeture	lana Thinds						
	1	W. U. FIELLS	In In III III	الدائل المالية المستح	Auna . Idan d . C	ar I					

Land Bright William College Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8 0 2 6 9

		G-755 1/9/98 dh 1. Decedent's Name (First, Middle,	Last)				Death	2. Date of Dee			3. Time of Death
Physician	-	FRAN	ers CAL	מחחו	, Jr.			- Month	Dey 2	Year 1978	12:20 Pm
/Medical Examiner	-	4a. Facility Name (If not institution,					4b. City, Town, or				
		KESUICK	, Inc.				BALTI	-024		N/A	
Funeral		5. Social Security Number		. Age (In yrs.	. last birthday)	If Under 1 Year			1		ce (State or Foreign
Director	-	218-76-5896 - Usuel Residence of Decedent	1 M 2□ F	81	Yrs.	Months Days	Hours Min.	(Month, Da) mazcu		BALTI	ce (State or Foreign
show edat		10a. State 10b. County			ity, Town or Lo					10d	I. Inside City Limits 1 → Yes 2 → No
or 28a-f si	3	MD N/A 10e. Street and Number		Ba	altimor						22
0 0	5	TOO. Street and ranned				10f. Zip Code			log. Citizen of V	Vhat Country	17
r itams 23a	5	700 W. 40th S	12. Wes Deced	ent Ever in I	19 12 1	21211	Hononio Origin? (C	Inneity Van er Ne	14 Dec	USA	In diam
F F F	5	1 Never Married 2 Marrie	Armed Forc	es?	,.s. 13. V	Yes, specify Cut	Hispanic Origin? (S pan, Mexican, Puer	to Rican, etc.)	Blac	e - American k, White, etc	
° a >	2	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 If Yes, Give Year or Det	es:	1	I□Yes 2½√□No	Specify:		Specify	: 1	White
		15. Decedent's	Education		16a, Deced	lent's Usual Occu	pation		16b. Kind of Bu		
nt, the Medical	2	(Specify only highest	grade completed)		(Give	kind of work done OO NOT use retire	pation during most of wo ed)	rking	TOD. TUNG OF DO	31103311100	stry
than the Me	5	Elementery/Secondery (0-12)	College (1-4	lor 5+)	Disal				N/A		
幸 と の	0	17. Father's Name (First, Middle, La	st)				18. Mother's Nar	me (First, Middle,	Maiden Sumam	e)	
arked or artic eve To Be	3	Frank	E.		Callal	han	Millie			He	reford
		19a. Informant's Name/Relationship	(Type, Print)		19b. Mailin	g Address (Stree	t and Number or Ru	ıral Route Numbe	r. City or Town.	Stete. Zip Co	ode)
r tra	7	Mr. Robert Liber	atoro (Non)	hor r							
r other to	1	20a. Method of Disposition	**	20b. F	Place of Dispos	SZNO TE sition (Name of natory or other pla	rrace N.V	V. Washii Dete	20c. Location -	City or Town	U_L b n. State
= 5		1 Buriai 2 Cremation 3		ate							
mportant: If any injury or ance.	-	4 ☐ Donation 5 ☐ Other (Spe 21. Signature of Funegal Service Lic	-	Mea	1	ge Cemet		L-5-97	Jessup	MD.	
nu d	1	21. Signature of Purietti Barvice Lic	The second			Name and Addre	son Funer	ral Homo	Tnc		
	1	1	10			1050 Yor	k Rd. Tov	vson, MD.	21204		
		23a. Part1. Enter the disease, or to shock, or heart failure. List of	mplications that cau ly one couse on eac	sed the deet th line.	th. Do not ente	or the mode of dy	ing, such as cardiad	or respiratory arr	est,	in	pproximate itervsl Between
iclan	1									0	nset end Death
dical niner		Immediate Cause (Final disease or condition resulting in death)	. P20	39326	CERET	12 3 L ME	mo 1-2 na 6-6			1 2	20 m.s
		resulting in death)			or as a conseq						
in a			• b							1	
Examiner		Sequentially list conditions,		Due to (c	or as e consequ	uence of):			1		
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initisted events	T 10								
dica		thet initisted events resulting in death) Last	C	Due to (o	or as a consequ	ience of):				1	
9 0			d							-	
y Physician/M	L									1	
bed os	F	Part II. Other eignificant conditions	contributing to deat	h but not res	ulting in the un	derlying cause gi	ven in Part I.	23b. Dld to	bacco use con	tribute to th	e cause of death?
Phy		LONG STANDING	CEREBEAL	PALSY	11.50	QUAZELD	201-4	1□ Y	00 2 No	3 Probab	oly 4 Unknow
2 4	-				with	Q THE COLD	Cle les et				
page 2 should be det								24e. Was s	n autopsy ned?	evaila	autopsy findings ble prior to
mple	-									of dee	letion of cause oth?
Com								1 □ Y	s 2 No	t 🗆 Y	es 2 No
irector, pag		25. Was case referred to medical					26. Place of Dea	th (Check only on	e)		
0 0		examiner? 1 ☐ Yes 2 No	Hospitai: 1 ☐ Inp	atient 2	ER/Outpatient	3 DOA Ott	her: 4 Nursing H			r (Specify)	
neral n:		7. Manner of Deeth	28a. Date of i (Month,	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	28b. Time of	28c. Inju Wo	ry at	28d. Describe ho	w injury occurre	ed	
funer		1 Natural 5 Pending 2 Accident investigat		Dey (ear)	Injury		Yes 2 □ No				
9 6		3 ☐ Suicide 6 ☐ Could not determine	d 286. Place of	Injury - At ho	ome, farm, stre	et, factory, office		28f. Location (St	reet and Numbe	er or Rurs I Re	oute Number,
by the		4 - Hornicide	building,	etc. (Specify	y)			City or Town	n, State)		
d in by the			hyelcisn: To the be	st of my kno	wledge, death tion and/or inve	occurred et the the	me, dete end plece ppinion, death occu	, and due to the ca rred et the time, de	ause(s) and msr ate and place, s	nner as state	ed. e cause(s)
runeral Director: Affect attentiately filled in by the funeral dical Certification:		29a. Certifier (Check only one) 1 Certifying F	miner: On the basis								
mpletely filled in by the Medical Certifical	2		and menner	stated.		29c Linear	e number		9d Data since	(Month D.	
completely filled in by the Medical Certifical	2	29b. Signeture and fille of certifier	and mornior	Stateo.		29c. Licens			9d. Date signed		y, Year)
completely filled in by the	2	29b. Signeture and tille of certifier	Dordans	ر سیا		J) 12			9d. Date signed		y, Year)
completely filled in by the Medical Certifical	2	29b. Signeture and filling certifier	Dorward cause of	of death (Item	23a) (Type, P) 12	399		Jankary	3, 1958	y, Year)
pletely fill	2	29b. Signeture and filling certifier	Condend cause of the completed cause of the completed cause of the completed cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the complete cause of the cause of the complete cause of the complete cause of the cause of	of death (Item		1) 12 Print) 700 J			Jankary		y, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygierte S Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 19 Mile Lee Cummings
4e. Fecility Neme (If not institution, give street end number) 7:00 PM January 4 4b. City, Town, or Location of Death 4c. County of Deeth Deaton Medical Center Baltimore 5. Social Security Number II Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 09-02-1898 Birthplece (State or Foreign Country)
 MD 7. Age (In yrs. lest birthdey) Hours 220-30-1533 1□M 27 F 99 Yrs. Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits ¥RYes 2□ No Md NA Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1300 East Lanvale Street 21213 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 🔀 No Specify: Specify: Black 3€3Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Housekeeping Johns Hopkins Hosp 5th Grade NA 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Hutchins James Lizzie 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21218 Douglas Cager 2149 Homewood Avenue Baltimore, Maryland 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Western Star Cemetery 01-10-98 Catonsville, Md. 21. Sign ure of Funeral Service Licenses 22. Name and Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Hypertension

Due to (or es e consequence of):

Candial amy 4mia

Physician /Medical **Examiner**

Physician

/Medical

Examiner

10a Stete

Funeral

Director

28a-f show

ral', or itams 23s or 28s-f shore Examiner must be notified at

1 and 2 should be filed within 72 hours efter. Health and Mental Hygiene. em 27 fs merked other than "natural", or ita. ther traumatic event, the Medical Examine.

Pages 1 er. nent of Heal, nt: If Item 27 y or other th

permit. Page Department of Important: If any Injury or

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

ettending for use as signed I l or Attending Physicien:

P.O.

Division of Vital Records,

To the Hospital within 24 hours a To the Funerel Completely filled

death.

Examiner Physician/Medical Pert II. Other significant conditions contributing to death but not resulting In the underlying ceuse given in Pert I. p Completed

Be Certification: To 27. Manner of Deeth 1 Weturel 2 Accident after death Diractor: A 3 Sulcide 4 Homicide Medical 29a. Certifier

29b. Signature end title of certifier

State Registrar

Immediete Ceuse (Final diseese or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of):

25. Was cese referred to medical exeminer? exeminer? 1 ☐ Yes 2 ☐ No Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 28b. Time of 28e. Dete of Injury (Month, Day Year) 5 Pending investigetion 6 Could not be determined

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Other:

Nursing Home 5 □ Residence 6 □ Other (Specify) 1 Tyes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Tertifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner stated.

28d. Describe how Injury occurred

24e. Wes en eutopsy pertormed?

26. Plece of Deeth (Check only one)

D28998 LAUREL MA

29c. License number

29d. Date signed (Month, Dey, Year) Jan 6 1998

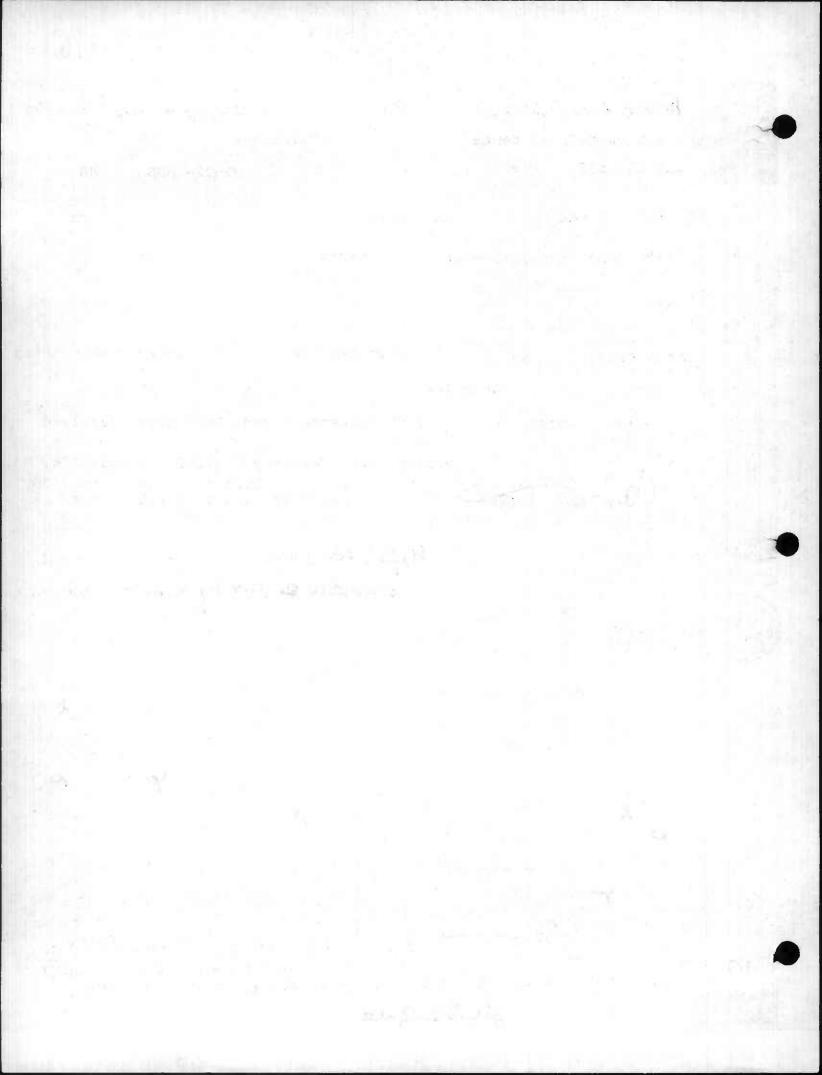
23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown

24b. Were eutopsy findings eveilable prior to completion of cause of deeth?

1 ☐ Yes 2 1000

30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print) PRITAM 5 SAINI

31. Dete tiled (Month, Day, Yeer) 32. Registrar's Signeture wha Davidson JAN 09 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death JAN JAMES CALHOUN 1:32Am 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE BALTIMORE MERCY HOSPITAL EMERG. DEPT. If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, 5. Social Security Number 6. Sex 9. Birthplece (State or Foreign Country) North Carolina 7. Age (In yrs. last birthday) MM 2DF Months 246-34-0919 Yrs. Nov.19,1925 72 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Baltimore Baltimore 1 ☐ Yes 3 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7952 Eastdale Road 21224 TISA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien. 11. Maritat Status ty⊡Yes 2 No 1 Never Merried 2 Married 1 ☐ Yes 2K No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bustness/Industry Elementary/Secondery (0-12) College (1-4or 5+) Electrican Beth Steel 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Walter S. Calhoun Leila Stillman 19e. Informant's Name/Relationship (Type, Print) 19b. Maiting Address (Street end Number or Rural Route Number, City or Town, Stete, Zlp Code) 21120 James Scrivnor / freind 1100 Dairy Road PArkton Md. 20b. Ptece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Removal from State 4 ☐ Donatton 5 ☐ Other (Specify) ValleyTownCemetery 1/12/98 Andrews NOrthCarolina 21. Signature of Funeral Service Licenses 22. Neme and Address of Facility Connelly FuneralHome of Essex 23a. Part 1. Enter the disease or complications that ceused the death po-not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart fellure. List provide the ceuse on each line. Approximate Interval Between Onset and Death Immediate Cause (Finel DAYS disease or condition resulting in death) (or as a consequence of): NEUMONIA Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting to the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? Probably 4 Unknown 1 ☐ Yea 2 ☐ No 24b. Were autopsy findings available prior to 24e. Wes an autopsy performed? completion of cause of death? > REFUSED CASE BY MR. PURVIS 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) examiner? 1 Yes 2 No Hospital: 1 Inpatient 2 AER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28a. Date of Injury (Month, Day Year) 27. Menger of Death 28b. Time of 28d. Describe how injury occurred

Physician Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

8

or items 23a

'natural',

Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked oths any injury or other traumatic event once.

filed within 72 hours effer

Baltimore, Maryland 21215-0020

Director

P

Completed

Be

Box

Physician/Medica λq 8 should Completed page 2 certificate Be director To Certification: After

I or Attending Physician: efter deeth. To the Hospital or within 24 hours eff To the Funeral Di completely filled in

P.O. Records, Division of Vital Director:

> State Registrar

edicai

AMAL MATTY MD 31. Date filed (Month, Dey, Year)

Naturel

2 Accident

3 Suicide

29a, Certifier

4 Homicide

29b. Signature and title of certifie

5 Pending

investigation

6 Could not be determined

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29d. Date signed (Months Day, Year)

NA

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Injury

NIA

28e. Ptace of Injury - At home, farm, street, factory, office building, etc. (Specify)

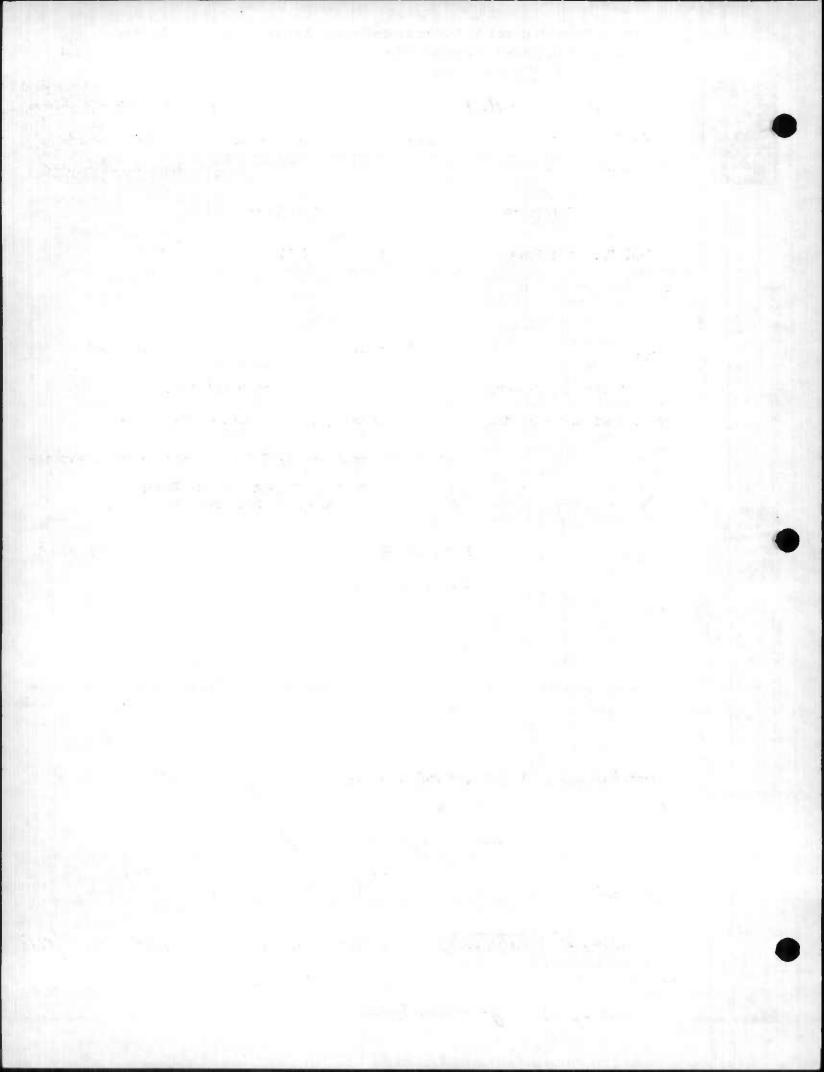
MERCY HOSPITAL ER

29c. License number

1 ☐ Yes 2 No

32. Registrer's Signature JAN 09 1998

NA



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

			Certific	ate of Death	Reg	J O U	0212				
	1. Decedent's Neme (First, Middle, I	ast)			2. Date of Death Month	Dey Ya	3. Time of Deeth				
Physician /Medical	D 7 - 3	Richard	COLLINS			5, 1998					
Examiner	An English Name (Mant Institution of			4b. City, Town, or		4c. County of D					
	Franklin Squa	re Hospital C		Rosedal		Balt	imore				
Funeral Director	5. Sociel Security Number 213–28–9809 Usuel Residence of Decedent	Sex 1 → 7. Aga (In y 1 → 66	rs. last birthday) If Un Monti	dar 1 Yaar If Under 24 Hrs hs Deys Hours Min.	8. Date of Birth (Month, Dey June6, 19	9. 31 M	Birthplece (State or Foreign Country) [aryland				
Pue Ma	10a. State 10b. County	10c.	City, Town or Location				10d. Inside City Limits				
20 is efter death with the Meryland is of terms 23e or 28e-f show tancoer mast be mortified at	Md. Balt	imore		Middle Ri		g. Citizen of When	1 □ Yes 2√2 No				
	10e. Street end Number 503 Bowleys Q	uarters Road		Zip Code 21220		US	A				
D20 urs efter iff, or its	3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in Armed Forcas? 12 Yes 2 □ No If Yes, Giva Year or Detes:		cedent of Hispanic Origin? (Sepecify Cuban, Maxican, Puers 2) No Specify:	Specify Yas or No- to Ricen, etc.)		American Indian, Vhite, etc. White				
1 21215-002 ed within 72 hours ygiene. Nor then "neturel", it, tre Medical E.	15. Decedent's	Educetion rade completed)	16a. Decedent's U	Isual Occupation work done during most of wo T use retired)	rking	6b. Kind of Busine	ess/Industry				
within ene.	Elementary/Secondary (0-12)	College (1-4or 5+)				Shennard	Pratt Hosp.				
Partie of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control		-4)	Carpen		me (First, Middle, M		riace nosp.				
Laryland 21 2 should be filed we end Mental thygien is marked other the aumetic event, the			abeth Nosi								
hould wen	•		10h Molling Adde	ress (Street end Number or R			to Zin Code)				
re, Maryland 212: s 1 and 2 should be filed within f Health and Mental bygiene. Item 27 is merked other than other traumatic event, trail To Re Comp	19a. Informant's Name/Reletionship										
	Clara G. Colli	1S/W1TE	p. Place of Disposition (wleys Quarter	S Road Ba	ItImore Oc. Location - City	MO . 21220 or Town, State				
	1 ☐ Buriel 2 ☐ Cremetion 3		cemetery, cremetory								
Baltimo	4 □ Donetion 5 □ Other (Spe- 21. Signature of Funerel Service Lice		Metro Crema	tory Inc. 1/	9/98	Baltimo	re Md.				
Baltimo	1 10	10	11 Con	nolly Funeral	Home of	Essex					
	Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 23e. Penti. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line.										
Physician		molications that causad me diverge cause on each line.	eath. Do not entar the r	node of dying, such es cerdia	c or respiratory erre	St,	Approximete Intervel Between Onset and Deeth				
/Medical Examiner	Immediate Causa (Final disease or condition a Respiratory Distress 8 Hours										
		-	o (or es a consequence								
uted the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		b. SevereChr	onic Obstru	ctive Pulmona	ry Diseas	e					
and Hard	Sequentially list conditions, if env. leeding to immediate	Due to	o (or es e consequence	of):							
8/											
S THE S		Due to	(or es a consequence	of):							
7 (F-15C) 5		d									
P.O. Bo					1						
O. o. o. o. o. o. o. o. o. o. o. o. o. o.	Part II. Other significant conditions	contributing to death but not		23b. Did tobacco use contribute to the cause of death?							
					10 Yes 2 No 3 Probably 4 Ur						
Division of Vital Records, Portanding Physicien: The law requires that effector: After this certificate has been signed in by the funeral director, page 2 should be descrittlication: To Be Completed by Portandination: To Be Co					24a. Wes en	autonsv 2	4b. Were autopsy findings				
redu shou					periorm		aveilable prior to completion of cause				
Hes hes pe 2						V	of death?				
Con			1 Yes	1.	1 ☐ Yes 2 ☐ No						
of Vita Physicien: this certific ral director.	25. Wes cese referred to medical exeminer?	Hospital:		Othor	eth (Check only one						
Physic chis corral dire		1 Minpatient 2		DOA 4 Nursing I	Home 5 ☐ Resider		Specify)				
After fune	1 Neturel 5 Pending	28a. Dete of Injury (Month, Day Year) Injury M	28c. Injury et Work? 1 ☐ Yes 2 ☐ No	200. 200.120 110.	in injury occurred					
Attending r deeth. ector: Atte tune by the tune iffication	2 Accident Investiget 3 Suicide 6 Could not	be no Diese of taken A					or Rural Route Number,				
or A selfer of In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In by In	4 ☐ Homicide determine	building, etc. (Spe		State)							
Division of Vital Review to the Hospital or Attending Physicien: The law within 24 hours effect deeth. To the Funeral Director: Affer this certificate has completely filled in by the funeral director, page 2 Medical Certification: To Be Comp.	29a. Certifier 1 Cartifying (Check only one)	(Check only Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)									
thin 2 the omple	29b. Signeture and title of certifier	and mannar stated.		29c. License number	20	d. Dete signed (A	fonth, Day, Year)				
F ¥ F 8	JWanne	w mo		RD1919	23		5, 1998				
5	30. Name end eddress of person wh	o completed ceuse of death (I	Item 23e) (Type, Print)								
5	Twanna Ammons 31. Data filed (Month, Day, Yaar)	M.D. 9000 F	ranklin Squ	uare Drive I	Baltimore,	Marylan	nd 21237				
State Registrar	- 100		bon-Andree								

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** 23:25 William Thomas Connor January do /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Singi Baltimore Hospita If Under 1 Year Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys M 2□ F Hours 89 212-01-8317 Yre Director April 4, 1908 Md. Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r is marked other than "natural", or items 23s or 28a-f show traumetic event, the Medical Examiner must be notified at 1√ Yes 2 No Director n/a Md. Baltimore 10e. Street end Number 10f Zip Code 10g. Citizen of Whet Country? 5247 St. Charles Avenue 21215 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 11. Meritel Status William 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give 1 ☐ Yes & No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Year or Detes: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 6th Grade Norfolk Driver 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) unknown 8 permit. Pages 1 and 2 should be Department of Health and Mantal Important: If flem 27 is marked any linjury or other traumatic events. and Mantal James Connor SR. Sophia 19e. Informent's Name/Reletionship (Type, Print) wife 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Clarice Connor 5247 St. Charles Avenue Baltimore, Md. 21215 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) King Park Jan. 12 Baltimore, Md. 21. Signat r Fun rai Service Licensee 22. Name end Address of Fecility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Examiner Due to (or as e consequence of Examiner iclan and burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) physiclan the buria Physician/Medical Due to (or es e consequenca of): 980 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Jivision of Vital Records, P.O. 23b. Did tobacco use contribute to the causa of death? signed by t 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No p should I 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 certificate has 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital: 1 Inpatient 1 ☐ Yes 20 No 27. Manner of Deen Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1º 2 ER/Outpetient 3 DOA uneral 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Naturel

Accident Attending 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 or Attend after death Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of gertifier 29c. License number 29d. Dete signed (Month, Dey, Year) January, 06, AS2402321 RB9303 30. Name endaddress of person who completed cause of deeth (Item 23e) (Type, Print)

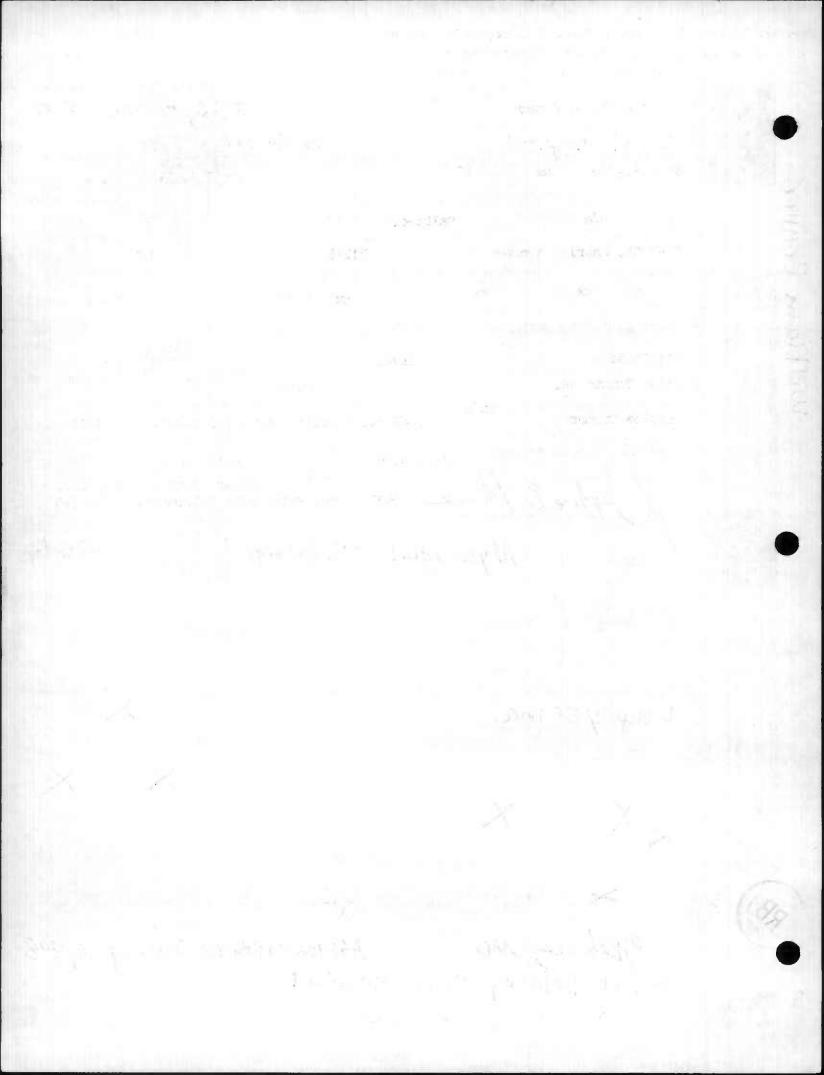
State Registrar Belivens

JAN 09 1998

32. Registrer's Signeture

Auha Savidson-Randoll

31. Dete filed (Month, Dey, Yeer)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Deeth Month 7:12 PM Carriggn narles 4a. Fecility Name (If not institution, give street and numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Hospital Baltimore Bayview Baltimae If Undar 1 Yaar If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthpiece (State or Foraign Country) 216 309553 Months Deys Hours 12 M 20 F 63 Yrs. Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MO Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? St 709 Fagley 21224 USA 12. Was Decedent Ever Armed Forces? 1 Yes 2 D No If Yes, Give Yeer or Datas: 14. Rece - American Indian, Biack, White, etc. 11. Marital Stetus Was Decadent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married 1□Yes 2□No Specify: 3 ☐ Widowed 4 ☐ Divorcad white 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Eiemantary/Secondery (0-12) College (1-4or 5+) WELDER WELDING 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Maiden Sumame) WILLIAM ARD/INE 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 20b. Pieca of Disposition (Name of cametery, cremetory or other place) MY RNA 20e. Mathed of Disposition BALTIMORE, HD. 21224 ARRIGAN Dete 20c. Location - City or Town, Stata 1 Douriei 2 Cremation 3 Removal from Stata 4 ☐ Donetion 5 ☐ Other (Specify) 23e. Pert1. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiec or shock, or heart feilure. Further only one cause on each line. Approximete Intervei Between Onset and Deeth Immediate Ceuse (Finel 13 days Intracerebral homormage diseese or condition resulting in deeth) Due to (or es e consequence of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequenca of): Dua to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown hypertension 24b. Were eutopsy findings evelleble prior to completion of ceusa of deeth? 24e. Wes en eutopsy performed? perdolesterolemia 1□ Yes 2☑ No 1 ☐ Yes 2 ☑ No

Examiner The law requires that the death certificate be executed signed by d

been

certificata

After this

inding Physician:

Box 68760

wision of Vital Records, P.O.

Physiclan /Medical

Physician

/Medical

Examiner

10e. Stete

Funeral

Director

28a-f show

Directo

Funeral

by

Completed

Be

2

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Important: if item 23 is marked other than "natural", or items 23a or 28a-4 show any fully or other traumatic event, is Medical Exprise meant to notified.

Baltimore, Maryland 21215-0020

the Maryland

Physiclan/Medical by Completed Be Certification: To uneral

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

26. Piece of Deeth (Check only one)

25.	Wes case exeminer?		to medical
	1 ☐ Yes	2PMo	

27. Menner of Deeth 5 Pending investigation 1 Naturei

28e. Date of Injury (Month, Day Year)

Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury et Work? 1 Yes 2 No

Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Cartifier

2 Accident

3 Suicide

4 Homicide

1 Certifying Phyaician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner stated.

29b. Signature and/title of certifier

29c. License number N8739 29d. Dete signed (Month, Day, Year)

eui mo

6 Could not be determined

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

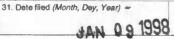
1/2/98

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print), Anne Comi MO

Johns Hopkins Hospital Harvey 811 Pediatric Neuclary 32. Register Signature
Guha Daurassa

State Registrar

edical





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 3. Time of Death 2. Date of Death Month **Physician** DEULLEY January 4, 1998 Henrietta Grace 9:39 P.M. /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Franklin Square Hospital Center Rosedale Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth Birthplace (State or Foreign Country) 1 M 200 Days Hours Yrs. 81 162-14-2954 May 18,1916 Brownsville, PA Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Dundalk 1 ☐ Yes 2 No Baltimore Maryland Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 United States 1825 Portship Road Funeral 12. Wes Decedenf Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 11. Meritel Status 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: by 3 → Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Food Distribution 12 Years Bookkeeper 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Orpha John George Prettyman 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Judith A. Reed/Daughter 78 Admiral Blvd. Dundalk, Maryland 21222 20b. Place of Disposition (Neme of cametery, crematory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition Burial 2 Cremation 3 Removal from Stete Meadowridge Mem. Park 1/8/1998 Dorsey, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 a omplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Approximate Intervat Between Onset end Death Immediate Cause (Final disease or condition resulting in death) 24 Hours Sepsis Due to (or es a consequence of): Thromboembolism of Right Lower Extremity 24 Hours Physician/Medicat Examine Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Resection of Cancer of Bladder 8 Months that initiated events resulting in death) Last Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1⊠ Yes 2□ No 3□ Probably 4□ Unknown g 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes Ž⊠ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 TYes 2√ No 1 XInpatient 2 ER/Outpatient 3 DOA 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28a. Date of fnjury (Month, Day Year) 28c. Injury at Work? Certification: 1XX Netural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 T Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edical 2 Madical Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the ceuse(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Wanner RD 1910 January 4, 1998

Registrar

State

Funeral

Director

with the Marylend

Pages 1 end 2 should be filed within 72 hours after death with the Marylen nant of Haatth and Mental Hygiena.
snt: If item 27 is marked other than "natural", or items 23a or 28a-f show ury or other traumatic event, the Medical Examiner must be populed.

Important: If the any injury or oth

Physician

/Medical

Examiner

USe

been sig

s certificate has b

this funeral

Director: A

• Funerei Direc eletely filled in by

or Attending

death.

To the Vithin 2

Baltimore, Maryland 21215-0020

68760

P.O. Box

Division of Vital Records,

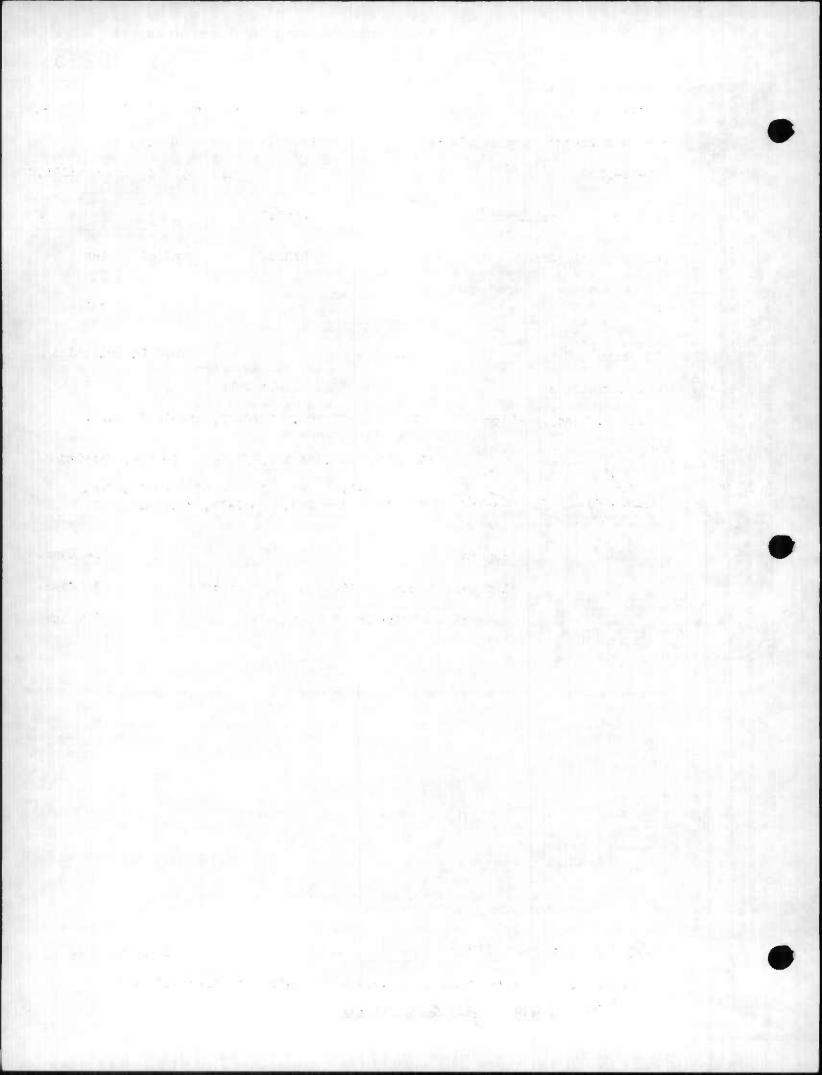
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

9000 Franklin Square Drive Baltimore Maryland 21237 Dr. Twanna Ammons

31. Date filed (Month, Day, Year)

32. Register's Signeture

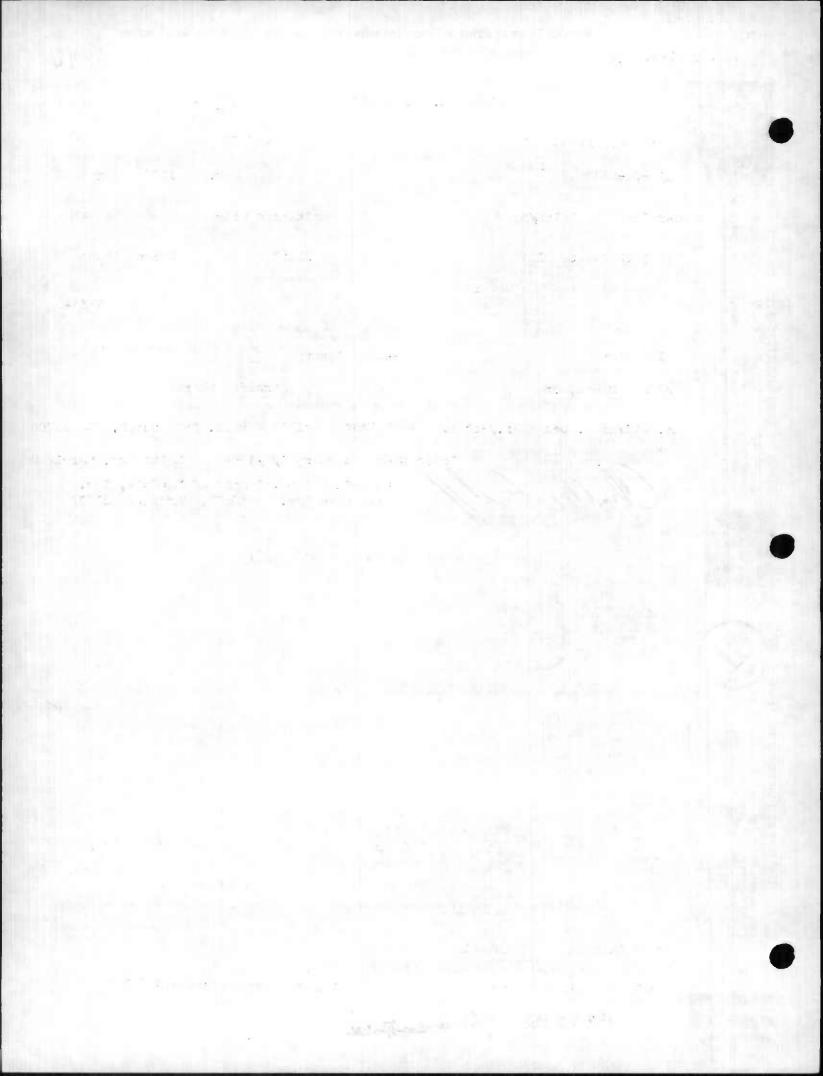
Julia Devidson-Vandalle JAN 0 9 1998



State of Maryland / Department of Health and Mental Hygiene

)	0	0	0	-7	0
1	H	H	2	- /-	1
,	9	U	See	- 4	4

	ALFRED A	, DANNA 3RD		Certif	icate of	Death		Reg. No.	UU	1210			
		1. Decedent's Neme (First, Middle, Las	Alfred A		2. Date of De Month	Death 3		3. Time of Death					
	Physician /Medical			5, 1998	1001	0925 AM							
Examiner		4a Facility Neme (If not Institution, give	Location of Deat	h 4c. County	of Deeth	N/A							
		811 PARK AVENUE		***	II-d-s 4 Van-	BALTI							
	Funeral Director	5. Social Security Number 215-04-6647 6. Sex 12 M 2 F 23 7. Age (In yrs. last birthday) Yrs. 7. Age (In yrs. last birthday) Yrs. 14 Months 15 Under 1 Year Months Days Hours Hours Min. 8. Date of Birth (Month, Day, Year) Nov. 17,1974 Maryl											
	pue 🛊 👢	Usual Residence of Decedent 10a. State 10b. County	10c. C	ity. Town or Location	on				1	0d. Inside City Limits			
	or 28a-f sho be notified a	Maryland	City			X⊠ Yes 2 No							
th with the 23a or 2	sth with the Marylen 23s or 28e-1 show with be notified.	10e. Street and Number 811 Park Avenue	3A	0f. Zip Code	21201		10g. Citizen of V						
21215-0020	urs effer dec	11. Maritel Status 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in t Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Decedent of I s, specify Cub Yes 2 No	Hispanic Origin? (: an, Mexican, Puel Specify:	Specify Yes or No to Rican, etc.)	Specify	ea - Americ ck, White, o v:				
2-0	ed within 72 hours ygjene. or than "natural", rt, the Medical End t, the Medical End Completed by	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16a. Decedent'	of work done	during most of wo	orking	18b. Kind of Bi	usiness/ind	dustry			
121	e filed within all Hygiene. I other than "vent, the Me	Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO I	VOT use retire	d)		Real	Estat	e			
d 2	BEST O	12 Years 17. Father's Name (First, Middle, Last)		Leas	ing Age		ma (First Middle	, Maiden Suman					
Maryland	0 2 0 0	Alfred Danna, Jr					ifer Sho		,				
ary	end Mente end Mente is marked aumatic e	19a. informant's Name/Relationship (7	vpe, Print)	19b. Mailing A	ddress (Street	and Number or F			State, Zip	Code)			
Baltimore, Mar bemit. Peges 1 and 2 sh bepartment of Heelth and mportant: If flem 27 Is m my Injury or other traum	01 0 m in	Mr. Alfred A. Dan. 20a. Method of Disposition 1X Burial 2 Cremation 3	na Jr./Father 20b. Removal from State	Place of Dispositio cemetery, cremato	n (Name of ry or other pla	ce)	Date	20c. Location -	City or To				
altin	antme ortant Injury	4 Donation 5 Other (Specify 21. Signature of Europal Service Licent		uid Ridge	ess of Facility								
ñ	Depar Impor	Duda-Ruck Funeral Home of Dundalk,											
		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	ofications that caused the dea	th. Do not enter th	e mode of dyi	ng, such es cardia	c or respiratory	riar y Lair	u 21	L222 Approximate Interval Between			
200	Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)	a. Intra-Ora	Sho		Woun	l			Onset and Death			
8760,	my end and the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of):											
Box 6			d										
P.0	that the death of ed by the infrared deteched for units of Physicians												
Records,	aw requires as been sign 2 should be pleted by						24e, Wes	s an eutopsy ormed?	ave	ere autopsy findings allable prior to impletion of ceuse death?			
- B	The late he page						128	Yes 2□No	1€	∃¥es 2□ No			
Vital	Physician: The this certificate ral director, page Co	25. Was cese referred to medical examiner?					eth (Check only	one)					
of	hys his aldi	XXYes 2 No		ER/Outpatient	DUA]		4 44 4	idence 8 Oth		y)			
n o	After t funera	27. Manner of Death 1 Natural 5 Pending	28a. Date of Injury (Month Day Year)	28b. Time of Finjury	28c. Inju Wo		28d. Describe	how injury occur	, ,	to un worm			
Sic	Attending in death. Sctor: After by the fune fileation	2 Accident Investigation 3 3 Julcide 6 Could not be	1-5-98	9:054		Yes 2.21Ño	281 Aboution	(Street and Num	6	1			
Division	Patrice Tr	4 ☐ Homicide determined	28e. Place of Injury - At I building, etc. (Spec	ify)	Home	-	Buller	wn, State) Si	Park	Ave #5-A			
	To the Hospital within 24 hours to To the Funeral I completely filled		relcian: To the best of my kn iner: On the basis of examin and manner stated.										
	withir To th comp	29b. Signeture end title of cartifier	0 00		29c. Licen	se number	nber 2		d (Month,	Day, Year)			
	1	Dennis	J. Chute		0.0	C.M.E		JAN.	6, 19	998			
	5	30. Name and address of person who	1	m 23a) (Type, Prin		. Baltim	ore. Mar	vland 2	1201				
	State	31. Date filed (Month, Day, Year)	32. Registrar's Sign	ature		LATCHIN		,					
	Registrar	JAN 0 9 19	398 Julia De	widow Do	tano								
DH	MH 16 Rev 6/95		U		ACURAL DESIGNATION OF THE PERSON OF THE PERS								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dickerson Month 03:55 AV VIVIan January 1998 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY
If Under 24 Hrs. 8. Date of N/A7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) 1□ M 25 F Days Hours Yrs. 525-94-9358 59 9/2/38 TEXAS Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MD PRINCE GEORGES CLINTON 10e Street and Number 10f. Zip Code 10a. Citizen of What Country? 9517 GWYNNDALE DRIVE 20735 U.S. 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 Never Married 2 Married 1 ☐ Yes ZX No If Yes, Give Yeer or Dates: 1 ☐ Yes 2 ☐ No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK 15. Decedent's Education (Specify only highest grade completed) 16a, Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coitege (1-4or 5+) Elementery/Secondary (0-12) NURSE MEDICAL 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) FRED R. WILLIAMS LIZZIE MAE BAKER 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9517 GWYNNDALE DRIVE-CLINTON, MD 20735 LEBRON DICKERSON 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MISSION GARDEN OF MEM1/12/98CLOVIS, NEWMEXICO 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility ELIZABETH L. PHILLIPS 1721-27 N. MONROE ST.-BALTO., MD 21217 Part1. Enter the disease, or compilcations that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death cerebral infarcts Immediate Ceuse (Final 2 months disease or condition resulting in death) en 1 lepticus Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No

28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Dey, Yeer)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

"natural", or itema 23a or 28a-f show

the Medical

7 is merked other traumetic event, i

nt of Health e If Itam 27 is or other tra

Department of Important: If any Injury or

Director

Funerai

Completed by

Be

the Maryland

Peges 1 and 2 should be filed within 72 hours after nent of Health end Mental Hygiene.

Hygiene.

21215-0020

Baltimore, Maryland

Box 68760.

Examiner Physician/Medical þ Completed Be Certification: To

Medicai

27. Manner of Death

1 Naturei 2 Accident

3 Suicide

29a, Certifier

4 THomicide

29b. Signature and title of certifier

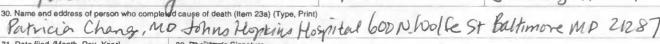
Records, P.O. Vital to within 2 To the I

> State Registrar

31. Date filed (Month, Day, Year) 0 9 1998

5 Pending investigation

6 Could not be



28a. Date of Injury (Month, Dey Year)

32. Registrar's Signature

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

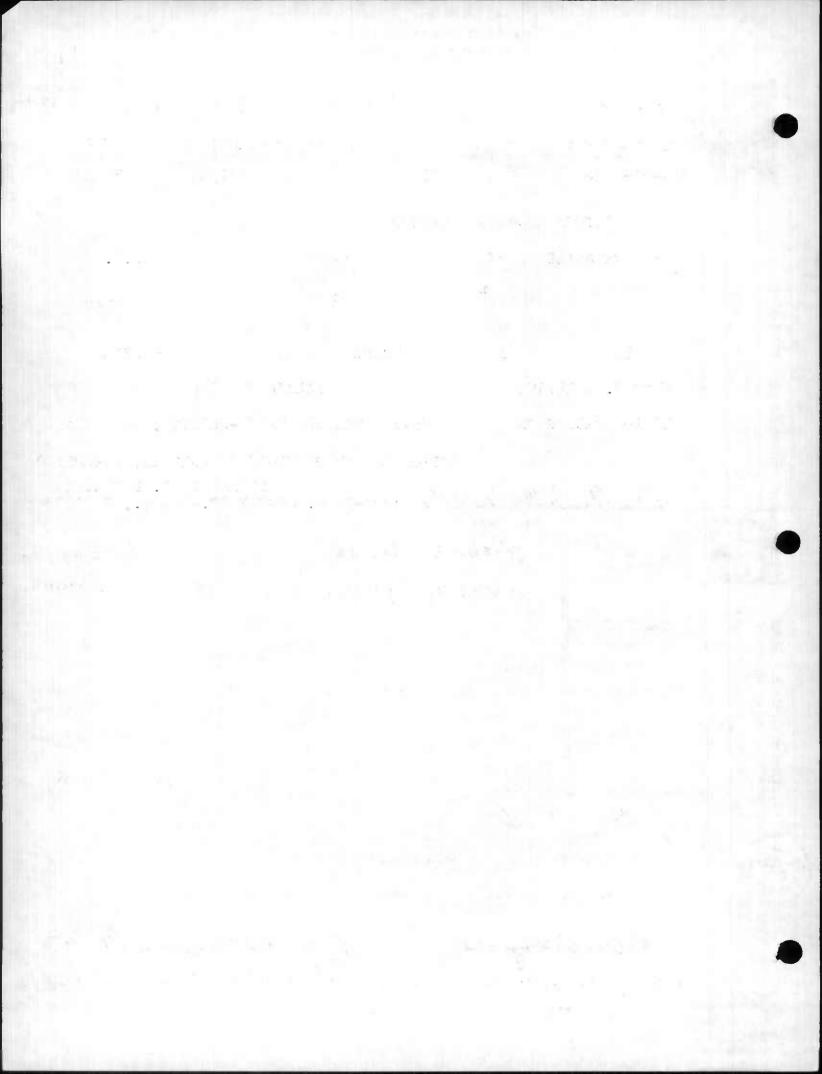
Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29c. License number

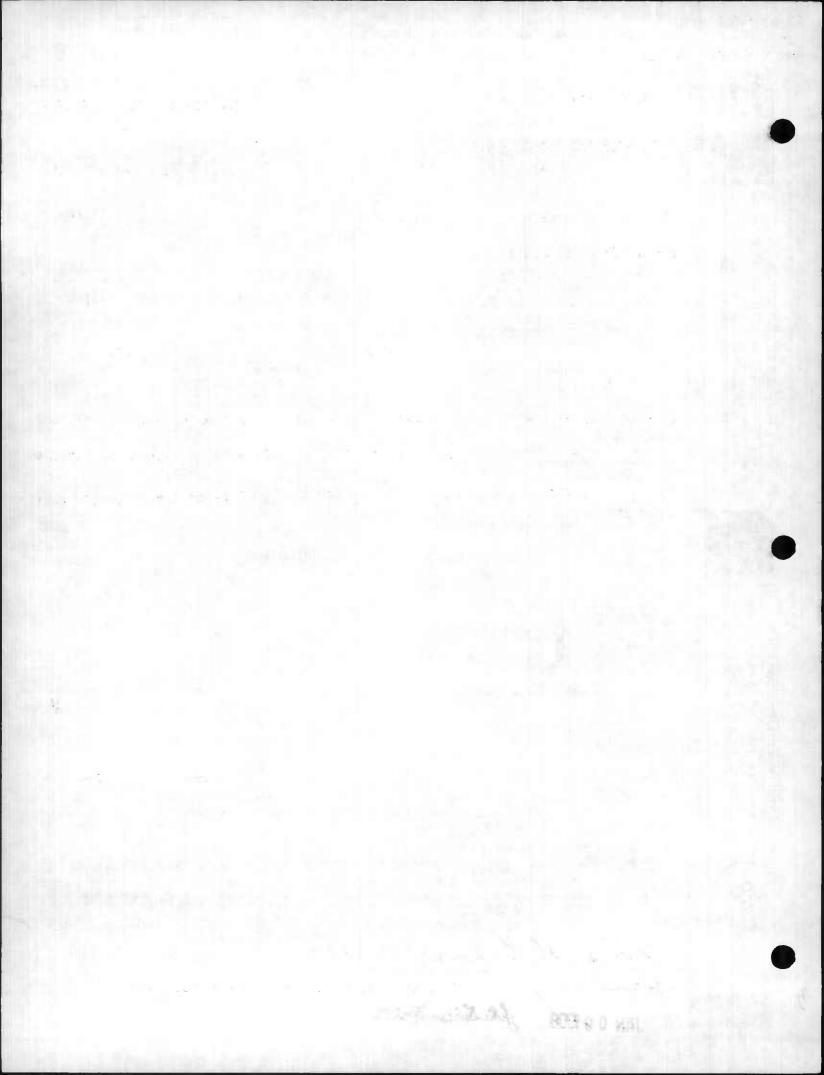
RES

1 ☐ Yes 2 ☐ No



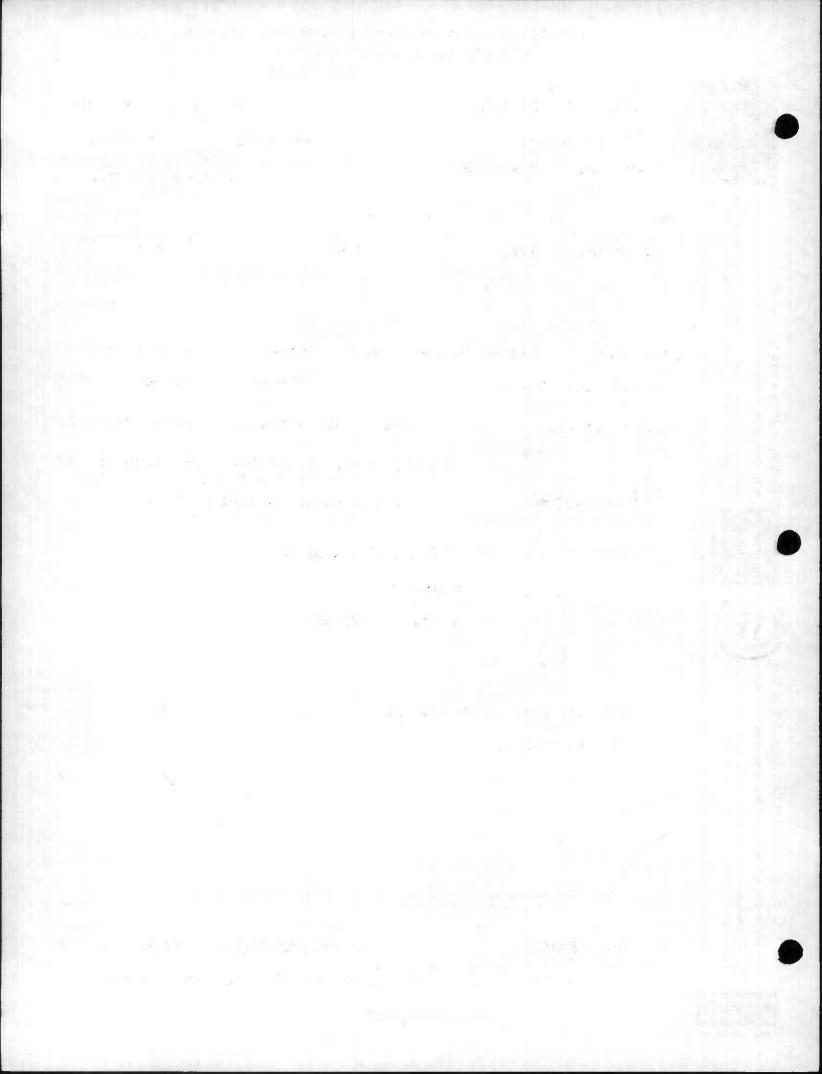
State of Maryland / Department of Health and Mental Hygiene ? ANGEL MARIO DelVALLE Certificate of Death Items: 23a part I, 27, 28a-f per MEO G-755 1/14/98 dh 2. Data of Deeth cedent's Neme *(First, Middle, Last)* ANGEL MARIO DELVALLE 3. Time of Death 1998 JANUARY **Physician** 12:28PM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4e Fecility Neme (If not institution, give street and number) Examiner CITY 1405 ANGLESEA STREET #2D BALTIMORF If Under 1 Yaar 8. Data of Birth (Month, Dev. Year) OCT. 8, 1966 6. Sex ↑□ M 2□ F 5. Sociel Security Number 7. Aga (In yrs. lest birthdey) 9. Birthplece (Steta or Foreign Funeral Deys Hours Min. 31 Yrs. PUERTO RICO Director 214-82-2651 Usuel Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits r 28a-f show MD 1XXYes 2 □ No CITY Director BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "naturel", or items 23e or 226 SOUTH HAVEN STREET 21224 Funeral death 12. Was Oecedant Ever In U,S. Armed Forces? 1 ☐ Yes 22 Mo If Yas, Give Year or Detes: 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien Bleck, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health end Mentel thygiene. Important: If item 27 is merked other than "naturel", or item eny injury or other traumatic event. 1 Never Married 2 Married 1 XYes 2□ No Specify: PUERTO RICAN Baltimore, Maryland 21215-0020 Specify: WHITE p 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) MECHANIC AUTO 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be BRUNO DIAZ MARTA DELVALLE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MARIA DELVALLE/MOTHER 226 S. HAVEN STREET BALTIMORE, MARYLAND 21224 20b. Pleca of Disposition (Nema of 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State LAWN CEMETERY 6.98 JAN. BALTIMORE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility LILLY & ZEILER, 21. Signatury of Funeral Service Licenses 1901 EASTERN AVENUE BALTIMORE. MARYLAND 21231 23a. Part1. Ender the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset end Deeth **Physician** Immediata Causa (Finel diseese or condition resulting in death) /Medical ALCOHOL AND NARCOTIC INTOXICATION Examiner Due to (or es a consequence of): Examine certificate be executed physician and s the bunal-trens Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resuiting in deeth) Lest Due to (or es e consequence of): Box 68760 Physician/Medicai Due to (or es a consequença of) 88 150 signed by the a Part ff. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No Records, à 24e. Wes en eutopsy performed? 24b. Were eutopsy findings aveileble prior to Completed completion of cause of death? pege 2 cartificate has Was 2 No 1 No You 2 No Division of Vital Physician: 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) XXYes 2□ No OL this funeral 28b. Time of Injury 27. Manner of Deeth 28d. Describe how injury occurred Certification: 28e. Dete of Injury (Month, Dey Year) A 28c. Injury et Work? tending 1 Neturel 5 Pending 1 Yes 2 No Investigation found 11:45 2 Accident found 1/1/98 unknown 6 XX could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 1405 Anglesea St. #2D, 28a. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide found at friend's house Baltimore, Md. 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es stated. Medical (Check only one) 2 Madfcaf Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner stated. 29b. Signature and fittle of certifian 29c. Licansa number 29d. Dete signed (Month, Dey, Year) O.C.M.E. JANUARY 2, 1998 us 30. Name and eddress of person who completed caus of death (Item 23a) (Type, Print) THEODORE Mikmo 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year) Registrer's Signeture State Registrar

JAN 0 9 1998



State of Maryland / Department of Health and Mental Hygiene 38 00279

					Certificate of	of Death	R	eg. No.		J im / J	
Dharatat		1. Decedent's Name (First, Middle,	Last)	2 10 10			2. Date of Deal Month	th Dey	Year	3. Time the	
Physici /Medic		PHYLLIS N	DEENE	R			YMUNKY	06	1998	07:28	
Examin		4a. Facility Name (If not institution,	Location of Death								
		JINDI HOU			William A. V	BAUTIM			TIMO		
Funeral Director		219-70-3429	. Sex 7. 1 □ M 2√2 F	Age (In yrs. last bii 38	Yrs. If Under 1 Y-	ear if Under 24 Hrs Bys Hours Min.	8. Date of Birth (Month, Day)		9. Birthp Coun	lace (State or Foreign try)	
and **		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tow	n or Location				1	0d. inside City Limits	
the Marylan 28a-f show	tor	Md. N	A	Balt	imore					¥☐ Yes 2☐ No	
72 hours after death with the Maryland natural; or items 23s or 28s-f show	Funeral Director	10e. Street and Number 5406 Catalph	a Road		10f. Zip Coo 212		1	0g. Citizen of US	What Cour	ntry?	
items 2	ner	11. Maritai Status	12. Was Decede	ent Ever in U,S.	13. Wes Decedent	of Hispanic Origin? (S Cuban, Mexican, Puer	pecify Yes or No-		e - Americ		
of 2 should be filed within 72 hours after th and Mental Hygiene. 7 is marked other than "natural; or fie traumatic event, "a Med Call Examina	by	1 Never Married 2 Married 3 Widowed 4 Divorced		□ No	1 ☐ Yes 2 ☐	o Hican, etc.)	Specif		etc. lack		
72 hours	Completed	15. Decedent's	Education	16a	Decedent's Usual Oc	ccupation	rkina	16b. Kind of B			
within 7	nple	Elementary/Secondary (0-12)	College (1-4	or 5+)		one during most of wo		0 1	0		
77 00 10	Cor	12th Grade		Degree	Schoo			Schoo.		scem	
be fill H od out	Be	17. Fether's Name (First, Middle, La	E			18. Mother's Nai	me (First, Middle, I	Ma <i>iden Suma</i> n Hoope	,		
ges 1 and 2 should be filed it of Health and Mental Hyg If Item 27 is marked othe or other traumatic event,	7	Garnal Lee	Deener		Matter Address (0)			-		Corto	
alth and 27 is m		19a. Informant's Name/Relationship		198	. Mailing Address (St	reet and Number or R	Jrai Houte Numbei	, City or Town	M - Zip	21214	
1 and 1 Health em 27 i		Elnora Deene	er	20h Place 0	406 Cata	lpha Roa		20c. Location			
		1 Burial 2 Cremation 3 4 Donetion 5 Other (Spe	☐Removal from Sta	210	f Disposition (Neme or ry, crematory or other						
permit. Pa Departmer Important: any injury		1		Arbı		Pk.Cem.	01-12-9	8 Ar		s, Md.	
Depa Impo		21. Signature of Funeral Service Lic	ensee		22. Name end A	dress of Facility B	altimor	e, Md	. 21	202	
40144		Unessed	A		WM.C. M	larch FH	1101 E.	Nort	h Av		
		23a. Part1. Enter the disease, or co shock, or heart failure. List or	mplications that cau ly one cause in each	sed the deeth. Do h line.	not enter the mode of	dylng, such as cardia	c or respiratory arm	est,		Approximate interval Between	
Physician /Medical		Immediate Once /Final				and the			1	Onset and Death	
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	e	ND STAGE	E RENAL	DNEME					
	20	Tobality in doubly			consequence of):				1		
Sit	cat Examiner										
54	xar	Sequentially list conditions, If any, leading to immediate									
a E	alE	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or as a consequence of): DIABETES MELLITUS C. Due to (or as a consequence of):									
* 8.4 J	dic	resulting in death) Lest									
ding	M	d									
igned by the attendit	Physician/	Death Other standings and an distance		h to a - a - a - a - a - a - a - a - a - a			005 0144			Ab a server of death 0	
ed by the detached	nysi	Part II. Other significant conditions				23b. Did tobacco use contribute to the cause of de					
dete		INFECTED	LEFT GR	ZAA MIOS	ŒSS		101	☐ Yes 2 No 3 Probably 4 Unknown			
een sign	d by	Connin		1			24a. Was a	n autopsy	24b. W	ere autopsy findings	
	iete	CHICDIO	MADULATHI	1		perfor	med?	CO	ellable prior to mpletion of cause deeth?		
22 8	Completed										
icate h							1 ☐ Yes 2 No 1 ☐ Yes 2 No				
this certific al director,	Be c	25. Was case referred to medical examiner?	Hospitel:			Othor	ath (Check only or				
a i	. To	1 ☐ Yes 2 No 27. Manner of Death	1 ESLIND		-	4 Livuising r	fome 5 ☐ Reside			у)	
After fune	Certification:	1 Neturel 5 □ Pending	28a. Date of i (Month,	Dey Year)		njury et Work? 1 □ Yes 2 □ No	200. Describe in	ow injury occur	1100		
Attending or death. octor: After by the fune	cal	3 ☐ Suicide 6 ☐ Could no	be on Dian of	Injune At home for	ırm, street, factory, off		OR Leaving (Checkend Number on Dural Doub Number				
or A efter Direction by	ertit	4 ☐ Homicide determine	building,	, etc. (Specify)	im, street, factory, on		Location (Straet end Number or Rural Route Number, City or Town, Stete)				
To the Hospital or Attending F within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	Ö	29a. Certifier 180 Certifying	Physician: To the he	et of my knowledge	death occurred at th	e time, date end plece	and due to the o	auga(s) and m	00007.00.0	tated	
Fun etely	edicai		aminer: On the basis	s of examination an	d/or investigation, in r	ny opinion, death occi	irred at the time, d	ate end place,	and due to	the cause(s)	
within 2 To the comple	Me	29b. Signature and title of certifier	and marries	Statoo.	29c. Lic	ense number	2	9d. Date signe	ed (Month,	Day, Year)	
- ≯ ⊢ ŏ		Paru Sena	MOU		00-	2402321 P.				1998	
T				-		2702321 P.	כדון נ	1.4(7)	~/ UV	, , , , ,	
10		30. Name and address of person when PAUL SERAL			(Type, Print) SFLVEDERE	- ANENVE	PAITIN	HORE Y	SICIO	Mann	
		31. Date filed (Month, Day, Year)		Istrar's Signature	שניינושייני	11151415	DRUT	1	21	215	
Sta Registra				hia Davidson	Bud on						
		JAN 09 19	130	- Methinson	-National						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 3 Time of Deeth 2 Date of Death Physician LEOLA M. DODSON 7, 1998 5:28 PM JANUARY /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltimore Saint Joseph Medical Center Towson 5. Sociei Security Number If Under 1 Yeer if Under 24 Hrs. 6. Sax 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 1 M 2 F 219-20-9022 83 Yrs. Director FEB. 14, 1914 SOUTH CAROLINA Usual Rasidenca of Decedent the Menylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r 28a-f show 1 Tyres 2 No MARYLAND N/A BALTIMORE CITY Directo 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Coda r than "natural", or items 23a or the Medical Examiner must be 1511 N. EDEN STREET 21213 U.S.A. death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Reca - American Indien, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or fie any injury or other traumatic event, the Medical Examina 1 Yes 2 No It Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married 1 Yes 2 No Specify: Specify:NEGRO by 3€ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usuel Occupetion (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind ot Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12TH CUSTODIAN BALTIMORE CITY 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be ALEXANDER COCKRELL MARY ANN CARR 19a. Intorment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Coda) 3308 CROYDON ROAD BALTO, CO, MD. 21207
e of Disposition (Neme of Dete 2000 Location - City or Town, Stete MARY D. GOODE / DAUGHTER 20b. Plece of Disposition (Neme of cematary, cramatory or other plece) 20a. Mathod of Disposition 1 ☑ Burial 2 □ Cremation 3 □ Removel from State JAN. 13, 1998 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST VETERANS CEM. OWINGS MILLS, MD. 21. Signature of Funeral Service Licensee 22. Nama end Addrass of Facility CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213 Pert 1. Enter the disaesa, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between PESS DIHAN Physician Immediate Ceuse (Finel diseese or condition resulting in deeth) 24 HOURS /Medical PULMONARY EDEMA Examiner Due to (or es a consequence ot): LESS THAN Examiner 24 HOURS MYOCARDIAL INFARCTION b. ACUTE physicien and s the buriel-trans Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence ot): . ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE YEARS Physician/Medical Dua to (or as e consequence of) 80 esn ed by the a Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 25 No 3 Probably 4 Unknown signed t þ 24b. Were eutopsy tindings eveileble prior to completion of cause of deeth? 24a. Wes an autopsy performed? Completed 20 NO 1 Yes 20 No certificate 25. Wes case reterred to medical exeminer? Be 26. Piece of Deeth (Check only one) To 1 Yes 2 No Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 € Inpatient 2 ☐ ER/Outpatient _3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28b. Tima of Certification: 1 Waturel 5 ☐ Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 ☐ Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of injury - At home, farm, straet, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier 15 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and dua to the ceuse(s) and menner es steted. edicai 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at tha tima, date end place, and due to the causa(s) end menner stated. (Check only 29b. Signature end title of cartifier 29c. Licansa number 29d. Data signad (Month, Dey, Year) D16492 ealus 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 7620 YORK ROAD TOWSON, MARYLAND 21204 BEATRIZ P. DIZON. M. D. 0 9 1998 Funa Savidson 31. Date tiled (Month, Day, Year)

DHMH 16 Rev 6/95

State Registrar

Baltimore, Maryland 21215-0020

death certificate be executed

P.O. Box 68760,

Vital Records,

of

hysician:

ann beaugy de

DULLDHARY ETEM

ADDITIONAL DISTRIBUTION STADE

Series a preparation of the medical areas

MINI PS

DISMBIT

ASSES CHILDREN DATE OF THE MAN TO SEE A LIBERT OF LETTINGS

State of Maryland / Department of Health and Mental Hygiene?

Certificate of Death

Physician
/Medical
Examiner

Funeral Director

Funeral þ Completed

7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Modical Expense, must be notified at hours after death Hygiana. and Mental Hygin ed bluods permit. Pages 1 and 2 sh Department of Haalth and Important: If Item 27 is m any injury or other traum once.

Edwards,

AME

Physician /Medical Examiner

Division of Vital Records, P.O. Box 68760 signed by the certificate # Aller Director

ö 24 hours a To the P Within 2 To the P complet Registrar

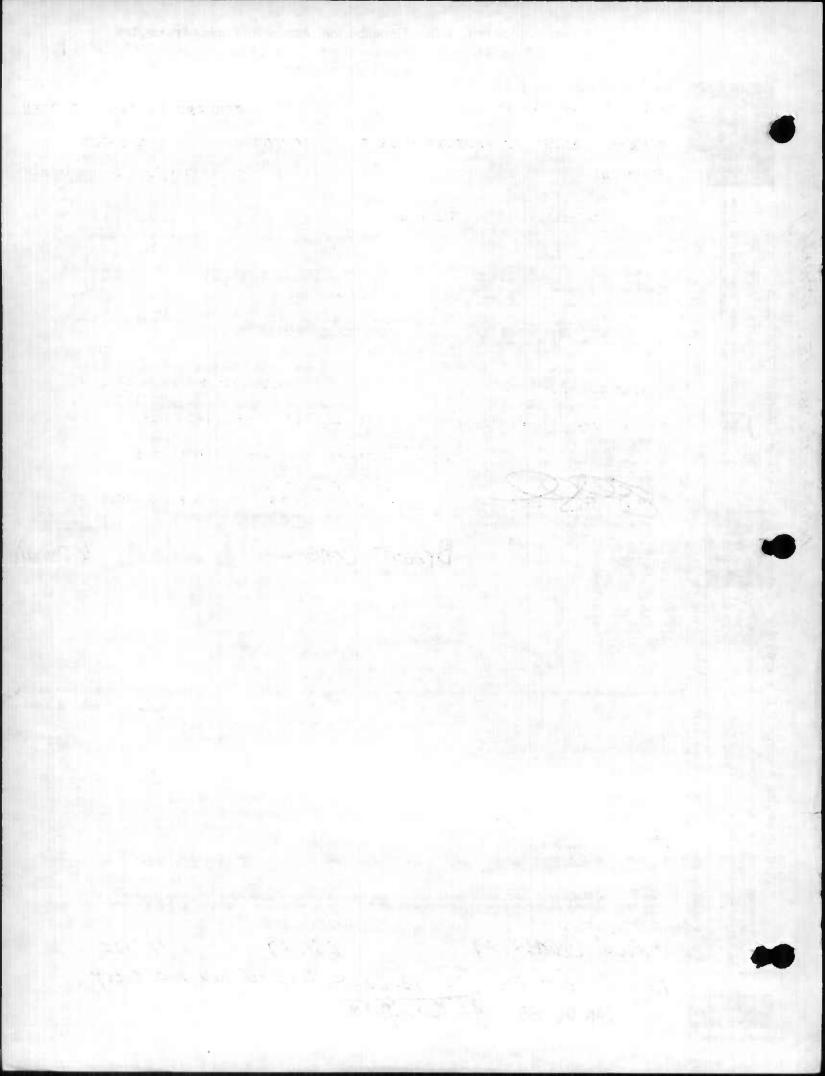
2. Data of Deeth 1. Decedant's Nama (First, Middla, Last) 3. Time of Death Marilyn Louise Edwards 7, 1998 3:30PM JANUARY 4a Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Months Days 1□ M 2₩ F Yrs. 191-26-9812 62 Oct. 10 1935 Pennsylvania Usual Rasidence of Dacedent 10e. State 10b. County 10c. City, Town or Location 10d. Insida City Limita 1 Yas 2 No Timonium Baltimore 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? USA 21093 315 Gailridge Rd. Race - American Indien, Black, White, atc. 12. Was Dacedant Ever In U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Datas: 1 Navar Married 2 Married 1 Yas 2 No Specify: White Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada complated) Elementery/Secondary (0-12) Collaga (1-4or 5+) Health Care Nursing 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meidan Sumeme) Maria Elizabeth Hoebener William Trautman Miller 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. fnformant's Name/Ralationship (Type, Print) 315 Gailridge Rd., Timonium, MD 21093 Donald George Edwards/Husband 20b. Placa of Disposition (Nama of cematery, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cramation 3 ☐ Ramoval from Stata
4 ☐ Donetion 5 ☐ Other (Specify) Balto. Washington Crematory 1/9/98 Laurel, MD 22. Nama and Addrass of Facility
Lemmon Funeral Home 10 W. Padonia Rd., Timonium, MD 21093 Michael J. Flagle Part Entur the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Deeth Immediata Causa (Final disaasa or condition Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiate causa. Enter Underlying Qause (Disease or Injury that Initiated avents resulting in death) Last Dua to (or as a consaquanca of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 1 You 3 Probably 4 Unknown þ 24b. Ware eutopsy findings available prior to 24a. Was an autopsy Completed completion of cause of daath? 1 ☐ Yas 2 ☐ No 25. Was casa refarred to madical axaminer? Be 26. Placa of Death (Check only one) 1 Yas 20100 27. Manner of Death Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 Dispetient 2 ER/Outpatient 3 DOA 28d. Dascribe how Injury occurred 28b. Time of 28c. fnjury at Work? Certification: 5 Panding Invastigation 2 Accident 1 ☐ Yas 2 ☐ No 3 ☐ Sulcida 6 ☐ Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide Certifying Phyaician: To tha best of my knowledge, deeth occurred at the time, dete and placa, and due to the ceuse(s) end menner es stated.

2 Madfcaf Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, data and placa, and due to the causa(s) end manner steted. 29a. Cartifian Medical (Check only one) 29d. Data signed (Month, Day, Year) 29c. License number 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

ALL CELAND, MD 6565 N. Charles ST, BALTIKIU MS ETC. Y 6565

DHMH 16 Rev 6/95

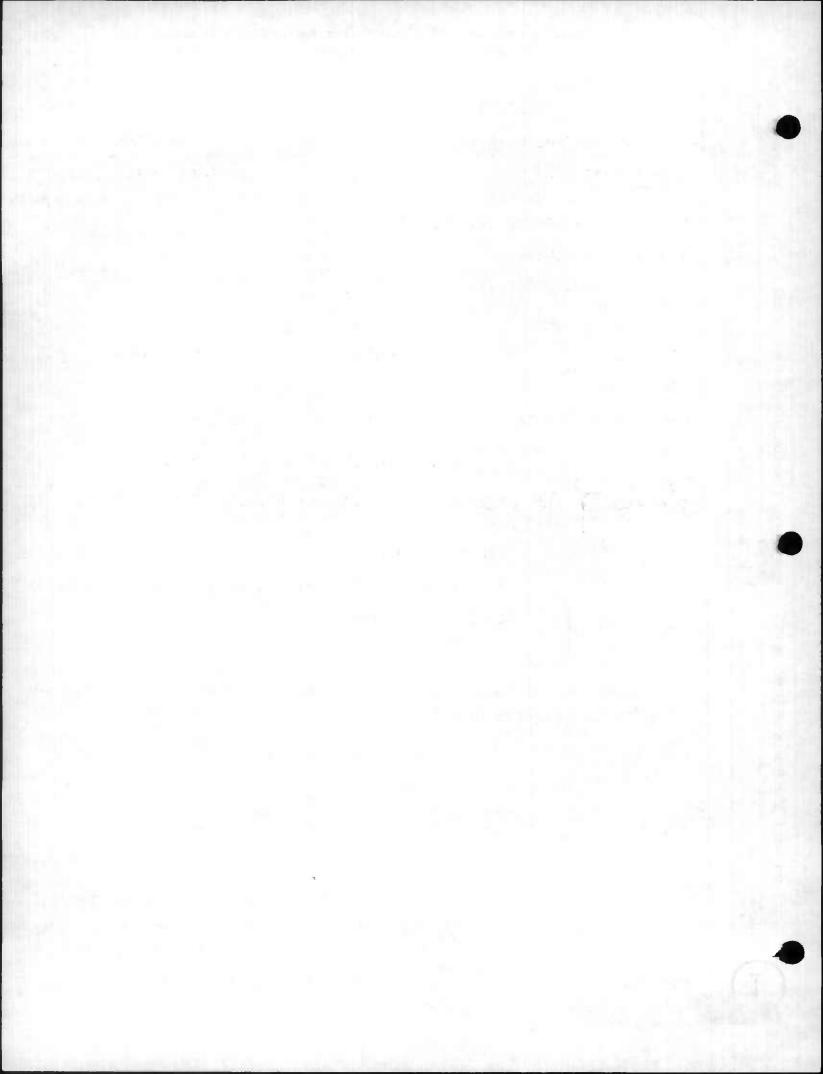
JAN 09 1998



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth **Physician** Month FREDERICK P. FODEL JANUARY 2, 7:15AM 1998 /Medicai 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** FALLSTON GENERAL HOSPITAL BELAIR HARFORD CO. 5. Sociel Security Number If Under 1 Year Months Days If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Ye 2-17-35 9. Birthplace (State or Foreign Country)
PENNSYLVANIA 7. Age (In yrs. lest birthdey) **Funeral** Hours Min. 10 M 20 F Yrs Director 213-30-4117 62 Usuei Residence of Decedent 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No MARYLAND HARFORD CO. BELAIR ê 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8 Herris 23a 1607 PRINDLE DRIVE 21015 USA Funeral 12. Wes Decedeni Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 Yes 2 No if Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 8 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. other than filed within Eiementary/Secondary (0-12) College (1-4or 5+) 10 YEARS PRINTER NEWSPAPER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 88 should be Mental marked ABDOO FODEL EMALINE ELLIS 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If New 27 is in any injury or other traun once. MRS. VIRGINIA FODEL 1607 PRINDLE DRIVE BELAIR, MARYLAND 21015 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Donetion 5 Other (Specify) STANISLAUS CEM. 1-5-98 BALTO, MD. 21224 22. Name end Address of Fecility
KACZOROWSKI FUNERAL HOME
1201 DUNDALK AVE., BALTO. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. MD. 21222 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel CARDIAC ARREST 3 YEARS disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner ARTERIOSCLEROTIC HEART DISEASE The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury interinitieted events resulting in death) Lest pue Due to (or es e consequence of): CONGESTIVE HEART FAILURE Box 68760, physician Physician/Medical the Due to (or es e consequence of): signed by the e Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIABETES MELLITUS TYPE 2 Division of Vital Records. p should should Completed 24a. Was an autopsy pertormed? 24b. Were eutopsy findings aveilable prior to completion of cause of death? has 1 ☐ Yes 2 1 No this certificata 1 ☐ Yes 2 ☐ No or Attending Physician: after death. Director: After this certifica Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 XER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturai 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 🗀 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 2 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Di complately filled in Medical 29e. Certifier 1 🔀 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) and manner as stated. (Check only one) 2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Deie signed (Month, Dey, Year) D08791 JANUARY 2, 1998 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) BEN OTEYZA, M.D. 846 S. MAIN STREET BELAIR, MARYLAND 21014 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State 0 9 1998 Registrar

DHMH 16 Ray 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth **Physician** FLEMING Month ELIZABETH 12:33 AM January /Medical 4b. City, Town, or Location of Death Nama (If not Institution, give street end number) Examiner If Undar 1 Yaar Under 24 Hrs 9. Birthplaca (State or Foreign Country) **Funeral** Deys Director Usual Residence of Decedant 10a State 10b. County 10d. Insida Oty Limits mast be nothed at ALTIMORE 1 Yas 2 No Director 10e. Street and Number 10g. Citizen of What Country? Completed by Funeral Herms 11. Maritel Status 12. Was Decedent Ever In U.S. Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, spacify Cuben, Mexicen, Puarto Ricen, atc.) Race - Amarican Indian, Black, Whita, atc. Armed Forces?

Yes 2 No
f Yas, Give
Year or Datas: the Medical Examiner filed within 72 hours after 1 Nevar Married 2 Married 1 Yas 2 No 21215-0020 ò BIACK Specify: 3 Widowad 4 Divorced "natural". 16a. Dacedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) r than Collega (1-4pr 5+) Hygiene. UNKNOWN Unknown Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be Pages 1 and 2 should be finent of Health and Mental I int: If item 27 is marked of MC ALTIN MCALTIN 19a. Informant's Name/Ralationship (Type, Print) GO ALD AN 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 861 PACTIMORE MO21201 other 20b. Pleca of Disposition (Nama of cematary, cramatory or other) 20a. Mathrod of Disposition 1 Burial 2 Cremetion 3 Removal from State 8 Department of Important: If any Injury or 4 Donation 5 Othar (Spacify) 21. Signature of Funaral Sarvice Licenses GILMOR ST. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such es cerdiac or respiretory errest shock, or heart failure. List only out cause on each line. Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) 3 DAYS 1 ROSEPSIS Examiner Dua to (or as a consequanca of): Physician/Medical Examiner the burial-transit or Attending Physician: The law requires that the death certificate be asscuted Sequantially list conditions, if any, laading to Immadiata ceuse. Entar Undarlying Causa (Disease or Injury that Initiated avants rasulting In daath) Last and Due to (or as a consaguance of): Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Hypertension, anemia, dementia Completed by 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? periphenal vascular disease 1 Yas 2 No this certificate 1 Yas director. 25. Was cesa rafarred to medicel axaminar? Be 26. Place of Death (Check only ona) 1 Yas 2€ No Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Certification: To Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28d. Dascribe how Injury occurred 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending Invastigation 1 Yas 2 No s after death daath 2 Accidant in by the 3 Suicide 6 Could not be 28e. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rurel Route Number, City or Town, Stata) 4 Homicida Hospitai 24 hours a 29a. Cartifian Medicai i 🔂 crifying Phyalcian: To tha bast of my knowladga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medicat Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. To the I within 2

State Registrar 31. Data filad (Month, Ďay, Yaar) JAN 09 1998

Melanic Katzman, MD

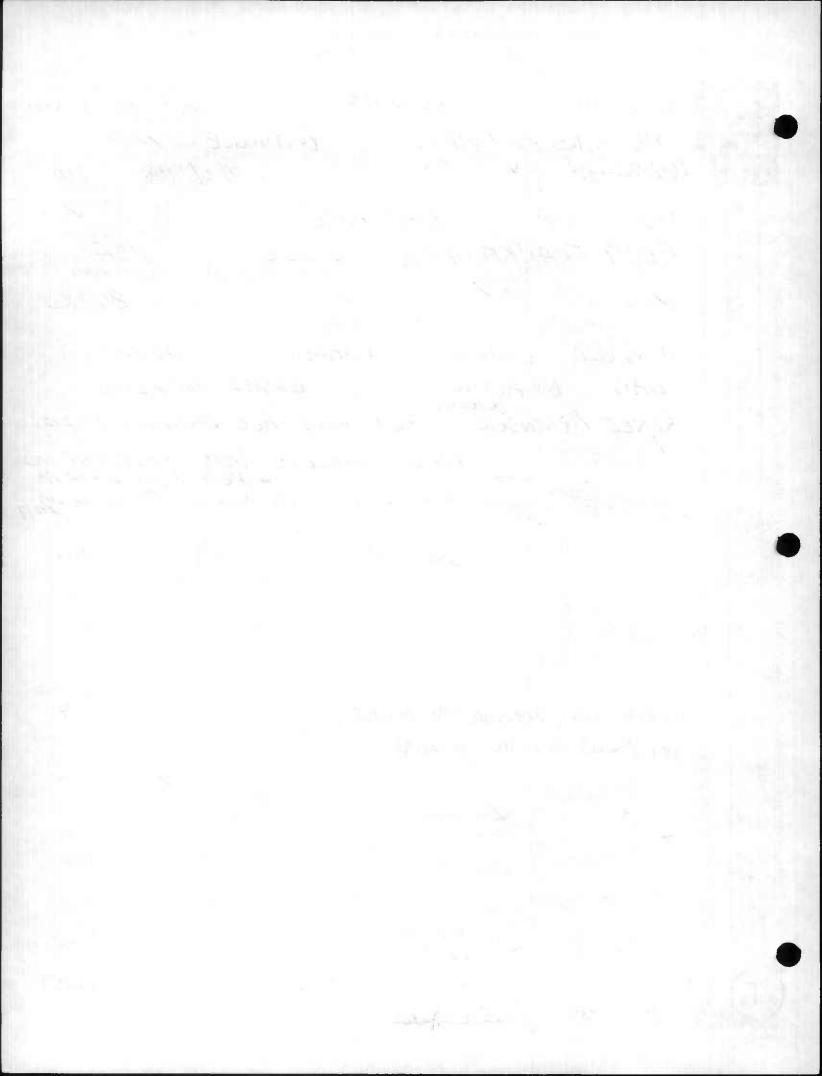
29b. Signature end titla of certifian

GOO North Wolfe sweet, Town 110, Balkmore, MD 21287

30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Typa, Print)

MEDICAL RESIDENT 29c. Licensa number

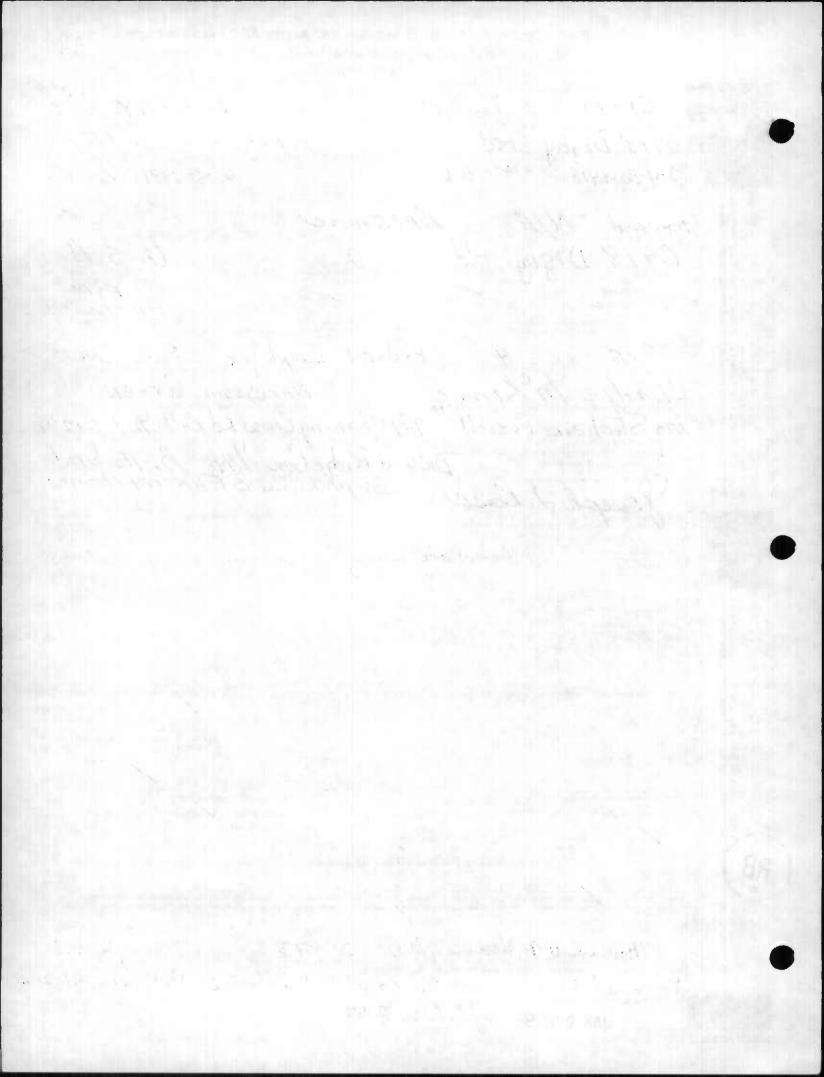
29d. Date signad (Month, Dey, Yaar)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth N **Physician** Elvina D. /Medical 4b. City. Town, or Location of Death 4a Fecility Name (If not institution, give street or Examiner 18 more If Under 1 Year Birthplace (State or Foreign Country) Age (In yrs. lest birthdey) **Funeral** Days Min. 214-30-69 Usual Residence of Deco 1 M 2 4 Yrs Director 10a. State 10b. County 10c. City, Town or Location 10d. Inaide City Limita r than "natural", or items 23a or 28s-f show the Medical Examiner must be notified at 1₽Yes 2□No Directo naryland 10e. Street and Number more 10f. Zip Code 10g. Citizen of What Country? Funeral death 12 Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien Black, White, etc. 11. Maritei Stetus 72 hours after 1 Yes 2/2
If Yes, Give
Year or Dates: 1 Never Married 2 Married 2/2 NO altimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 Widowed 4 2 Divorced me Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. 100 NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Hygiena. Soc h and Mental Hygie e 18. Mother's Tame (First, Middle, Maiden Sumeme) permit. Pages 1 and 2 should be filt Department of Health and Mental th Important: if item 27 is marked oth any liqury or other treumetic even page. Be NATCISSIA Green 19a. Informent'a Name/Relationship (Type, Print). Dig 4 19b. Meiling Address (Street end Number or Rurel Royle Number, City or Town, State, Zip Code) 20b. Place of Disposition (No cemetery, crematory) 20a. Method of Disposition m5 Pate 20c. Location - City or Town, State ₩ Burial 2 Cremation 3 Removal from State 110 4 ☐ Donation 5 ☐ Other (Specify) Luss on complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, use only one cause on each line. Approximate Intervat Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Cancinoma oneyean una Examiner Due to (or as a consequence) Physician/Medical Examiner the attending physician and hed for use as the burial-transit that the daath certificate be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury Due to (or as a consequence of) of Vital Records, P.O. Box 68760, thet initiated events resulting in death) Last Due to (or es a consequence of) signed by the a 23h. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 TYON 2 No 3 Probably 4 Unknown þ The law requires 24b. Were eutopsy findings evailable prior to 24a. Was an autopsy performed? Completed been s completion of ceuse of death? certificata has 1 Yes 2000 1 ☐ Yes 2 ☐ No Physician: 25. Was cese referred to medicel examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 1 Yes 2 No 10 5 Nesidence 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 6 ☐Other (Specify) this 27. Manne of Death 1 Natural 28d. Describe how injury occurred 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Certification: Mission 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homiclde 1 Decriffying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated edical 29a. Certifier 2 Medical Examiner: On the besis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only one) within 2 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Battinpae, ourt Rd. Suite 306 Old 4000 31. Dete filed (Month, Day, Year) State Registrar JAN 0 9 1998

DHMH 16 Ray 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No." 1. Decedent's Name (First Middle Last) 2. Date of Death Month 8:44 PM FOWLKES Lanuary 1998 4e. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltimore If Under 24 Hrs. Min. NA THE 30 hrs 105 CITY (In yrs. last birthday) If Linder 1 Year 6 Sex 7. Age Birthplace (Stata or Foreign Country) N C 5. Social Security Number Months Days 1 M 2 KF 63 Yrs 217-34-4321 Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Md. Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 918 North Linwood Avenue 21205 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 20 Married 1 ☐ Yes 2X No Specify. 3 ☐ Widowed 4 ☐ Divorced Black 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) High Sch. Grad Machine Operator NA Facilities 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Stanley John Hunter Evelyn 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) 21205 19a. Informant's Name/Relationship (Type, Print) Ernest Fowlkes 918 N. Linwood Avenue Baltimore, Maryland 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ™ Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Mt. Zion Cemetery 01-10-98 Lansdowne, Md. ing of Funeral Service Licens 22. Name and Address of Facility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23a. Pert1. Enter the disease, or complidations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final Metastatic GASTRIC CARCINOMA 6 months disease or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) examiner' 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Funeral

Director

Examiner must be

"natural", or

7 is marked other than "natur treumatic event, the Medical

nt of Health e I: if item 27 is 7 or other tre

permit. Page Department of important: if any injury or once.

the Maryland r 28a-f show

with

Pages 1 and 2 should be filed within 72 hours efter death nent of Health end Mentel Hygiene.

Baltimore, Maryland 21215-0020

physician end s the buriel-transit signed by the e peed has

Box 68760

Ö

م

Division of Vital Records,

page 2 certificate director, funeral

 Hospital or Attending Physician:
 24 hours after death.
 Funerel Director: After this certifica To the Hospital or within 24 hours aft To the Funerel Di completaly filled in

Physician/Medical by Completed Be 2 Certification:

Medical

State

Registrar

31. Date filed (Month, Day, Year) JAN 09 1998

Natural 2 Accident

3 Suicide

29a. Certifier

4 Homicide

5 Pending

Investigation 6 Could not be determined

29b. Signature end title of certifier 30. Name and address of person ted sause of death (Item 23a) (Type, Print)

29c. License number

Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

1 Yes 2 No

29d. Date signed (Month, Day, Year)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

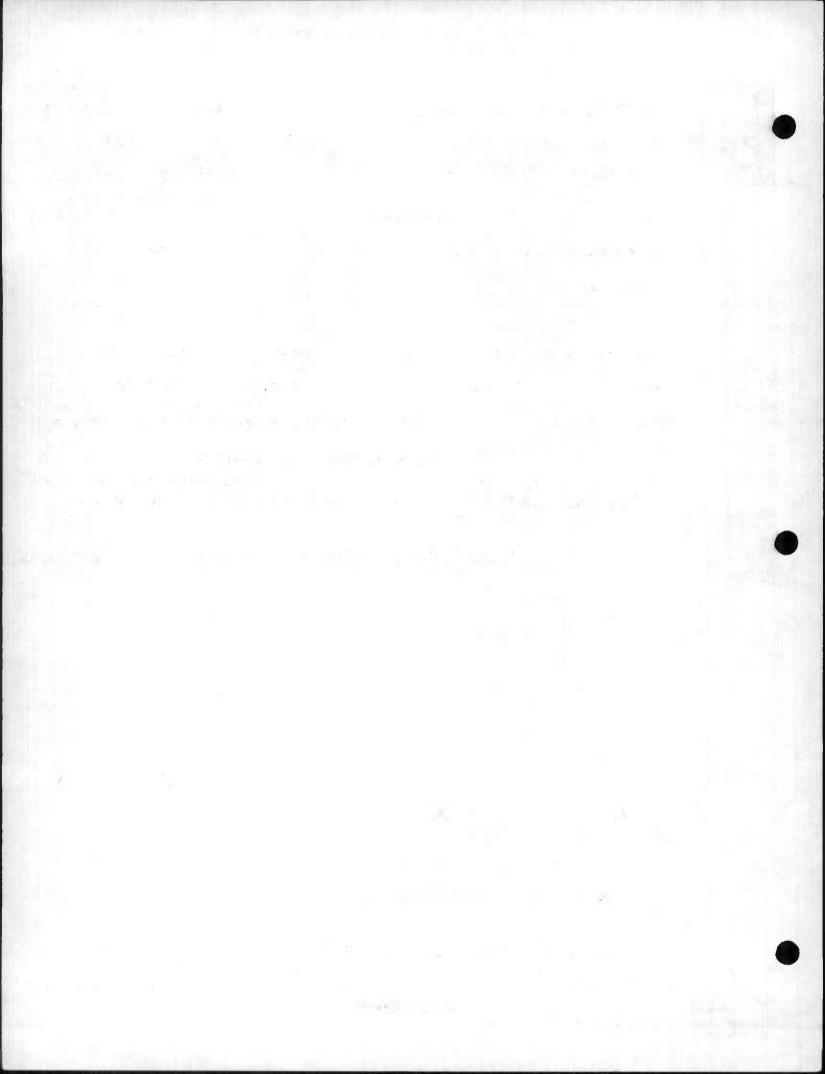
600 North Wolfe Street

Douglas Spegman, MD. Johns Hopkins Hospital Baltimore, Md. 21287

32. Registrar's Signature

Funa Jawason

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify)

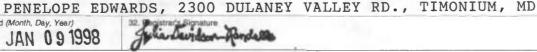


State of Maryland / Department of Health and Mental Hygiene | 8 Certificate of Death Amended#20b 20c perFH G755 1/9/98 EW 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Yaar **Physician** V. JOSEPH FARRELL 3, 1998 /Medical January 6:00 am 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** CARDINAL SHEEHAN STELLA MARIS HOSPICE TOWSON BALTIMORE If Undar 24 Hrs. 5. Social Security Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthplaca (Stete or Foreign Country) **Funeral** 8. Dete of Birth (Month, Dey, Yeer) 1⊠M 2□ F Months Deys Hours Yrs. Director 098-05-5976 9, 1916 NEW YORK Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location show 10d. Inside City Limits r 28a-f show Director 1 ☐ Yas 2 No OCEAN COUNTY TOMS RIVER 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ms 23a or with 14 BRISBANE COURT 08757 U.S.A. Funeral items 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yeer or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, Whita, atc. 11. Maritel Status The Modical Examiner filed within 72 hours after 1 Never Married 2 Marriad 21215-0020 b 1 ☐ Yes 2 No Specify: A Specify: 3 Widowed 4 Divorced WHITE natural Completed 15. Decedent's Education 16a, Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grede completed) I Hygiene. Eiementary/Secondery (0-12) College (1-4or 5+) MECHANIC 12TH GRADE COMMERCIAL OIL BURNER other traumatic event, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Pages 1 end 2 should be in ment of Health end Mental I sut: If item 27 is marked or CHARLES FARRELL JOSEPHINE GALLAGHER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Nümber or Rural Route Number, City or Town, Stete, Zip Code) VERONICA FARRELL (WIFE) 14 BRISBANE COURT-TOMS RIVER, N.J. 08757 other altimore, 20b. Piace of Disposition (Neme of Semetary, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 0 1 € Burial 2 Cremetion 3 Removel from State Long Island Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) PINELAWN CEMETERY 1/7/98 SUFFOLK COUNTY, N.Y. 21. Signeture of Funeral Service Lic 22. Nama end Address of Fecility
HUBBARD FUNERAL HOME INC. 707 WILKENS AVENUE-BALTIMORE, MD 21229 enter the mode of dying, such as cerdiec or respiretory arrest, Approximete Intervei Between Onset and Death **Physician** /Medical immediate Ceuse (Fine) diseesa or condition resulting in deeth) Cancer of Esophagus **Examiner** Due to (or as a consequence of) Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) De exec Box 68760, Physician/Medical the Due to (or es a consequence of): The law requires that the death P.O. Pert if. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? Records, þ 90 24b. Were autopsy findings eveileble prior to completion of causa of deeth? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No of Vital 25. Wes cese refarred to medical Be 26. Piece of Deeth (Check only one) exeminar' Other: 4 Nursing Home 5 Residence On Other (Specify) HOSPICE 1 Yes 2 No OL 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 岩 27. Manner of Deeth
12 Naturel
2 Accident Certification: 28d. Describe how injury occurred 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 디 5 Pending 1 Yes 2 No Investigation 3 Suicide 6 Could not be 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Medical Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, end due to the ceuse(s) and manner es steted.

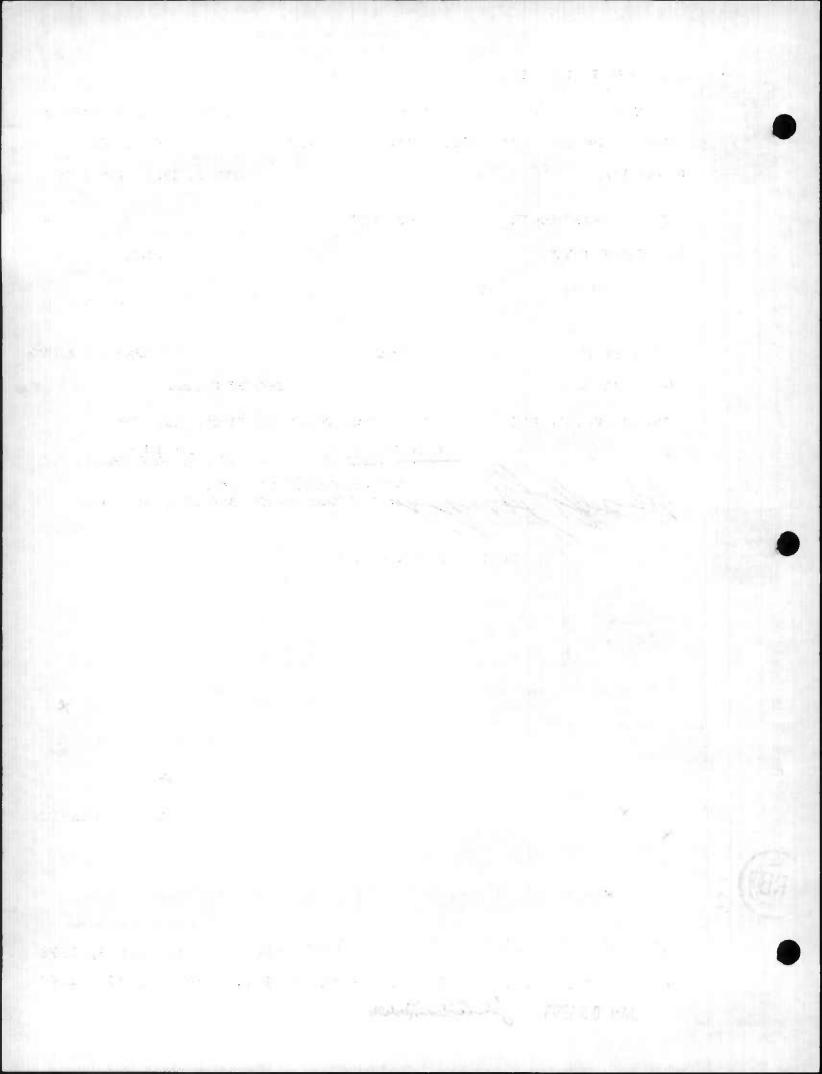
2 Medical Examiner: On the basis of exemination end/or investigetion, in my opinion, death occurred at the time, date end plece, end due to the cause(s) end menner steted. 29a. Certifier 29b. Signature and the of certifier 29c. Licansa number 29d. Dete signed (Month. Day. Year) January 5, 1998

State Registrar 31. Date filed (Month, Day, Year) JAN 09 1998

30. Name and eddress of person who completed ceuse of deeth (item 23e) (Type, Print)



21093

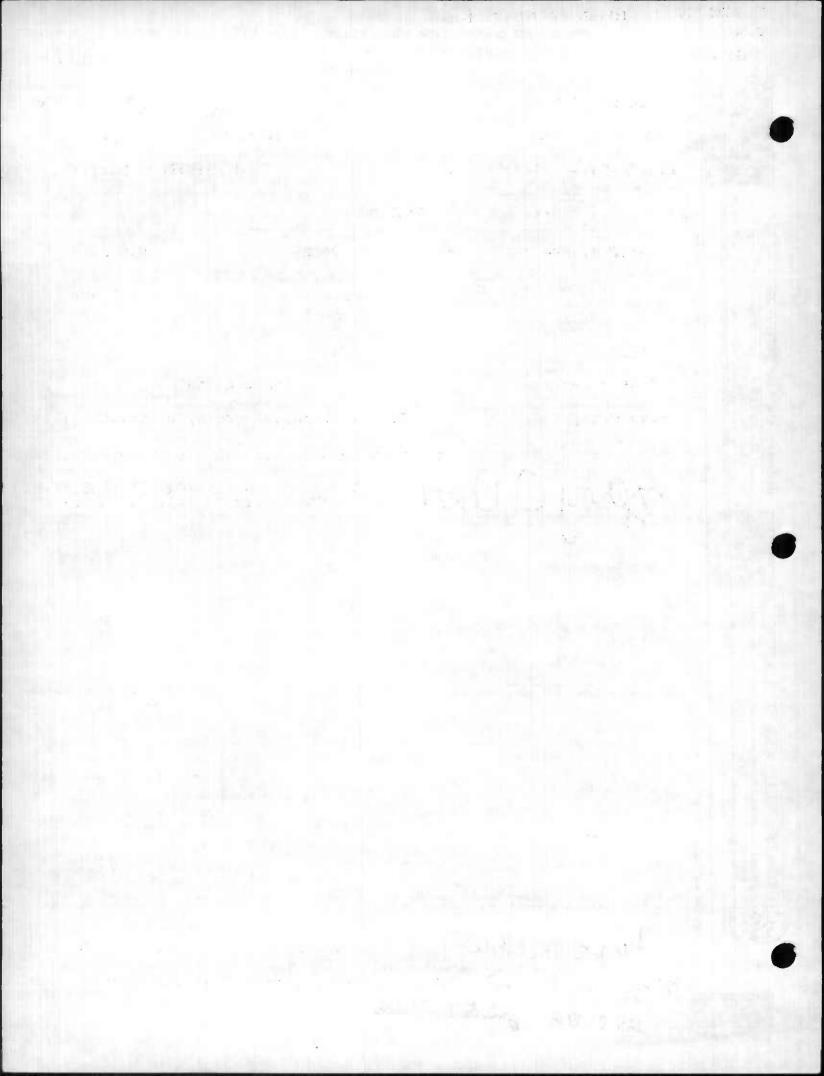


Item 57Per FH Film G755 1-28-98 rja

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

B.K.S State of Maryland / Department of Health and Mental Hygiene 8 0287 CLIFF FEW

Items:23a p	ar	t I.27.28a-f	per MEO G	-755 1/15/98	3 dh	Cer	tificat	e of	Death			Reg. No.	00		
Physicia /Medic	n	1. Decedent's Name CLIF	(First, Middle, La								2. Date of De Month	Day 3, 199	Year	3. Time 133	of Death O PM
Examin	1323 MYRTLE AVENUE									wn, or L	ocation of Death RE	Death 4c. County of Death N/A			
Funeral Director		5. Social Sacurity No. 215-70-	5491	Sex 7. Ag 1 XM 2 ☐ F	0.7	(In yrs. last birthday) If Undar 1 Year If Under 24 Hrs. Months Days Hours Min.					8. Date of Bird 0 1/3 1	9. Birthp Coun Mar	laca (State try) 1 an	or Foreign d	
Maryland f show	tor	Usual Residence of 10a. State MD	Decedent 10b. County N	/A	10c. City, Tow		ation	E					1	0d. Inside 0	City Limits
with the	Funeral Director	10e. Street and Number 10f. Zip Code 21229									10g. Citizen of	Whet Coun			
5-0020 72 hours after death with the Maryland natural', or items 23a or 28s-f show diest Examiner must be notified at	by Funera	11. Marital Status (X) Nevar Marrie 3 Widowed	ed 2 Married	12. Was Decedent Armed Forces' 1 Yes 2X If Yes, Give Yaar or Dates:	?		Vas Daced Yas, spec				ecify Yes or No Rican, atc.)	Ble	ce - Amaric ick, White, fy: B1	etc.	
T C 1 40	Completed	(Special Special Speci	15. Decedent's E ify only highest grandary (0-12)	ducation ade completed) College (1-4or		(Give I	O NOT us	rk dona	during mos	it of work	ing	16b. Kind of E	n/a	dustry	
be file doth	To Be C	17. Fathar's Name (Edwar	First, Middle, Last	")							e (First, Middle, Smit]		ma)		
Ma July and 2: 18 27 Is		19a. Informant's Na Rose W		(Type, Print)							al Route Number				229
Baltimore, Noemit. Pages 1 and Department of Health Important: If Item 27 any injury or other to page.		20a. Mathod of Disp Burial 2 [4 Donation	ry, crem	position (Neme of ematory or other place) Lon Cemetery 1/9/98					20c. Location - City or Town, State Baltimore, Maryland			yland			
Physician /Medical Examiner	ner	23a. Signaturi di Fundani di Fund	te disease /or com failure. List only	nplications that cause on each	Me death. Do	LF 46 not ente	EROY 500 : or the mod	O. LIB	ERTY	PT 8	S SON I	AVE., B	L HOI	ME, 21 Approximinterval Boonset and	207 ete etween
	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.													
a and	that initiated events resulting in death) Last Dua to (or as a consequence of):														
P.O.	Phy	Pert II. Other eignifi	cant conditions	contributing to death b	out not resulting i	n the un	nderfying c	euse gi	ven in Pert	i.		tobacco use c			of death?
Records,	Completed by										24a. Was	an autopsy primed?	av	ere autops eilable prio mpletion of death?	rto
- F # d	Ве Соп	25. Was case referr	red to medical						26. Place	e of Dea	1 Check only		15	¥es 2l	□ No
of Vita Physician: this certific ral director,	9	examiner?	No	Hospital:	ent 2 ER/O	utpatient	3 DC	Otl	her: 4 N	ursing Ho	ome 5/CXResi	denca 6 □Ot	her (Specif	y)	
Jn O Jing Ph After th funeral		27. Manner of Death	5 Pending	28a. Date of Inju (Month, Da	ay Year) 28b.	Time of Injury	P 2	8c. Inju Wo			28d. Describe	how Injury occu	irred		
Division or Attending after death. Director: After d in by the fune	27. Manner of Death 1							Street and Num	her or Burs	al Route Nu	ımber,				
		29a. Certifier	1□ Certifying Pi	found: res	idence	e, death	occurred	at the ti	me, data ar	nd place,	Baltimore and due to the	, Marylar ceuse(s) and n	nd nanner as s	tated.	
O YES HIS	Medical	(Check only one) Amelical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurrence and menner stated.								stil occur	Ted at the time,				
P 9 8		29b. Signatureland	gite D	relshill	/				•M.E			JAN.	4, 19		
		30. Name and address AAUA	A now	completed cause of	WM11	Pen		reet	, Bal	timo	re, Mar	yland 2	21201		
Stat Registra	-	31. Date filed (Mont	0 9 1998	guin D	rar's Signature	ndell	le								



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene-Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death Month 7, 1998 MILDRED THIES **GUERTH** 3:45 A.M. January 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Name (If not institution, give street and number) Baltimore Presbyterian Home of Maryland Towson If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 1□ M 2Ū F Months Days Hours Min. Yrs. 97 October 27, 1900 Maryland 212-14-0596 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ₽No Maryland Baltimore Towson 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21204 U.S.A. 400 Georgia Court 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, 11. Meritel Status Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 □ Never Married 2 □ Married Specify: White 1□ Yes 2 No Specify: 3 X Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) State Office 8 years Receptionist 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Bentz Thies Sarah Ann Gustave 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 400 Georgia Court Towson, Maryland 21204 Presbyterian Home (Guardian) 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other plece) 20c. Location · City or Town, Stete Date 1 Buriai 2 Cremation 3 Removal from State 1-9-98 Cedar Hill Cemetery Brooklyn, Maryland 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Mitchell-Wiedefeld Home anouse 6500 York Road Baltimore, Maryland 21212 23a. Part1. Enter the disease, or complications that caused it shock, or heart feilure. List only one cause on each line Approximate Interval Between Onset and Death lications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Immediate Ceuse (Final disease or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24e. Wes en autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of deeth? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No

Physician /Medical Examiner

Physician

/Medical

Directo

Funeral

by

Completed

Be

Examiner

Funeral

Director

the Maryland r 28a-f ahow

permit. Pages 1 and 2 should be filed within 72 hours after death with 1 Department of Health and Mental Hygiena. Important: If item 27 is merked other than "natural", or Nems 23a or 3 any injury or other traumetic avent, the Medical Examiner must be an once.

altimore,

Examiner

Physician/Medical the BS esn Completed page 2 Be

by

10

Certification:

edical

ician and burial-trans Box 68760. physician certificata be ed by the a has or Attending Physician: funeral after deat

Pivision of Vital Records, the Funeral

> State Registrar

JAN 09 1998

27. Menner of Desth

1 Netural

2 Accident

3 Sulcide 4 | Homicide

(Check only one)

29a, Certifier

5 Pending Investigation

6 Could not be determined

28a. Date of injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28b. Time of

29c. License number

1 Tes 2 No

28c. Injury at Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

Location (Street and Number or Rural Route Number, City or Town, State)

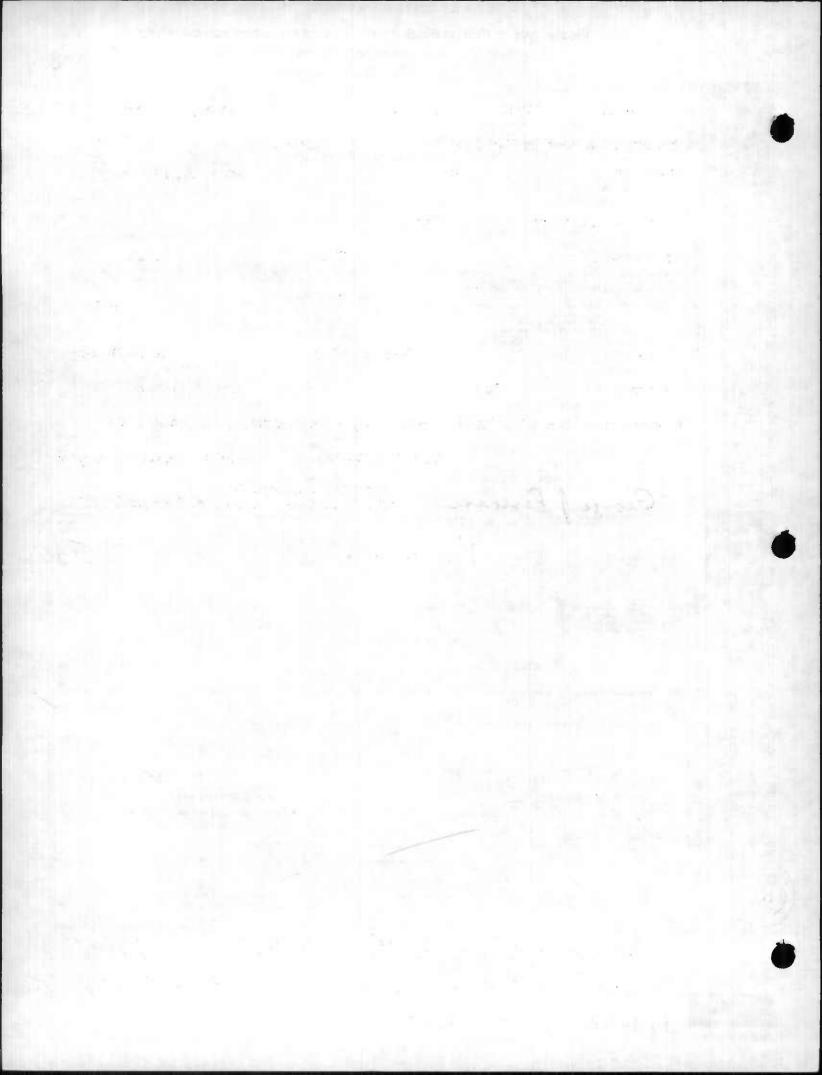
28d. Describe how injury occurred

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

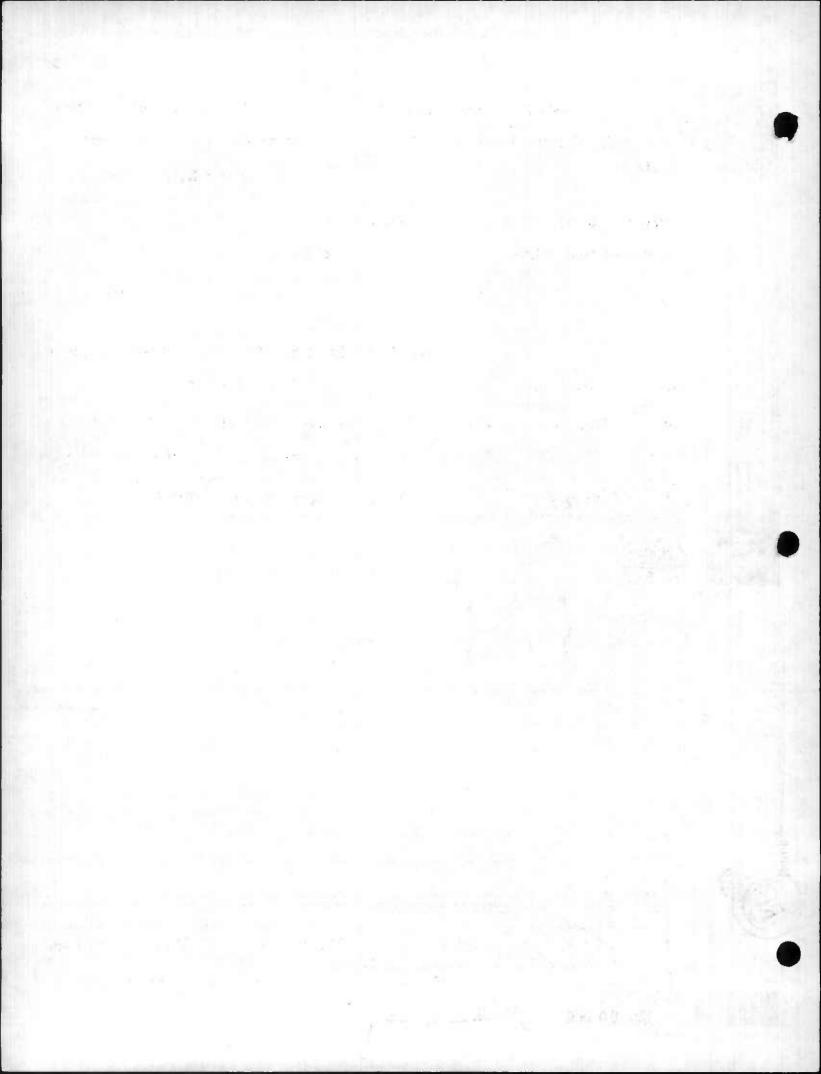
32. Registrar's Signeture Julia Dav Year Pandage

31. Dete filed (Month, Day, Year)

29b. Signeture end title of cartifier



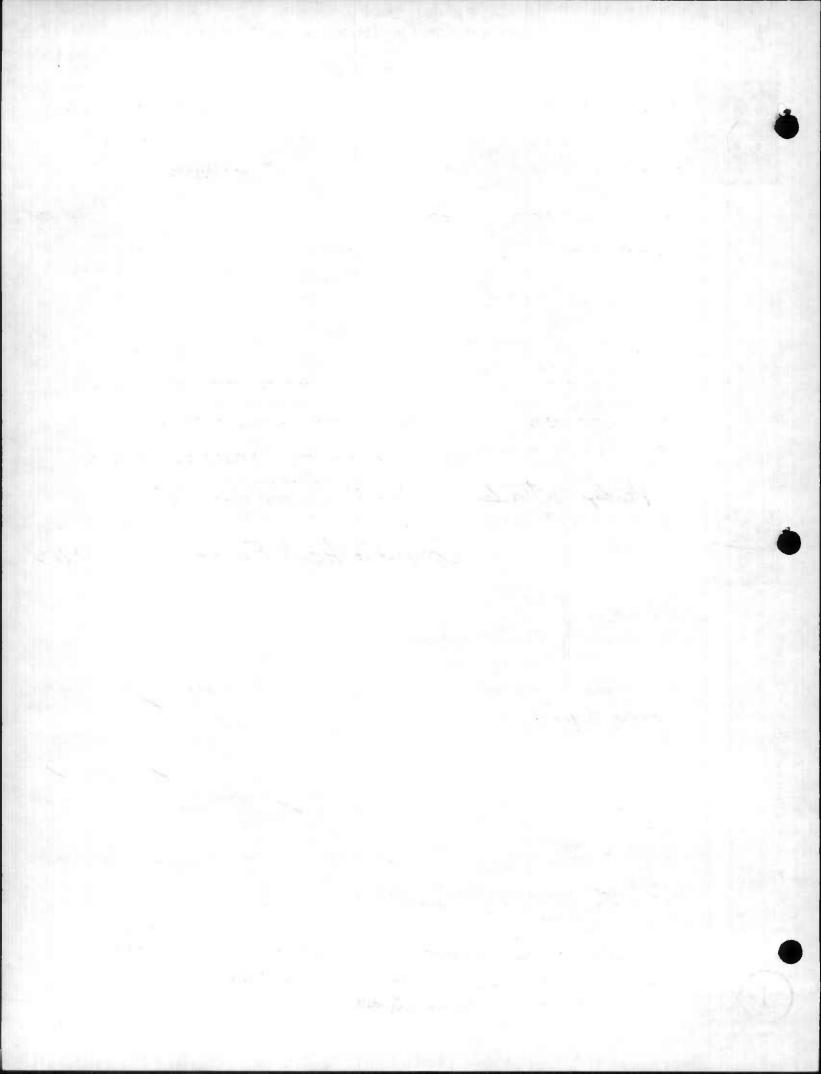
		Decedant's Nama (First, Middla, La	ıst)		Cel	unca	te of L	Jealii	2. Data of De	Reg. No.		3. Tim 1
Physicia		Jean Chanc		nn	Gerwig				January	Day	Yaar	B:45P
/Medic		4a. Facility Nama (If not institution, give		0.00	derwig		4	b. City, Town, or	- 4			D.40E
Examin	er		own Healt		e Cent	or		Catonsv		1000	altin	nore
uneral irector		5. Social Sacurity Number 6. 5	Sax 7. A		last birthday) Yrs.		r 1 Yaar Days	If Undar 24 Hrs Hours Min.	8. Data of Bir (Month, Da	th y, Year)	9. Birth	place (Stata or a
il ector		Usual Rasidance of Dacadant							October	15, 1919	Mary	/land
How #		10a. Stata 10b. County		10c. Cit	y, Town or Lo	cation						IOd. Insida City
r 28a-f show	ctor	Maryland Baltin	nore		Cat	onsv	ille					1 ☐ Yas 2
23a or 28	Funeral Director	10a. Street and Number 717 Maiden Choice	Lane			10f. Zij	p Code 2 '	1228		10g. Citizan of US		ntry?
0,0	þ	11. Marital Status 1 Navar Marriad 2 Married XX Widowed 4 Divorced	12. Was Dacedant Armad Forces; 1 Yas 20 If Yas, Giva Yaar or Datas:	?		Was Dace f Yas, spe I □ Yas		spanic Origin? (S n, Maxican, Puari Specify:	pecify Yas or No o Rican, atc.)	14. Ra Bla Specif	ck, Whita,	
Medical	Completed	15. Decedant's E (Spacify only highast gra Elamantery/Secondary (0-12)	ada complatad) Collage (1-4or	5+)		kind of wo	ork dona o usa ratired,	funing most of wor		16b. Kind of B		
ther th	S		5+		Special	Educa	ation	Resource S				Board o
to p	Be	17. Fathar's Nama <i>(First, Middl</i> a, La <i>st,</i> John Christian k						18. Mother's Nar Marian			na)	
marked matic e	2		(nipp									
9 78		19a. Informent's Name/Relationship ('D				and Number or Ru				
Item 27 other tr	and a supe	Mary Ann Chapman 20a. Mathod of Disposition	DT		lace of Dispo emetary, cran			treet Cu	Date	20c. Location		
눌		1 X Suriai 2 □ Cramation 3 □						1 Gardens		Lutherv		
ortant injury #		4 Donation 5 Other (Spacil		bul				s of Facility				
amy gang		DSKenas	6		65	00 Y	ork l	Road Bal	timore,			
sician		23a. Part1 Entar tha diseasa, or com shock, or heart feilura. List only	plications that cause one causa on each i	d fha daat ina.	h. Do not ante	ar fha mod	da of dying	g, such as cerdiad	or raspiratory a	rrast,		Approximata interval Batwe Onsaf and De
edical miner		Immediata Cause (Final disaasa or condition	а	Pr	reum	oni	9					days
-		rasulting in daeth)		Dua to (o	r as a conseq	uance of)	:				İ	
usit .			b	De	- Mer	11	a					year)
as the buriel-transit	Medical Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury thet initieted evants	C	Dua to (o	r as a conseq	uance of):	:					
use as the	n/Medic	thet initiated evants resulting in death) Last	d	Dua to (o	r as a consequ	uence of):						
e atte	icla	Pert II. Other algnificant conditions o	ontributing to death b	ut not res	ulting in the ur	darlying	ceuse nive	n In Part i	23h Did	tobacco usa co	ntribute to	the cause of
a detache	by Physician/				and in the co	ruanying (ouse give	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 🗆	^		bably 4 U
	Completed b								24a. Was	an autopsy med?	av co	ara autopsy fin- allabla prior fo mpiation of cau death?
page 2	E								10	ras 2 No	1[Yas 2□N
		25. Was cese rafarrad to medical						26. Placa of Dea		1		
	0	axaminar? 1 ☐ Yas 21 ☐ No	Hospitai:	ant 2	ER/Outpatian	3 D	OA Otha	P1 A	oma 5 ☐ Rasi		ar (Specif	(v)
		27. Menner of Deeth Naturel 5 ☐ Panding 2 ☐ Accident invastigation	28a. Date of Inju (Month, Da		28b. Time of Injury		28c. Injury Work 1 🗆 Y			now Injury occur		,
C L	Certification:	3 Sulcida 8 Could nof be datarmined	28a. Place of in building, at	ury - At ho c. (Specify	oma, farm, stre	et, fector	y, office		28f. Location (- City or Tou	Streat and Numi vn, Steta)	ber or Rura	al Routa Numbe
		29a. Certifier (Check only one) 12 Certifying Ph 2 Medical Exam	ysician: To the best niner: On the basis o and mannar st	examine	wladge, death ion and/or Inv	occurred astigation	at the time, in my op	e, dete end piece inion, daath occu	, and dua to tha rred at the time,	cause(s) end m dete end plece,	enner as s and dua to	teted. tha ceuse(s)
	-	29b. Signature and title of ceptifier		^		290	c. Licanse	7 4 -		29d. Data signe	d (Month,	Day, Year)
N. S. S. S.		1//	1	NID		6	04	してかし		Janco	Lry 7	1998
		30. Nema and address of person who	1 /									1



			a /Final Adiabatta 1													
hysisian		I. Decedent's Nam	e (FIISI, MIDDIE, L	.ast)							2. Date of Month		Day	Vear	3. Tima	of Deat
hysician /Medical	ı	Lester	George G	rube							Jan.	6	1	Year 998	2:5	(A C
xaminer	4	la. Facility Nama (If not Institution, g	iva street and n	umber)				4b. City, To	wn, or Lo	cation of D	eath 4	4c. County	of Death		
	п	Greater	Baltimo	re Medi	cal Ce	nter			Tow	son			Balti	Lmore		
neral	5	. Social Sacurity N	lumbar 6.	Sax	7. Aga (In yı	s. last birthday)		r 1 Yaar			8. Date of (Month)	Birth		9. Birthpi	aca (Stata	or For
ector		143-22-5	760	X M 2□ F	68	Yrs.	Months	Days	Houra	Min.	May 2				Jers	
	-	Jsual Rasidence o					-									
Ed et		IOa. State	10b. County			City, Town or Lo								10	d. Inside (
notified at		MD	Balti	more		Phoenix									1 🗆 Yes	2 🖔
Sire Pire	1	0a. Street and Nu	mber				10f. Zlp	p Code				10g. C	Citizan of V	What Count	ry?	
a la		1 Shanne	y Brook	Ct.				211	131				USA			
iner must be notified Funeral Director	1	1. Marital Status		12. Was Dec	cedent Evar in	U,S. 13.	Was Dece	dent of H	lispanic Ori an, Maxican	gin? (Spe	ecify Yes or	No-		e - America		
F.		1 Never Marr	ied 2 Married		2V No		_			i, ruaito	ricall, etc.,			ck, White, a		
5		3 Widowed	4 Divorced	Year or l	Datas:		1 ☐ Yes	SE NO	Specify:				Specify	/: WI	nite	
rt, the Madical Ex.		/Sna/	15. Decedent'a E	Education	1	16a. Dece	dent's Usu	al Occup	ation	t of work	ina	16b.	Kind of B	usinass/ind	uatry	
Me old		Elementary/Seco			(1-4or 5+)	life.	DO NOT u	ise retired	during mos d)	OF WORK	rig					
the M		12		4		Chief	Exec	cutiv	re Off	ice		An	chor	Fence	e Co.	
0	1	7. Fathar's Nama	(First, Middle, Las	it)					18. Mothe	r'a Name	First, Mic	ldle, Meide	en Sumen	na)		
To		Charles	Grube						Cat	her	ine La	uer				
em,		19a. Informant's N	ame/Relationship	(Type, Print)		19b. Malli	ing Address	s (Street	end Numbe	or Aura	al Route Nu	mber, City	y or Town,	State, Zip	Code)	
other treumatic ex		Gladys A	. Grube/	Wife		1 Sh	anney	Bro	ook Ct	., I	hoeni	x, M	D 211	131		
€ l	2	Oa. Mathod of Dis				Place of Dispo	osition (Ne	me of	cei 1/1	10/98	Date	20c.	Location -	City or To	wn, Stata	
any Injury or other treumatic events and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the			☐ Cremation 3 I 5 ☐ Other (Spec			laney V						Tim	oniur	n. MD		
를	2	21. Signature of Fu		•	A	-			ss of Facilit		aciio	12	OHLGI	11, 112		
any li		1/icte	i Len	arand	Dr.	I	emmor	n Fur	neral	Home						
			or Lengr	and, Jr		1	O T.T	Pade	onia I	₹₫	Timor	ilum.	MD :	21093		
ician dicai niner	li c	23a. Part1. Enter t shock, or hea Immediate Cause disease or condition resulting in death)	he disease, or cor rt failure. List only (Final		caused tha de each line.	eth. Do not en	Tree	de of dyir		cardiac o	or respirato	y arrest,	2		Approxima Interval Be Onset and	Deat
dicai niner	li c	Immediate Cause disease or conditio resulting In death)	he disease, or cor nt failure. List only (Final nn		caused tha da each line.	eth. Do not en	quence of):	de of dyir	ng, such as	cardiac o	or respirato	y arrest,	2		Onset and	Deat
Examiner Examiner	li co	Immediate Cause disease or condition resulting in death) Sequentially list confiant, leading to include a list cause. Enter Under Cause (Disease or hat initiated events	the disease, or contrailure. List only (Final Inditions, Inditions, Inditions) Inditions Inditions Inditions		caused tha de each line. Due to	eth. Do not en	equence of):	de of dyir	ng, such as	cardiac o	or respirato	y arrest,	2		Onset and	Deat
se as the buriel-traps and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr		Immediate Cause i	the disease, or contrailure. List only (Final Inditions, Inditions, Inditions) Inditions Inditions Inditions		caused tha de each line. Due to	eth. Do not en	equence of):	de of dyir	ng, such as	cardiac o	or respirato	y arrest,	2		Onset and	Deat
use as the build-traps and in Medical Examiner		Immediate Cause idisaase or condition resulting in death) Sequentially list conflam, leading to incause. Enter Undersonate initiated eventing in death) in death) in death)	ne disease, or contrailure. List only (Final Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions,	b	caused tha de each line. Due to Due to	eth. Do not en	quence of):	la	ng, such as	cardiac o	or respirato	y arrest,	1 SEU/-	(x)	Interval Be Onset and	Death
use as the build-traps and in Medical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list confiant, leading to include a list cause. Enter Under Cause (Disease or hat initiated events	ne disease, or contrailure. List only (Final Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions,	b	caused tha de each line. Due to Due to	eth. Do not en	quence of):	la	ng, such as	cardiac o	2 M d	y arrest,	SEU/	ntributs to	Interval Be Onset and	Death of de
use as the build-traps and in Medical Examiner	li con	Immediate Cause idisaase or condition resulting in death) Sequentially list conflam, leading to incause. Enter Undersonate initiated eventing in death) in death) in death)	ne disease, or contrailure. List only (Final Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions,	b	caused tha de each line. Due to Due to	eth. Do not en	quence of):	la	ng, such as	cardiac o	2 M d	y arrest,	SEU/	(x)	Interval Be Onset and	Death of de
be detached for use as the busin-trads by Physician/Medical Examiner	li cor	Immediate Cause idisaase or condition resulting in death) Sequentially list conflam, leading to incause. Enter Undersonate initiated eventing in death) in death) in death)	ne disease, or contrailure. List only (Final Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions,	b	caused tha de each line. Due to Due to	eth. Do not en	quence of):	la	ng, such as	cardiac o	2 29b. I	y arrest,	CO USE CO	ntributs to	Interval Be Onset and	of de
eted by Physician/Medical Examiner	li cor	Immediate Cause idisaase or condition resulting in death) Sequentially list conflam, leading to incause. Enter Undersonate initiated eventing in death) in death) in death)	ne disease, or contrailure. List only (Final Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions,	b	caused tha de each line. Due to Due to	eth. Do not en	quence of):	la	ng, such as	cardiac o	23b. I	y arrest,	CO use co	ntribute to 3 Prob	the cause ably 4 E re autopsyllable prior note in the cause	of de
eted by Physician/Medical Examiner	li cor	Immediate Cause idisaase or condition resulting in death) Sequentially list conflam, leading to incause. Enter Undersonate initiated eventing in death) in death) in death)	ne disease, or contrailure. List only (Final Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions, Inditions,	b	caused tha de each line. Due to Due to	eth. Do not en	quence of):	la	ng, such as	cardiac o	23b. I	y arrest, Did tobacc Ves Vas an auterformed?	co use co	ntribute to 3 Prob	Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Onset and	of de
page 2 should be detached for use as the burier traps Completed by Physician/Medical Examiner	li corr	Immediate Cause disease or condition resulting in death) Sequentially list confiant, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in death) if and the cause in the confiance of the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause) in death) if and the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	ne disease, or contrailure. List only (Final in in inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, inditions, indi	b	caused tha de each line. Due to Due to	eth. Do not en	quence of):	la	ng, such as	cardiac o	23b. I 24a. V p	y arrest, Did tobacc Ves Vas an auterformed?	CO use co	ntributs to 3 Prob	the cause ably 4 E re autopsyllable prior note in the cause	of de
sctor, page 2 should be detached for use as the busin-traps Be Completed by Physician/Medical Examiner	E COTT	Immediate Cause disease or condition resulting in death) Sequentially list confirm and a cause. Enter Under Cause (Disease or that initiated events resulting in death) Part III. Other aligniff	ne disease, or cont failure. List only (Final in inditions, mediate only) (Sast incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incent conditions in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incention in incenti	b	Due to	ath. Do not en	quence of): quence of): quence of):	de of dylr	ren In Part I	cardiac o	23b. I 24a. V p	Old tobacc Yes Yes	co use co	ntributs to 3 Prob	the cause ably 4 E re autopsyllable prior ppletion of leath?	of de
I director, page 2 should be detached for use as the buriet rays To Be Completed by Physician/Medical Examiner	SHOOT P	Immediate Cause disease or condition resulting in death) Sequentially list confirm and a cause. Enter Under Cause (Disease or that initiated events resulting in death) if the cause in the cause (Disease or the cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease (D	ne disease, or cont failure. List only (Final in inditions, mediate only) (Final in inditions, mediate only) (Final inditions, mediate only) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final inditions) (Final indition	b	caused tha de each line. Due to Due to Due to Due to Dua to	ath. Do not en	quence of): quence of): quence of): quence of):	de of dylr	yen In Part I	of Death	23b. I 1 24a. V p	old tobacc Yes Yes Yes Yes hiy one)	co use con 2 No	ntribute to 3 Prob 24b. We ave con of c	the cause aby 45 re autopsyllable prior of leath?	of de
I director, page 2 should be detached for use as the buriet rays To Be Completed by Physician/Medical Examiner	SHOOT P	Immediate Cause idisaase or condition resulting in death) Sequentially list confiant, leading to in cause. Enter Undecause (Disaase or that initiated event estiling in death) if the cause in the cause (Disaase or an incompany of the cause (Disaase or an incompany of the cause (Disaase or an incompany of the cause (Disaase or an incompany of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	ne disease, or contributions, mediate shying linjury stast	hopitating to december 1 28a. Date (Moo	Due to	ath. Do not en	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of):	cause giv	26. Place	of Death	23b. I	old tobacc Yes Yes Yes Yes hiy one)	co use con 2 No	ntribute to 3 Prob 24b. We ave con of c	the cause aby 45 re autopsyllable prior of leath?	of de
funeral director, page 2 should be detached for use as the buse-trade and a long tion: To Be Completed by Physician/Medical Examiner	SHOOT P	Immediate Cause disease or condition resulting in death) Sequentially list confiant, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in death) Part II. Other algorithms of the cause in the cause of the cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease or Cause (Disease (Disease or Cause (Disease (D	the disease, or contribute. List only (Final Inditions, mediate only Inditions). The conditions is a second to medical No in the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition	hopitat: Hospitat: 28a. Date (Motor) Day 1	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	ath. Do not en C or as a consector (or as a consector (or as a consector esulting in the unit of the consector 28b. Time of Injury	equence of): quence of): quence of): quence of): quence of): And of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the t	cause giv	yen In Part I	of Death	23b. I	Did tobacc Yes Yes Yes Yes Hy one)	co use cor 2 No topsy 2 No 6 Oth	antribute to 3 Prob 24b. We awa con of c	the cause ebly 4 gre autopsyliable prior of leath?	of de Unk
funeral director, page 2 should be detached for use as the buse-trade and a long tion: To Be Completed by Physician/Medical Examiner	SHOOT P	Immediate Cause idisaase or condition resulting in death) Sequentially list confiant, leading to in cause. Enter Unde Cause (Disaase or hat initiated events resulting in death) if the cause (Disaase or hat initiated events resulting in death) if the cause (Disaase or hat initiated events resulting in death) if the cause (Disaase or hat initiated events resulting in death) if the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	nditions, mediate styling start conditions (Final in inditions, mediate styling limits) East licent conditions The inditions inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditions in inditio	hopications that yone cause on b	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	ath. Do not en C or as a consector (or as a consector (or as a consector esulting in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understan	equence of): quence of): quence of): quence of): quence of): And of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the t	cause giv	26. Place	of Death	23b. I 24a. V p 1 1 1 (Check or me 5 F 28d. Descr	Did tobacc Yes Yes Yes Yes Hy one)	co use con 2 No No no no no no no no no no no no no no no	antribute to 3 Prob 24b. We awa con of c	the cause ebly 4 gre autopsyliable prior of leath?	of de Unk
funeral director, page 2 should be detached for use as the buse-trade and a long tion: To Be Completed by Physician/Medical Examiner	P 2	Immediate Cause idisaase or condition resulting in death) Sequentially list confirm, leading to include ause. Enter under Cause (Disaase or hat initiated events resulting in death) if the cause (Disaase or hat initiated events ause (Disaase or hat initiated events ause (Disaase or hat initiated events ause) in death) if the cause (Disaase or hat initiated events ause) in death) if the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	nditions, mediate shying linjury stast conditions icant conditions red to medical No h 5 Pending investigation of Could not determined	Hospitat: 1 Base Date (Most	caused tha de each line. Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	ath. Do not en Compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to th	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence	cause give	26. Place her: 4 Nu yet Yes 2	of Death	23b. I 24a. V p 1 1 n (Check or me 5 F 28d. Descr	old tobacc Yes Yes Yes Yes Old tobacc Yes Yes As an auterformed? Yes Old tobacc Town, Steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the steep to the	co use con 2 No No no no no no no no no no no no no no no	24b. We ave con of c	the cause ably 4 2 re autopsyllable prior not leath?	of de Unk
funeral director, page 2 should be detached for use as the buse-trade and a long tion: To Be Completed by Physician/Medical Examiner	P 2	Immediate Cause disease or condition resulting in death) Sequentially list configure in a cause. Enter Under Cause (Disease or that initiated events resulting in death) Part III. Other algorithms of the cause in a cause. The cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause (Disease or the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	the disease, or contribute. List only (Final Inditions, mediate only Inditions). The conditions is a second to medical No in the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition	hyalclan: To the miner: On the be	caused tha de each line. Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due	ath. Do not en Coras a consector (or as a co	quence of): quence of): quence of): quence of): quence of): horizont 3 D DO M Irraet, factory	cause give	zen In Part I 26. Place aer: 4 Nu y at k? Yes 2	of Death	23b. I 24a. V p 1 1 1 1 28d. Described City or and due to	old tobacc Yes Vas an auterformed? Yes On (Street to Town, Stellands)	co use core 2 No stopsy? 2 No 6 Oth sijury occur and Numbere)	ntribute to 3 Prob 24b. We ave con of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of contro	the cause ably 4 Pre autopsyllable prior opletion of leath?	of death of death of the cause No
funeral director, page 2 should be detached for use as the buse-trade and a long tion: To Be Completed by Physician/Medical Examiner	Sili de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Con	Immediate Cause idisaase or condition resulting in death) Sequentially list confirm, leading to include. Enter Under Cause (Disaase or hat initiated events esuiting in death) if the cause (Disaase or hat initiated events esuiting in death) if the cause (Disaase or hat initiated events esuiting in death) if the cause (Disaase or hat initiated events esuiting in death) if the cause (Disaase or hat initiated events and initiated events are in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of th	ne disease, or cont failure. List only (Final Inditions, mediate shying Injury) Last Iteant conditions red to medical No h 5 □ Pending investigative 6 □ Could not determined	hyalclan: To the miner: On the be	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	ath. Do not en Coras a consector (or as a co	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quenc	OA Othorson	zen In Part I 26. Place aer: 4 Nu y at k? Yes 2	of Death	23b. I 24a. V p 1 1 1 1 28d. Described City or and due to	old tobacco Yes Vas an auterformed? Yes Vas an in (Street: Town, Stelland, date a	co use con 2 No No topsy 2 No G Oth	24b. We ave on of c	the cause the cause ably 42 re autopsyllable prior of leath? Yes 25	of death of death of the cause No
pletely filled in by the funeral director, page 2 should be detached for use as the build-frags of page 2 should be detached for use as the build-frags of page 2 should be detached for use as the build-frags of page 2 should be detached for use as the build-frags of page 2 should be detached for use as the build-frags of page 2 should be detached frags.	Sili de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Con	Immediate Cause idisaase or condition resulting in death) Sequentially list confiant, leading to in ause. Enter Undecause (Disaase or that initiated eventresulting in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) i	ne disease, or cont failure. List only (Final Inditions, mediate shying Injury) Last Iteant conditions red to medical No h 5 □ Pending investigative 6 □ Could not determined	hyalclan: To the miner: On the be	caused tha de each line. Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due	ath. Do not en Coras a consector (or as a co	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quenc	OA Othorson	26. Place her: 4 Nu y at k? Yes 2 me, date an ppinion, dea	of Death	23b. I 24a. V p 1 1 1 1 28d. Described City or and due to	old tobacco Yes Vas an auterformed? Yes Vas an in (Street: Town, Stelland, date a	co use con 2 No No topsy 2 No G Oth	ntribute to 3 Prob 24b. We ave con of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of contro	the cause the cause ably 42 re autopsyllable prior of leath? Yes 25	of de Junk
funeral director, page 2 should be detached for use as the buse-trade and a long tion: To Be Completed by Physician/Medical Examiner	P 2 2 2	Immediate Cause idisaase or condition resulting in death) Sequentially list confirmed and included and inclu	red to medical No To Pending investigate 6 Could not determined title of certifying P 2 Medical Exa	Hospitat: 1 28a. Date (Mono) be 28e. Place build hymlician: To the milner: On the band man	caused tha de each line. Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due	ath. Do not en Clay (or as a consect (or as a consect (or as a consect esulting in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence	OA Othorson	26. Place her: 4 Nu y at k? Yes 2 me, date an ppinion, dea	of Death	23b. I 24a. V p 1 1 1 1 28d. Described City or and due to	old tobacco Yes Vas an auterformed? Yes Vas an in (Street: Town, Stelland, date a	co use con 2 No No topsy 2 No G Oth	24b. We ave on of c	the cause the cause ably 42 re autopsyllable prior of leath? Yes 25	of death of death of the cause No
funeral director, page 2 should be detached for use as the buse-trade and a long tion: To Be Completed by Physician/Medical Examiner	P 2 2 2	Immediate Cause idisaase or condition resulting in death) Sequentially list confiant, leading to in ause. Enter Undecause (Disaase or that initiated eventresulting in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) in death) i	red to medical No To Pending investigate 6 Could not determined title of certifying P 2 Medical Exa	Hospitat: 1 28a. Date (Mono) be 28e. Place build hymlician: To the milner: On the band man	caused tha de each line. Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due	ath. Do not en Clay (or as a consect (or as a consect (or as a consect esulting in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand in the understand	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence	OA Othorson	26. Place her: 4 Nu y at k? Yes 2 me, date an ppinion, dea	of Death	23b. I 24a. V p 1 1 1 1 28d. Described City or and due to	old tobacco Yes Vas an auterformed? Yes Vas an in (Street: Town, Stelland, date a	co use con 2 No No topsy 2 No G Oth	24b. We ave on of c	the cause the cause ably 42 re autopsyllable prior of leath? Yes 25	of de Unk



						Citinoa	le UI	Death		P	eg. No.		
Dhualala		1. Decedent's Name (First, Middla, I	Last)				1	- 19-11		2. Date of Deat Month	h Day	Yaar	3. Time of Dea
Physicia Medic/	_	REGINA C. GRIFE	HTIT							JANUARY		998	2:10AM
Examin		4a. Facility Name (If not Institution, g	rive street and nun	nber)				4b. City, To	wn, or L	ocation of Death	4c. County	of Death	
		ST. JOSEPH NURSI	NG HOME					CATO	ONSV	ILLE	BA	ALTIM	ORE
unerai irector		214 22-1308	Sex 1□M 2ÑF	7. Age (In yrs 101-		Monthe	Days	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Day, 01/02/1	Year) 897	9. Birthp Cour MD	
*_		Usual Residence of Decedent 10e. Stete 10b. County		10c. C	ity, Town o	r Location						1	Od. Inside City Li
red at	tor	MD ANNE AL	RUNDEL		ASADE								1 ☐ Yes 2 ∯
23a or 28a-f	Il Direc	10e. Street and Number 7 SUNSET CIRCLE					p Code	2		1	0g. Citizen of \	What Cour	ntry?
0	by Funeral Director	11. Marital Status 1 Naver Married 2 Married	12. Was Dace Armed For 1 Tes If Yes, Giv Year or Da	ces? 22 No	U,S.	13. Was Dace if Yas, spe				ecify Yes or No- Rican, etc.)	14. Rac Blac		
natural",	ted	15. Decedent's (Specify only highest of	Education			ecedent's Usu Bive kind of w			t of work	rina	16b. Kind of Bu	usiness/In	dustry
than the Me	Completed	Elementary/Secondary (0-12)	College (1	-4or 5+)	- In	MEMAKEI	use retire	d)	10, 40,	g	OWN HO	OME.	
£ £		17. Father's Neme (First, Middle, La	st)					18. Mothe	r's Nam	e (First, Middle, I			
0 0	o Be	THOMAS H. CAMPBI	ELL					MARY	KA	THERINE	AUGUSTA	A FLY	NN
7 is marked of traumatic eve	2	19a. Informent's Name/Relationship			19b. M	failing Addres	s (Stree			al Route Number			
2 4		JOHN R. GRIFFITH								NA, MD 2		31010, E1p	
item 27 other tr		20e. Method of Disposition	., 501.	20b.	Place of Di	isposition (Na	me of				20c. Location -	City or To	own, State
y or		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		otate		crematory or HEDRAL				1/10/98	BALTIMO	ORE,	MD
Important any Injury once.		21. Signature of Funeral Service Lic	Hay	5			ING A	ASHTON	FUI	NERAL HO			1228
sician edical miner	er	Immediate Cause (Final disease or condition resulting in death)	a	Due to (to the same of the same of	· H	cart	+ F	alun			Onset and Deat
_	rial-transit				(OI OS & COI	nsequence of)	:					i	•
Sul Sul		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	b		or as a con	nsequence of)	:						
ing physicia e as tha bur	Medical	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	c		or as a con		:						
attending physicie for use as tha bur	Medical	resulting in death) Last	C	Dua to (or as a con	nsequence of)	:	ion la Plant li		23h Did to			
by the attending physicie ached for use as tha bu	Physician/Medical	Part II. Other algnificant conditiona	-	Dua to (or as a con	nsequence of)	:	ven in Part i		23b. Did to	/		
gned by the attending physicie be detached for use as tha bu	by Physician/Medical	Part II. Other algnificant conditiona	c d contributing to de	Dua to (or as a con	nsequence of)	:	ven in Part i			n autopsy	3 Pro	bably 4 Unk
has been signed by the attending physicie je 2 should be detached for use as tha bu	by Physician/Medical	Part II. Other algnificant conditiona	-	Dua to (or as a con	nsequence of)	:	ven in Part i		1 ☐ Y	n autopsy	3 Pro	era autopsy findia allabla prior to mpletion of causi death?
ata has been signed by the attending physicia page 2 should be detached for use as tha bu	Completed by Physician/Medical	Part II. Other algorificant conditions Hypo Huyro	-	Dua to (or as a con	nsequence of)	:			1 Ye	n autopsymed?	3 Pro	bably 4 Unk
certificate has been signed by the attending physicia rector, page 2 should be detached for use as tha bu	Be Completed by Physician/Medical	Part II. Other algorificant conditions Hypo Huyo 25. Was case referred to medical exeminer?	Hospital	Dua to (or as a con	isequence of)	cause gh	26. Plece	of Deat	1 Ye	n autopsymed?	3 Prod 24b. W. av co of	era autopsy findinaliabla prior to impletion of causideath?
this certificata has been signed by the attending physicia ral director, page 2 should be detached for use as tha bur	To Be Completed by Physician/Medical	Part II. Other algorificant conditions Hypo Huyo 25. Was case referred to medical exeminer? 1 Yes 2 No	Hospitel: 1 Ir	Dua to (or as a conor isequence of) is equence of) ine underlying	cause gh	26. Plece	of Deat	1 Ye	n autopsy ned?	3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Pro	era autopsy findiallabla prior to mpletion of caus death?	
this certificata has been signed by the attending physicia ral director, page 2 should be detached for use as tha bur	To Be Completed by Physician/Medical	25. Was case referred to medical exeminer? 1 Yes 2 No 27. Manner Deeth 1 Naturel 5 Pending Investigati	Hospitel: 1 le le (Montion)	Dua to (or as a con	isequence of) isequence of) ine underlying	cause gh	26. Plece	of Deat	1 Ye	n autopsy ned?	3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Production 3 Pro	mpletion of cause death? Yes 2 No
frector: After this certificate has been signed by the attending physicia n by the funeral director, page 2 should be detached for use as tha bu	To Be Completed by Physician/Medical	Part II. Other algnificant conditions Hyps Huggs 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner Deeth 1 Naturel 5 Pending	Hospitel: 1 1 10 In (Month	Dua to (cath but not rain ath he but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not rain at the but not r	or as a con or as a con sulting in th	isequence of) isequence of) in a underlying attent 3 D D ine of fry	cause gh	26. Plece ner: 4 Nu ny at rk?	of Deat	1 Ye	n autopsy med? ss 2 No ne) ence 8 Oth ow Injury occur	3 Prol 24b. W. av co of	bably 4 Unk era autopsy findir allabla prior to mpletion of causi death? Yes 2 No
frector: After this certificate has been signed by the attending physicia n by the funeral director, page 2 should be detached for use as tha bu	Certification: To Be Completed by Physician/Medical	Part II. Other algnificant conditions 25. Was case referred to medical exeminer? 1 Yes 2 No 27. Manner Deeth 1 Naturel 5 Pending Investigat 3 Suicide 6 Could not determine 29a. Certifier 12 Certifying F	Hospitel: 1 1 10 In (Month	Dua to (cathering to the patient 2 English of Injury - At 1 g, etc. (Speciosest of my knists of examination)	or as a con or as a con sulting in th BER/Outpe 28b. Tim Inju nome, farm ify)	atient 3 De of ry M	Cause gh	26. Plece ner: 4 Nu ry at rk? Yes 2	of Deat	1 Ye 24a. Was a perform 1 Ye th (Check only on one 5 Reside 28d. Describe ho	n autopsymed? as 2 No ne) ance 8 Oth ow Injury occur freet and Numb n, State) ause(s) and ma	3 Proi	bably 4 Unk era autopsy findir allabla prior to mpletion of cause death? Yes 2 No No No No No No No No No No
frector: After this certificate has been signed by the attending physicia n by the funeral director, page 2 should be detached for use as tha bu	edical Certification: To Be Completed by Physician/Medical	Part II. Other algnificant conditional Lyn Huyn 25. Was case referred to medical exeminer? 1 Yes 2 No 27. Manner Death 1 Naturel 5 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Investigation 1 Pending Inv	Hospitel: 1 In In In In In In In In In In In In In	Dua to (cathering to the patient 2 English of Injury - At 1 g, etc. (Speciosest of my knists of examination)	or as a con or as a con sulting in th BER/Outpe 28b. Tim Inju nome, farm ify)	atient 3 Description of the offers of the offers offers offers offers of the offers offers offers offers offers offers offers offers offers offers offers offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect of the occurrect offers of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occur	Cause of Otto	26. Plece ner: 4 Nu ry at rk? Yes 2	of Deat	1 Yes 24a. Was a perform 1 Yes 4. (Check only on ome 5 Reside 28d. Describe house 28d. Location (Single of Town and due to the cared at the time, do	n autopsymed? as 2 No ne) ance 8 Oth ow Injury occur freet and Numb n, State) ause(s) and ma	24b. WW av co of 1. If there (Special red) anner as s and due to	bably 4 Unk era autopsy findia allabla prior to impletion of causi death? Yes 2 No Y) al Route Number, tated. o the cause(s)
• Funeral Director: After this certificata has been signed by the attending physicia pletely filled in by the funeral director, page 2 should be detached for use as tha bu	edical Certification: To Be Completed by Physician/Medical	Part II. Other algnificant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner Deeth 1 Naturel	Hospitel: 1 In In In In In In In In In In In In In	Dua to (cathering to the patient 2 English of Injury - At 1 g, etc. (Speciosest of my knists of examination)	or as a con or as a con sulting in th BER/Outpe 28b. Tim Inju nome, farm ify)	atient 3 Description of the offers of the offers offers offers offers of the offers offers offers offers offers offers offers offers offers offers offers offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect offers of the occurrect of the occurrect offers of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occurrect of the occur	Cause of Otto	26. Plece ner: 4 Nu ny at rk? Yes 2 Imme, date an opinion, dea	o of Death	1 Yes 24a. Was a perform 1 Yes 4. (Check only on ome 5 Reside 28d. Describe house 28d. Location (Single of Town and due to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared to the ca	n autopsymed? n autopsymed? ss 2 No ne) nece 8 Oth ow Injury occur treet and Numb n, State) ause(s) and ma ate and place,	24b. WW av co of 1. If there (Special red) anner as s and due to	era autopsy findir allabla prior to impletion of causideath? Yes 2 No Yes 2 No Al Route Number, itated.
frector: After this certificate has been signed by the attending physicia n by the funeral director, page 2 should be detached for use as tha bu	Medical Certification: To Be Completed by Physician/Medical	Part II. Other algnificant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner Deeth 1 Naturel	Hospitel: 1 II on the laminer: On the band mann	Dua to (cathedral and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	or as a con or as a con sulting in th BER/Outpe 28b. Tim Inju nome, farm ify) owledge, di	atient 3 De of ry M., street, factor r Investigation	Cause of Otto	26. Plece ner: 4 Nu ny at rk? l Yes 2 me, date an ppinion, dea	o of Death	1 Yes 24a. Was a perform 1 Yes 4. (Check only on ome 5 Reside 28d. Describe house 28d. Location (Single of Town and due to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared at the time, described to the cared to the ca	n autopsymed? n autopsymed? ss 2 No ne) nece 8 Oth ow Injury occur treet and Numb n, State) ause(s) and ma ate and place,	24b. WW av co of 1. If there (Special red) anner as s and due to	era autopsy findiallabla prior to impletion of caus death? Yes 2 No Yes 2 No Your Number Number of the cause(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Goodman Quran JANUARY 7, 1998 13:48 P /Medical 4c. County of Death 4a. Facility Neme (If not institution, giva street and numbar) 4b. City, Town, or Location of Death **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 7. Aga (In yrs. last birthday) If Under 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 6. Sex 1 M 2 ☐ F 9. Birthplace (Stata or Foraign **Funeral** Months 212-41-2610 Yrs. Director Usual Rasidence of Decedent with the Menyland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Yas 2 No Director NIA BALTIHORE MARYLAND 10e. Street and Number 10g. Citizen of What Country? USA, 2114 BOYD 238 STREET 21223 by Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 0 1 ☐ Yes 2 No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorcad 'natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede com Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) NIA other Maryland permit. Pages 1 and 2 should be file Department of Health and Mental Hy, important: If item 27 is marked othe any injury or other traumatic event 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be

GOODMAN

20b. Plece of Disposition (Name of cemetery, crematory or other place)

Physician /Medical Examiner

Baltimore,

Box 68760,

Division of Vital Records, P.O.

Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last use es the buriel-tran Bud

by

Completed

Be

Certification: To

ANDRE

20a. Method of Disposition

Immediate Cause (Final disease or condition rasulting in death)

19a. Informant's Name/Relationship (Type, Print)

Burial 2 Cremation 3 Removal from State

DONNA NIXON

4 ☐ Donation 5 ☐ Other (Specify)

21. Signature of Funeral Service License

Hemmorhage Intra Crania Due to (or as a consequence of):

MT ZION CEMETERY

DONNA

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

2114 BOYD STREET BALTIHORE, HD, 2/2 2/3
roce of Disposition (Name of pate 20c. Location - City or Town, Stata

22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P. A.

2146 N. FULTON AVE, BALTIHORE, MD. 21217

Bacteremia Due to (or as a consequence of):

23e. Part1. Enter the disease, or complications that cau, if the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each fine.

Dysrythmias

Dua to (or as a consequence of)

(MOTHER)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Edema

24e. Wes en eutopsy performed?

24b. Were autopsy findings available prior fo completion of cause of death? 1 ☐ Yes 2 ☐ No

Approximate Interval Between Onsaf and Death

24 hours

NIXON

01-10-98 LANSDOWNE, HARYLAND

25. Was case referred to medical examiner? 1 Yes 2 No

Hospital: 1 □ Impatient 2 □ ER/Outpatient 3 □ DOA

Other: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 28d. Describe how injury occurred

2 NO

28c. Injury at Work? 1 Yas 2 No 28a. Place of Injury - At home, farm, streef, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Yas

29a. Certifier (Check only one)

27. Menner of Death

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end manner stated.

29c. License number

29b. Signeture and title of certifier

29d. Date signed (Month. Dav. Year)

23b. Did tobacco use contribute to the cause of death? 1 | Yes 200 3 | Probably 4 | Unknown

5 Pending Investigation

6 Could not be determined

cincary

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

32. Regist

Hopking

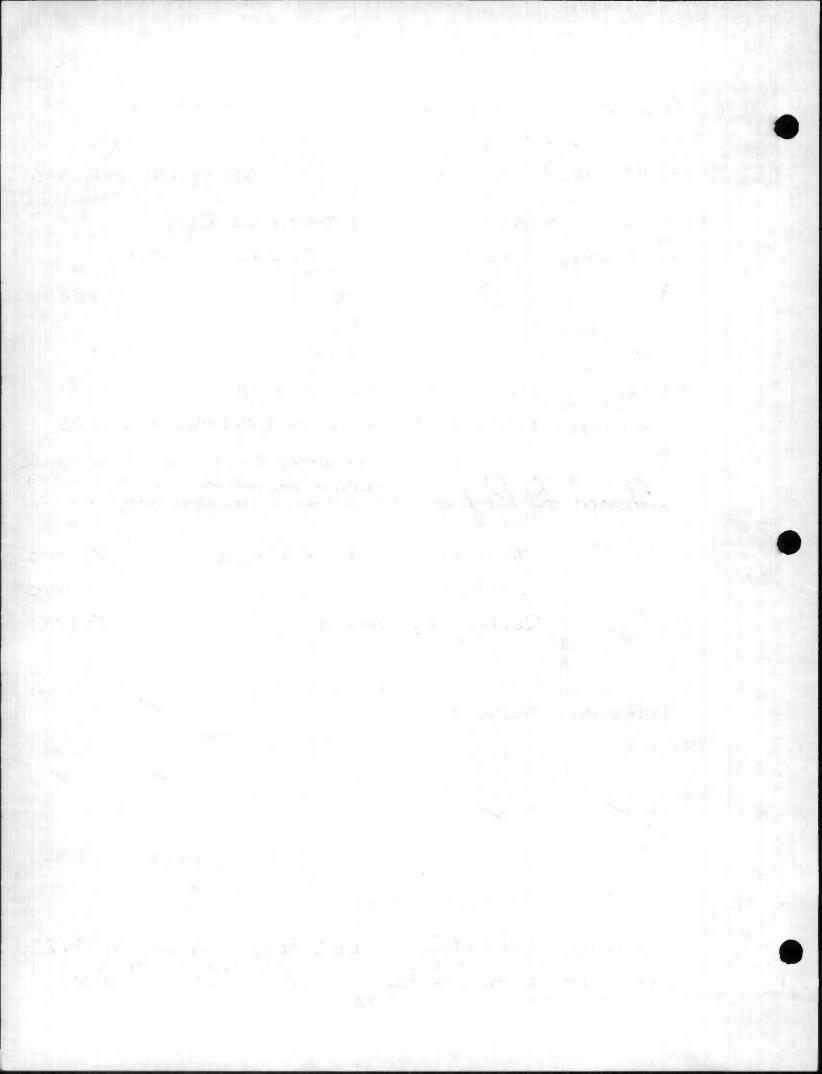
26. Place of Death (Check only one)

21287

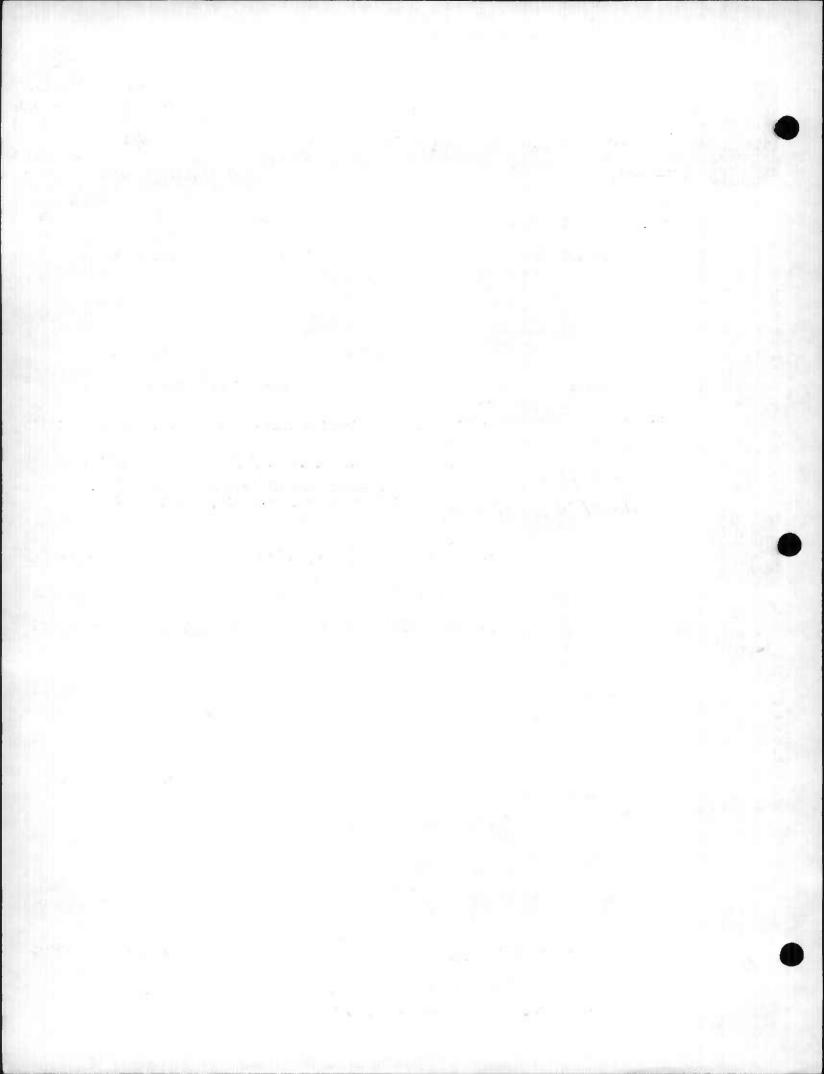
State Registrar

death

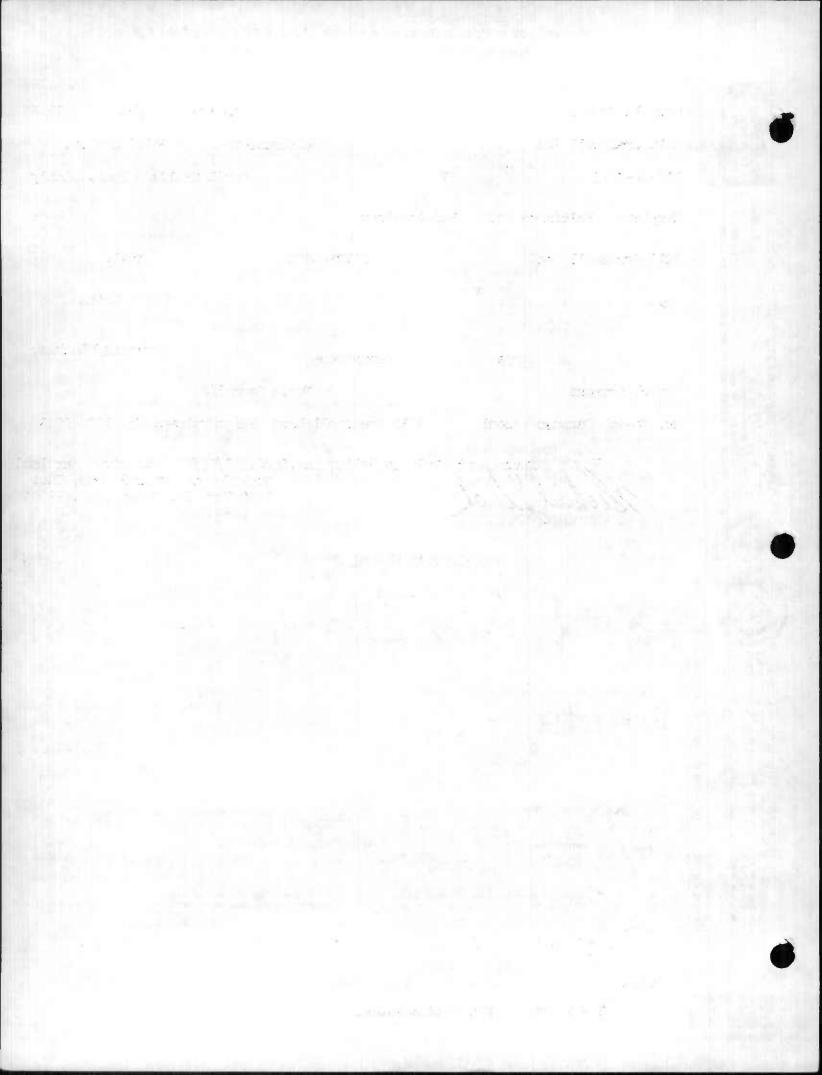
etor:



					Cer	tificate	of .	Death		Reg.	No.		0 4 9	0
Dhualaia		1. Decedant's Name (First, Middla, Las	t)	1	3.0				2. Data o	f Death	Dev	Yaar	3. Tima	of Death
Physicia /Medica	_	LUCILLE		61	BRI	528	SK	:1	JANU		7	1998	12:	15 AM
Examine	_	4a. Facility Name (If not institution, giva Johns HOPKINS 5. Social Sacurity Number 6. Se	BAYVIEW	Host a (In yrs. last b	To	(C If Undar	1 Yaar	BACT,	MOK & Butta of B		1	y of Death //A 9. Birtho	olaca (Stata	or Foraign
Director		241-36-7052 Usual Rasidance of Dacedent	□M 2⊠F	69	Yrs.	Months	Deys	Hours	Min. 8. Data o (Month March	, Day, Yo 10 , 1	928	Nort	h Car	olina
the Marylan 28a-f ehow notified at	Director	10a. State 10b. County Maryland Bal	timore	10c. City, Tov	vn or Loc	cation		Dune	dalk			1	0d. Insida (City Limits s 202No
23a or 2	al Dire	10e. Street and Number 2839 Plainfield	Road			10f. Zip (Coda	21222		1		Whet Cour d Sta		
urs a	by Funeral	11. Marital Status 1 Navar Marriad 2 Married 32 Widowed 4 Divorced	12. Was Decedant E Armed Forces? 1 ☐ Yas 2 ☒ N If Yes, Give Yaar or Datas:			Vas Deceda Yes, speci		ispanic Origin en, Maxicen, I Specify:	n? (Specify Yes o Puarto Ricen, atc.	r No-)		ce - Amaric ack, White, fy: Wh		
n 72 ho "natur	eted	15. Decedant's Edu (Specify only highest grad	ucetion la complated)	168	Deced	ant's Usual	Occup	ation during most o	f workina	161	. Kind of E	Business/In	dustry	
withly then	Completed	Elamantery/Secondary (0-12) 12 Years	Collaga (1-4or 5	+)		<i>oo not use</i> emake:		during most o			Otern	Home		
d out	Be	17. Fathar's Name (First, Middla, Last) Ernest Sasser			110111	oma ne.			Nama (First, Mic		den Sume	me)		
de la la	2	19a. Informant's Name/Raiationship (T		191	b. Mailin	g Addrass	(Straat		or Rural Routa No				Coda)	
s 1 and 2 of Health a Nem 27 is other tre		Mr. Joseph Gabri 20e. Mathod of Disposition 1638 Buriai 2 Cramation 3 De	eszeski,J	r.	3317	Mead	OWV:	iew Dr:	ive Man	ches	ter,		and	21102
permit, Pages Department of I Important: If Its any injury or o once,		4 ☐ Donetion 5 ☐ Othar (Specify,)	Garri	1				1/9/98	(Owing	s Mil	ls, M	D
Depar Depar Impor any ir	oud	21. Signature of Fuheral Service Libera	Home	na	Du	ıda-Rı	ıck		l Home of				c. 222	
Physician		23a. Part1. Enter tha disaase, or comp shock, or haart failura. List only o	lications that ceusad na causa on aach iin	the death. Do	not anta	r tha mode	of dyin	g, such as ce	erdiac or raspirato	ry arrast,			Approxima Intarval Be Onsat and	tween
/Medicai Examiner		Immediate Ceuse (Final disaase or condition rasulting in daath)		OCARI			NF	ARCT	100				70	AYS
	Je		0	Due to (or as a	1	vence of): RTER	V	Ausch	?-c				Λ	
transit	amine	Sequantially list conditions,		Dua to (or as a	consaqu	uence of):		ایے د اسے	52				v ye	ars.
	Med	Sequantially list conditions, if any, laading to immadiate ceusa. Entar Undarrying Causa (Diseasa or Injury that initiated events resulting in daath) Lest		RON1C Dua to (or es a			TIVE	= Puc	MONARY	Di	2 43	E	o ye	270
e attertion	Physician	Part II. Other aignificant conditions co	ntributing to death bu	it not rasulting i	in tha un	dartving ce	usa giv	an In Part i.	23b. I	Did toba	cco uee co	ontributa to	the cause	of death?
5 60 1	by Phy									Y ••	2□ No		bebly 4	
has been sign ge 2 should be	Сотріете									Ves an e erformed		av co	era autopsy allabla prior mpletion of deeth?	to
certificate ha		or Western F. I.								☐ Yas	2 No	1[Yes 25	No.
	ן מ	25. Was cese referred to medical axaminar? 1 Yas 2 No	lospital:	nt 2 ER/O	utnationt	3 DO/	Oth	or:	Death (Check or ing Homa 5□ F		6 DO	has (Canail		
After fune	- -	27. Mennar of Death 1 Natural 5 Pending 2 Accidant investigation	28a. Data of injun (Month, Day	y 28b.	Tima of Injury		c. injun		28d. Dascr				v)	
한 분 분 분	Certific	3 ☐ Sulcida 6 ☐ Couid not be 4 ☐ Homloida datarmined	28a. Place of Inju building, atc.		arm, stre	et, factory.	office		28f. Location City or	on (Stree Town, S		ber or Rura	l Routa Nur	n <i>ber</i> ,
Hospi Houner Funer tely fill		29a. Cartifiar (Check only one) 1 Cartifying Physical Cartifying Check only one)	alcien: To the best of ner: On the basis of end menner stat	axamination er	a, daath nd/or inva	occurred et astigation, i	t tha tim	na, data and pointon, daath	place, and due to occurred at tha tir	the caus na, data	e(s) end m and place,	ennar es s and due to	ated. the cause	s)
within 2 To the comple		29b. Signeture and titla of certifier	,			29c.	License	e numbar		29d.	Data sign	ed (Month,	Day, Year)	
	2	Vink last	sou, r	70		K	18	5-6	200	J	RULA	54 :	7.1	298
m					-								-	
3		30. Nema and address of person who co	ompleted cause of de	Tokus	(Type, F	Print)	· +	losp it	200 AL. BA	CT1.	LORG			

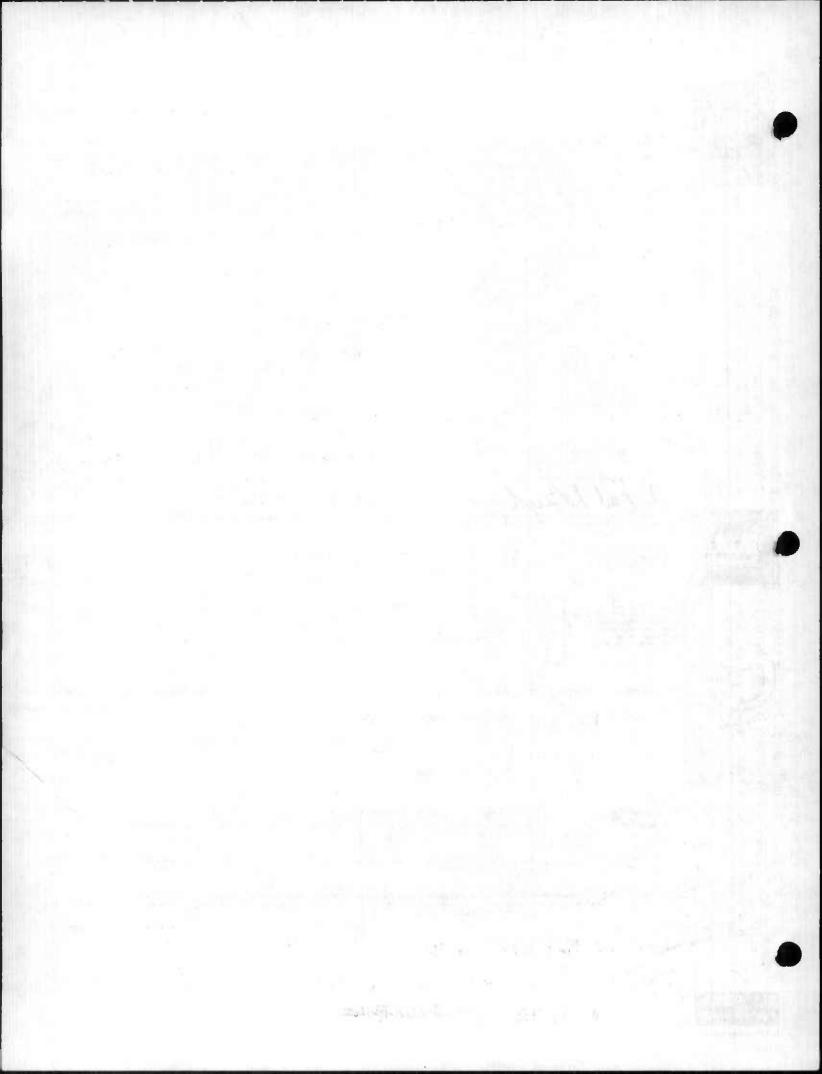


		C	ertificate of Dea	nth R	leg. No.	
E	1. Decedent's Name (First, Middle, Last)	VALUE OF STREET	NULLUL PLU	2. Date of Dea Month	th Day Year	3. Time of Death
Physician /Medical	Carmela Gennuso 4a Facility Name (If not institution, give stre	eet and number)	4b. Cit		07, 1998	9:15 AM
Examiner	2419 Crestnoll Road	or and manusty				
Funeral Director	Social Security Number 6. Sex	7. Age (In yrs. last birthda	y) If Under 1 Year If Ur Months Days Hor	sterstown nder 24 Hrs. 8. Date of Birth urs Min. (Month, Day April 09		place (State or Foreign http://
9	Usual Residence of Decedent			Aprili 0.		-
the Maryland 28a-f ehow corrector	10a. State 10b. County	10c. City, Town or				10d. Inside City Limits
vith the Ma	Maryland Baltimore	e Co. Reisters				1 ☐ Yes 2 ☐ No
F 9 7	10e. Street and Number		10f. Zip Code		Og. Citizen of What Cour	ntry?
me 234	2419 Crestnoll Road	Mac Danadest Free h 11 C	21136-560		Italy	oon Indian
020 urs after air, or its	11. Marital Status 12. 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	Was Decedent Ever In U.S. Armed Forces? 1 □ Yes 2 ☑ No If Yes, Give Year or Dates:	If Yes, specify Cuban, Me:	c Origin? (Specify Yes or No- xican, Puerto Rican, etc.) actly:	Black, White,	etc.
121215-0 ed within 72 ho ygiena. Per than "naturint, Its Medical.	15. Decedent's Educati (Specify only highast grada co	ion 16a. De	cedent's Usual Occupation va kind of work dona during	most of working	16b. Kind of Business/In	dustry
The man mpie		College (1-4or 5+)	. DO NOT usa ratired)	modi of Working	G	/01 - t-l
	05	n/a	Seamstress		Garments	Clothing
C 0=0	17. Father's Name (First, Middle, Last)		18. N	Nother's Name (First, Middle,	Maidan Sumama)	
irylar should by d Manta merked metic ev	Joseph Leonora			zia Lapaglia		0.41
Mar 12 sho h and r is m traum	19a. Informant's Name/Relationship (Type,			umber or Rural Routa Numbe		
C TO OLL	Mr. Joseph Gennuso 20a. Method of Disposition		Crestnoll Resposition (Nama of	oad Reisters	town, Md. 211	
Baltimore, permit. Pages 1 at Department of Hea Important: If Item any injury or other once.	1 Buriat 2 Cremation 3 Rem 4 Donation 5 ROther (Specify) 73 21. Signature of Funery Service Licenses	loval from State	ramatory or other place) Py Valley Mem 22. Name and Address of F	.Gard. 01/09/9	n Funeral Ho	ome, Inc.
m go = a a	Michael	tuck		1050 York 1	Rd. Towson,	Md. 21204
Physician /Medical Examiner	23a. Part 1. Enter the disease, or co sale shock, or heart failure. List on lead limited the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	PN LUMD V Due to (or as a cons	nia	n as cardiac or respiratory an	951,	Approximate Interval Between Onset and Death
(6976) ped miles med may be be be be be be be be be be be be be	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	A Spirul pue to (or as a cons Alzhei Due to (or as a cons	equence of):	Disease		Years
BO) eath ce attend for us	0				1	
O. I as designed the a hed f	Part II. Other significant conditions contrib	outing to death but not resulting in the	underlying cause given in F	Part I. 23b. Did to	obacco uas contribute t	o the causa of death?
hat the ded by the detached y Physic	Den Stro	Ke		101	as 2 No 3 Pro	babty 4 Unknown
The law requires that the death of the law requires that the death of the attend tale has been signed by the attend page 2 should be detached for us Completed by Physician/				24a. Was a perfor	med?	fere autopsy findings vallable prior to ompletion of cause death?
I Rec The law ate has b page 2 s				1 🗆 Y	es 2 No 1	Yes 2 No
rysician: The scentificate director, par	25. Was case referred to medical examiner?		26. I	Place of Death (Check only or	na)	
Of Vita Physician: this certific ral director.	1 Yes 2 No	pital: 1 ☐ Inpatient 2 ☐ ER/Outpat	ient 3 DOA Other: 4[☐ Nursing Home 5 1 Resid	ence 6 Other (Speci	(h)
Division of Vital or Attending Physician: T after death. Director: After this certificat dir by the funeral director, pertification: To Be Coertification: To Be Coertification:	27. Manner of Death 1 ☼Naturat 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Year) 28b. Time Injur			ow injury occurred	
Division of the or Attending Prisafler death. Set Director: After the death by the funers Certification:	4 LI Homicide	28e. Placa of Injury - At home, farm, building, etc. (Specify)		City or Tow		
Di To the Hospital or Within 24 hose after To the Funeral Dis completally filled in Medical Cert	29a. Certifier (Check only one) 1 Certifying Physicial Examinar:	 an: To the best of my knowledge, de On the basis of examination and/or and manner stated. 	ath occurred at the time, dat investigation, in my opinion,	te and place, and due to the c , death occurred at the time, c	ause(s) and manner as a date and placa, and due t	itated. o the cause(s)
To the com	29b. Signature and title of cartifier S	C. LipnosA	10 0 19 S	ber 8 g	29d. Date signed (Month,	Day, Year)
	30. Name and address of person who comp		BOI YORK A	en Towson	MOZI	204
State	31. Date filed (Month, Pay (Year) 1998	32. Registrar's Signature	1			



					Certific	cate of L	Death		Reg. No.	00230
ysician	1. Dacadent's	Nama (First, Middla,	Last)					2. Data of D Month		3. Time of Death
Medical	Ge	raid K	· Greece	offer.			h Oite Taum a	Ol	03	98 1:05 4
aminer	4a. Facility Na	The House	giva street and number)	11		1	D. City, Town, o	Location of Dea	ttn 4c. Count	ty of Death
al	5. Social Saci	I DIV	6. Sex 7. Ac	a (in yrs. last b	irthday) if U	ndar 1 Yaar	if Undar 24 Hr		irth	9. Birthpiaca (Stata or Foraign
tor	AQO-A	5-9059 lica of Dacadant	6. Sex 7. Ag	32	Yrs. Mor	ths Days	Hours Mir	Nonth, D	9 65	Country
by Funeral Director	10a. Stata	10b. County	^		wn or Location					10d. Inside City Limits
cto	MD	N	H	Balt	THOTE	2				1 ☐Yas 2 ☐ No
Funeral Director	10e. Straet an		5th Street	=	10	Zip Coda 2121	3		10g. Citizan of USA	What Country?
b	25	itus Married 2∏ Marria ved 4	12. Was Dacedant Armed Forcas? 1 ☐ Yas 2 🖄 I If Yas, Giva Yaar or Datas:			acedant of Hi specify Cuba as 2/2/No	spanic Origin? (n, Maxican, Pua Specify:	Specify Yas or N rto Rican, atc.)	lo- 14. Ra Bla Speci	ica - Amarican Indian, ack, Whita, atc. ^{ffy:} Black
Completed		15. Dacedant's Specify only highast		16	a. Decedant's	Usual Occupa	ition luring most of w	odkina	16b, Kind of E	Businass/Industry
aldr.		Secondary (0-12)	Collega (1-4or 5	i+)	lifa. DO NO	Tuse ratired,)	Jinnig		
	12th	Grade	NA		Une	mploy		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	NA	
Be	17. Fathars N	ama (First, Middla, Li					18. Mothar's Na	ama (First, Middle		ma)
L O	10a Informer	t's Name/Relationshi	Unknow	-	h Mallin - Auto				cnown	n, Steta, Zip Code) 2120
			Charlest							timore, Md.
	20a. Mathod o		0.1422000	20b. Piace	of Disposition	(Nama of		Data	Y	- City or Town, State
		2 Cramation 3	3 □Ramoval from Stata		ary, cramatory		*	01-09-		kesville, Mo
ei l		of Funeral Service Li		DLUI		a and Addras	4.5			
OUC6	MI	110	Koo							aryland 21202 n Avenue
er ne le	Immadiata Ca disaesa or co rasulting in da	ndition ath)	b	Dua to (or as a	consequance	ot):	PICIENI	ch zhn	ORDINE	
Medical	Sequantially I if any, laading causa. Entar Cause (Disaa that initiated e rasulting in da	to immadiata Undarlying sa or Injury vants ath) Last	c	Dua to (or as a			2 III			
clar	Port II Other	Implianat condition			t- as			201-01-	14.5	
Physician	Tox	2 OMCADAO	e contributing to death be	it not rasulting	in the underly	ng causa give	n in Part I.		Yee 2 No	ontribute to the cause of death:
Completed by	Pros	row ye	multical	(en	coen	es halos	lathy	24a. Wa	s an eutopsy formed?	24b. Wera autopsy findings available prior to completion of causa of daeth?
Comp	C	-chexus a						10	Yas 2010	1 □ Yas 2 No
o Be	25. Was casa axaminar?	rafarred to medical	Manadadi			l Au		ath (Check only	ona)	
	1 Yas		Hospitai: 1 ☐ Inpatia			DOA Otha	462 Nursing	Homa 5□ Ras		
Certification:	27. Mannar of 1 ☑ Natura 2 ☐ Accide	I 5 ☐ Panding int invastiga		Year) 28b.	Tima of Injury M	28c. Injury Work 1 🗆 Y	at ? ′as 2 □ No	28d. Dascribe	how injury occu	rred
Certifi	3 ☐ Suiclo 4 ☐ Homid	determin		ry - At homa, f . (Specify)	arm, streat, fa	ctory, office		28f. Location City or To	(Street and Num own, Stata)	ber or Rural Routa Number,
edicai Certif		Certifying	Physician: To the best of	axamination as	e, daeth occur nd/or invastige	red at tha time tion, in my op	e, dete end plac inion, death occ	e, and dua to the urred at tha time	a cause(s) end m , data and piace,	enner as stated. and dua to tha cause(s)
	29a. Certifiar (Check on one)	2 ☐ Medical Ex	and mannar sta							
Medica	(Check on one)	2 ☐ Medical Ex	and mannar sta			29c. Licansa	number		29d. Data signe	ed (Month, Day, Year)
Medica	(Check on one)	7 2	and mannar sta			29c. Licansa	number 2 V 9 (29d. Data signe	ed (Month, Day, Year)
Medica	(Check on one) 29b. Signatura	and titla of certifiar	and mannar sta		(Type, Print)	29c. Licansa	number 9 4 5		29d. Data signo	1
Completely filled in by the funer Medical Certification:	(Check on one) 29b. Signatura	and titla of certifiar	and mannar sta		(Type, Print)	29c. Licansa 0 47	number 1945 MPKTO	ry Bat	29d. Data signa 1/3	1

						(Certificate	of Death		Reg. No. 9	3 01	1296
Physician		. Decedent's Name (First,	Middle, Li	ast)					2. Date of D Month	Day Day	Yeer	3. Time of Death
/Medical		ANGELA		GARCIA					JANUA		998	12:50am
Examiner	_	e. Facility Name (If not ins MAGNOLIA GAR		ve street and numb	er)				or Location of Dea		ty of Death	FORCEC
		. Social Security Number		Sex 7.	Age (In yrs	In at hinth	day) If Under 1	LANH Year If Under 24 H				EORGES
Funeral Director		220 58 6046 Usual Residence of Decedi		1□ M 2□ F	90	Yı	Months [Days Hours M	s. Date of B (Month, I June	10,1907	9. Birthpi Coun Cul	lace (State or Fore itry) Da
ms 23a or 28a-f show Linuit be notified at	-	Oa. State 10b. C			10c. C	ity, Town	or Location				11	0d. Inside City Lim
r 28a-f show		Md Pri	nce	Georges	P.O	wie						1 Yes 2 1
or 28a-f s be normed Director	1	0e. Street end Number	.1100	Georges	ВО	WIC	10f. Zlp C	ode		10g. Citizen of	What Coun	11
3a or		12904 Old Ch	ape1	Rd.			207	20		Cu		
er, or the	1	1. Marital Stetus 1 □ Never Marrled 2 □ 3 □ Widowed 4 □ Div] Married	12. Wes Decede Armed Force 1 Yes 2 If Yes, Give Year or Dete	X No	U,S.		t of HIspanic Origin? Cuban, Mexican, Pur No Specify:	(Specify Yes or Nerto Rican, etc.)		aca - America ack, White, e	
ygiena. Ne than "natura It, trie Medical. Completed		15. De	edent's E	ducation		16a. D	ecedent's Usual C	Occupation		16b. Kind of	Business/Inc	dustry
than 'r the Med		Elementery/Secondery (0	-	ade completed) College (1-4	or 5+)	(1)	sive kind of work of fe. DO NOT use	Occupation done during most of w retired)	rorking			
Hygiena. ther than ant, the	L	12	,	o o no go (1 v	0.01,		HOI	1EMAKER		OWN	HOME	
I S E I a	1	7. Father'e Name (First, M	iddle, Lasi	")				18. Mother's N	ame (First, Middl	e, Maiden Suma	me)	
		ANGEL GARCI	A					MATIL	DA	MARRERO		
27 is	1	9a. Informent's Name/Rei CESAR ARMAS	ationship (ON	19b. N	Mailing Address (S SAME A	treet and Number or 10e	Rural Route Num	ber, City or Town	n, State, Zip	Code)
et de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company	2	Da. Method of Disposition 1 □ Burlal 2 ▼Creme	etion 3 [Removal from Sta	ate	cemetery,	isposition (Name crematory or othe	r place)	Date	20c. Location		
ortant: Injury	L	4 □ Donation 5 □ Oth	er (Speci	(y)	ME	TROP	OLITAN C	REMATORY J	AN. 4, 1	998 ALE	XANDR:	IA, VA.
important: if any injury or once.	2	1. Signature of Funeral Se	rvice Lice	21/1-				ANNAPOLIS				RAL HOME
	1	3a. Part1. Enter the disea shock, or heart failure	se, or com	plications that caus	sed the dea	th. Do no					20715	Approximate
ysician Medicai aminer	n	nmediate Cause (Final isease or condition esulting in death)		a. Par	Due to (or es e co	nsequenca of):)iseaso	-			Onset and Desth
solan and Deral-transit	Siff CO	equentially list conditions, any, leading to Immediate ause. Enter Underlying ause (Disease or Injury at initieted events	I	c			nsequenca of):					
drappy ico	F	esulting in death) Last	l	d	Due to (or as e cor	sequenca of):					
重))[[-											
Phys	P	art II. Other significant co	0	Rea	but not res	sulting in the	tunderlying caus	e given In Part i.		l tobacco use c l Yes 2□ No		the cause of deat
page 2 should be Completed by	_	an	lu	ma	3				24e. Wa	s sn autopsy ormed?	sva	ore autopsy findings uilable prior to ripletion of cause desth?
director, page 2				1					10	Yes 20 No		Yes 2□ No
infical for, p	2	5. Wes case referred to ma	dical			-		29 Binns of D				165 2 140
I direct	-	exeminer?	ruicai	Hospitel: 1 ☐ Inpe	ationt 2	ER/Outpe	ntient 3 DOA	Othor X a	eeth (Check only			a
rthis eral d	27	. Manner of Deeth		28a. Date of I		28b. Tim			Home 5 ☐ Res	how Injury occu)
to the			ending vestigation	(Month, I	Day Year)	Inju	ry M	injury et Work? 1 ☐ Yes 2 ☐ No	e e sagrant	,,		
To the Funeral Director. After the completary lilled in by the funeral Medical Certification:		3 Suicide 6 □ C	ould not be etermined	e 28e. Placa of	Injury - At h etc. (Speci	ome, farm fy)	, street, factory, or	fice	28f. Location City or To	(Street and Num own, State)	ber or Rural	Route Number,
pletaly lille edical C	2	ea. Certifier (Check only one) Certifier 2 Med	tifying Ph Ilcai Exan	yelcian: To the be- niner: On the basis end manner	of examina	owledge, dation end/o	eath occurred at t r Investigation, in	ne time, dete and plac my opinion, death occ	ca, and due to the curred at the time	csuse(s) and m , date and placa	anner as sta , and due to	ated. the cause(s)
To the Funeral completely lilled	29	b. Signeture end title of co	rtifier		11.77		29ç. L	cense number		29d. Date sign	ed (Month, L	Jay, Year)
		> Riad	Da	Kheel	m.	\mathcal{D}	D	2649	2	1/4/9	8	
6	30	Riad Dakhe	- /	n.D 4000	Mitch	helli	pe, Print)	20716	(Bowi	e)		
State	3.	. Date filed (Month, Day,		32. Regis	strarie Signa	ature	A Propleto					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 2. Date of Death 3. Time of Death 1. Decedent'a Name (First, Middle, Last) 7,1998 JANUARY DOLORES M. GREENWOOD 2:25 A.M. 4e Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 118 GLENWOOD AVENUE CATONSVILLE BALITMORE If Under 1 Year 5. Social Security Number Birthpiece (State or Foreign Country) 7. Age (In vrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Days 1 M 20 F Montha Yrs. 216-03-2738 79 JULY 24, 1918 MARYLAND Usual Residence of Decedent 10a State 10b County 10c. City. Town or Location 10d. inside City Limits 1 ☐ Yes 2 No BALTIMORE CATONSVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 118 GLENWOOD AVENUE 21228 U.S.A. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Merital Status 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Narried 1 ☐ Yes 2 No Specify: Specify: WHITE 3 Widowed 4 Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 8TH GRADE SELF-EMPLOYED GROCERY 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) HENRY CALVERT CATHERINE STEINACKER 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) ANDREW GREENWOOD (HUSBAND) 118 GLENWOOD AVENUE - CATONSVILLE, MD 21228 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 1/10/98 NEW CATHEDERAL CEMETERY BALTIMORE 21. Signature of Europh Service Licensee 22. Name and Address of Facility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALITMORE, MD 21229 23a. Part Ent he disease, or complications that caused the death shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Renal Dilure Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or es a consequence ot): 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy perlipidonia. -2 400 1 □ Yes 2 □ No 1 ☐ Yes 26. Place of Death (Check only one)

Physician /Medical Examiner

2

957

9

8

Lo

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show

"naturel", or items 23s or bolical Examiner must be r

The Medical

than

Hygiene.

. Pages 1 and 2 should be fill ment of Health and Mental Hant: If item 27 is marked oth lury or other traumatic even

Department of Important: If any injury or

altimore,

P.O. Box 68760

of Vital Records.

Directo

Funeral

by

Completed

Be

the Maryland

with

death

filed within 72 hours after

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last edical Physician/M à Completed

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Hy personin, actuoclerone amunclassic comay avery Extense

25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Manner of Death 5 Pending

investigation

6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year)

28b. Time of

28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Hesidence 8 Other (Specify) 28d. Describe how injury occurred

29a. Certifier

2 Accident

4 Homicide

3 ☐ Suicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of cartifier wou

29c. License number ND. 209293 29d. Date signed (Mgnth, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

RAPAEL H. MADIN

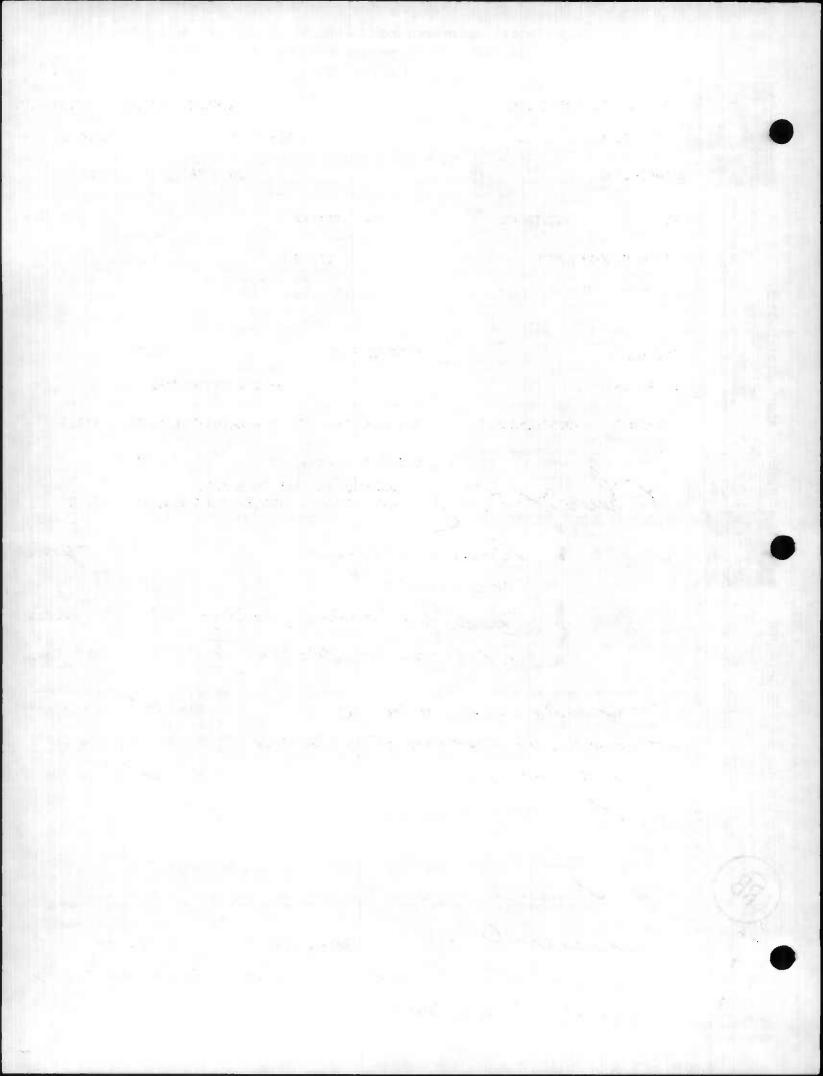
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

OHFAEL: H. MADIN 3455 WILKENS QUE, BOLD MD 21229

Registrar

31. Date filed (Month, Day, Year) 0 9 1998





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended #10b per FH G755 1/9/98 State of Maryland / Department of Health and Mental Hygien Amended #4c per MEO G755 1/9/98 EW Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physiclan** Month 1918 Leon Holden /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 612 west 2nd St chesapeana Ceta Elkridge MB Cecil 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** Days Hours 1 M 2□ F 219-07-2433 11/28/16 80 Yrs. Director Nov. 28, 1916 Md. Usual Residence of Decedent the Meryland 10b. County 10a State 10c. City, Town or Location 10d. Insida City Limits 28a-f ahow Examiner must be notified at Ceci1 Elkridge Md. Chesapeake Director 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? ò 612 West 2nd Street Items 23a 21915 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 72 hours after 1 Never Marriad 2 Married 1 Yes 2 No If Yes, Give Year or Dates: ò 1 ☐ Yes 2 No Specify: þ Specify: Black 3 ☐ Widowed ♣ Divorced "natural". Completed traumatic event, the Medical 15. Decedent's Education (Spacify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hyglena. marked other than Etementary/Secondery (0-12) College (1-4or 5+) Wilmington Public Schools Educator 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) 12 should be fi h and Mental H is marked out Be Snow Holden Laura Dickerson 19a. Informant's Name/Relationship (Type, Print) daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 end 2 nent of Haalth a ant: If item 27 is ury or other tra Lisa Holden Pitt 513 Fairhill Drive Silver Spring, Md. 20904 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any injury or once. Jan. 7 Baltimore, Md. Metro Crematory 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Nutter Funeral Homes, Inc. Herbert E. nutter 2501 Gwynns Falls PKWY Baltimore, Md. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Onaet end Death **Physician** /Medical Immediate Cause (Final ASCV D disease or condition resulting in death) Examiner Due to (or as a consequence of): hypertensia Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disaese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Astumer The law requiras thet tha death certificata be Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown As in part 1 þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 No Manding Physician: certific Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 2 1 Yes 2 No After this 28a. Date of Injury (Month, Day Year) 27. Magner of Death 28b. Tima of 28d. Describe how injury occurred tification: 28c. Injury af Work? Naturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 3 Suicida 6 Could not be determined 28f. Location (Straet and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, streef, factory, office building, etc. (Specify) 4 - Homlcide 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) end menner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signature and the or corliner 29d. Date signed (Month, Day, Year) 29c. License number

114198

Elicton, MD

D00511035

100 8000 St Union Hospital

State

21215-0020

Maryland

Baltimore, I

Box 68760.

P.O.

Division of Vital Records,

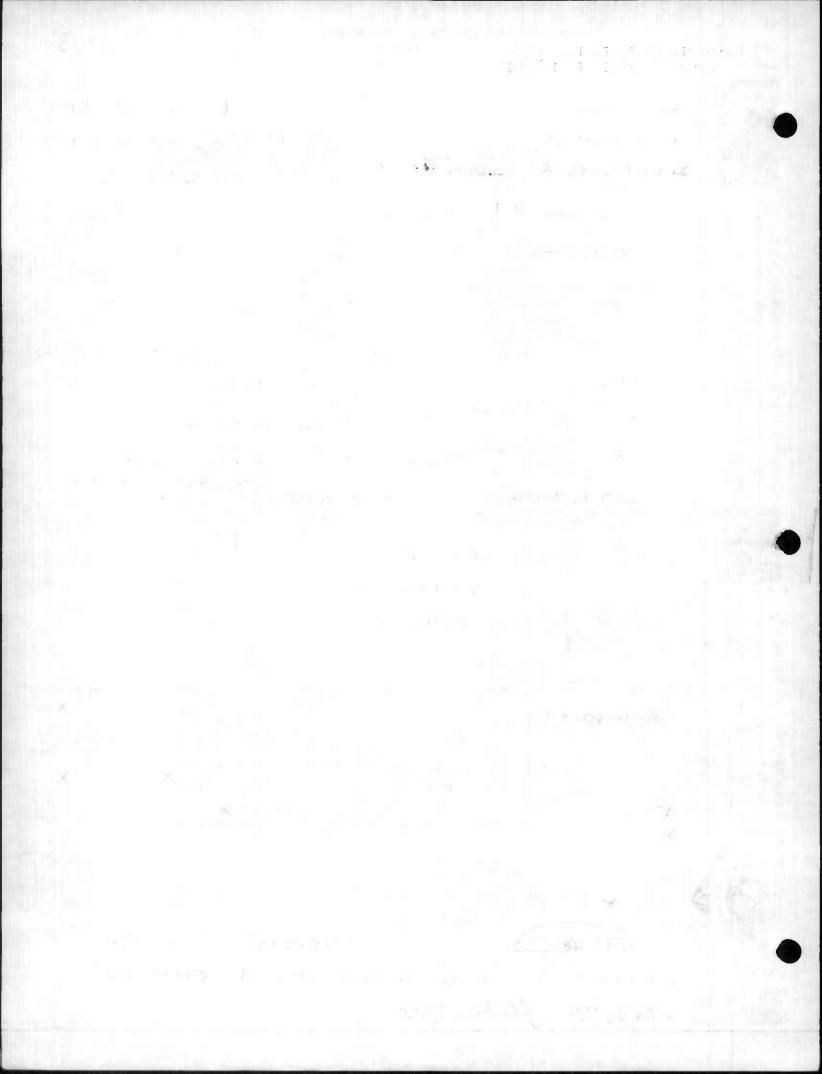
31. Date filed (Month, Day, Year)

DV S. OV tega NUD

32. Registrar's Signature his Newidson JAN 09 1998

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

Registrar



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Leslie Henson 1:30pm January 3, 1998 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 1004 Radnor Avenue (res.) Baltimore 5. Social Security Number If Under 1 Year 8. Date of Birth Month Day, Year) 12/07/1948 9. Birthplace (State or Foreign 6 Sex 7. Age (In yrs. last birthday) **Funeral** Months Deys Hours 1 1 M 28 F 220-50-4415 Maryland 49 Yrs. Director Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or Nems 23e or 28e-f shot traumatic event, the Medical Examiner must be notified as 1 Yes 2 □ No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 1004 RADNOR AVENUE 21212 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: Specify: by Black. 3 ☐ Widowed 4 ☑ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) South Balto. Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Family Health Ctr. Executive Assistant 12th 18. Mother's Name (First, Middla, Maidan Sumame) 17. Father's Name (First, Middla, Last) Pages 1 and 2 should be fill ment of Heelth end Mentel Huntel Hunts If Item 27 is marked oth Lee W. Farmer Lois B. Lee 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Allen J. Henson, Jr. 1004 Radnor Avenue, Balto., MD 21212 20b. Place of Disposition (Name of cametery, crematory or other place)

King Memorial Park 1/8/1998 Randallstown, MD 20a. Method of Disposition 1 Burlal 2 ☐ Cremetion 3 ☐ Removel from State 0 permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licensee 22. Name and Address of Facility
LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 or complications that A used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ist only one cause online hine. Approximata Interval Batween Onset and Death **Physician** /Medical Immediate Cause /Final Ulmomary diseese or condition rasulting in death) Examiner Examiner ated ARDID MY Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last and of Vital Records, P.O. Box 68760. Typepters 10 h physician Physician/Medical the 88 950 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 8 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy complation of cause of death? 20 No certificate Be 25. Was case referred to medical examiner? 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 220 No 1º 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of Certification: 28c. Injury at Work? 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homlcide Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) and manner as stated.

The dical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Dete signed (Month, Day, Year)

29b. Signature and fitle of continer

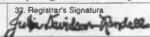
29c. License number 25373 Cund

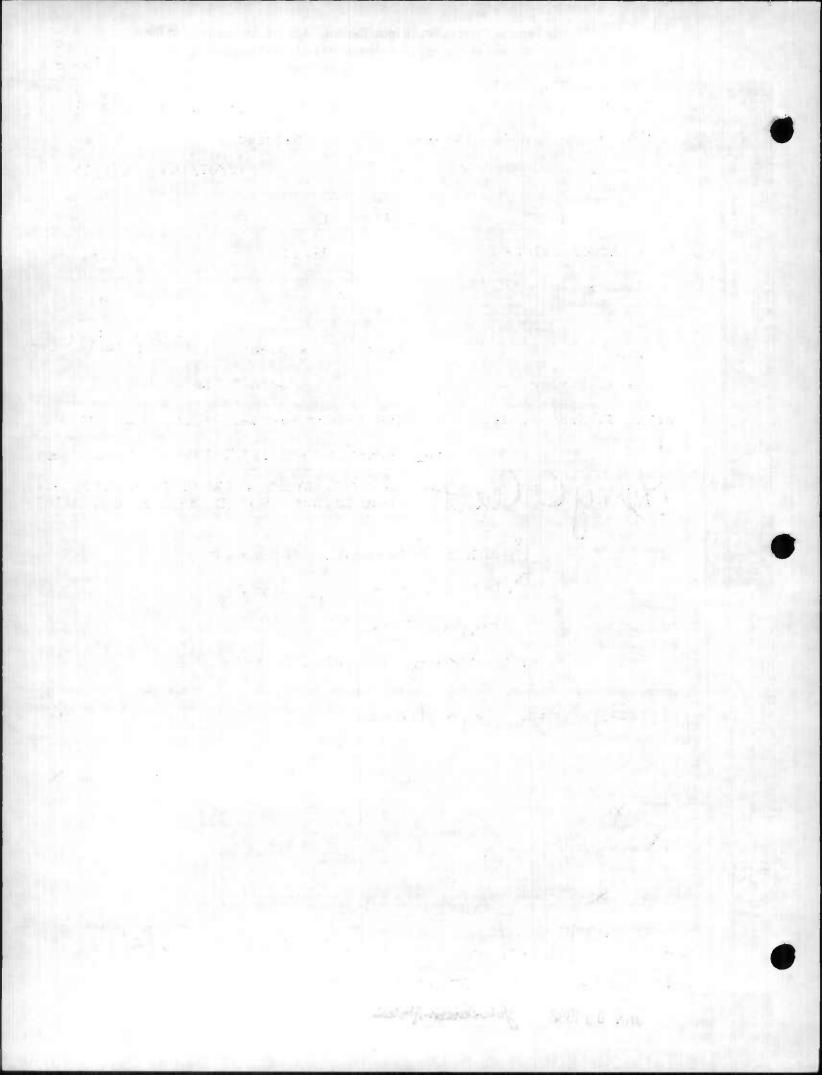
30. Name and address of parson who complated causa of death (Itam 23a) (Type, Print)

2009 DRUID Hill HUMT MD

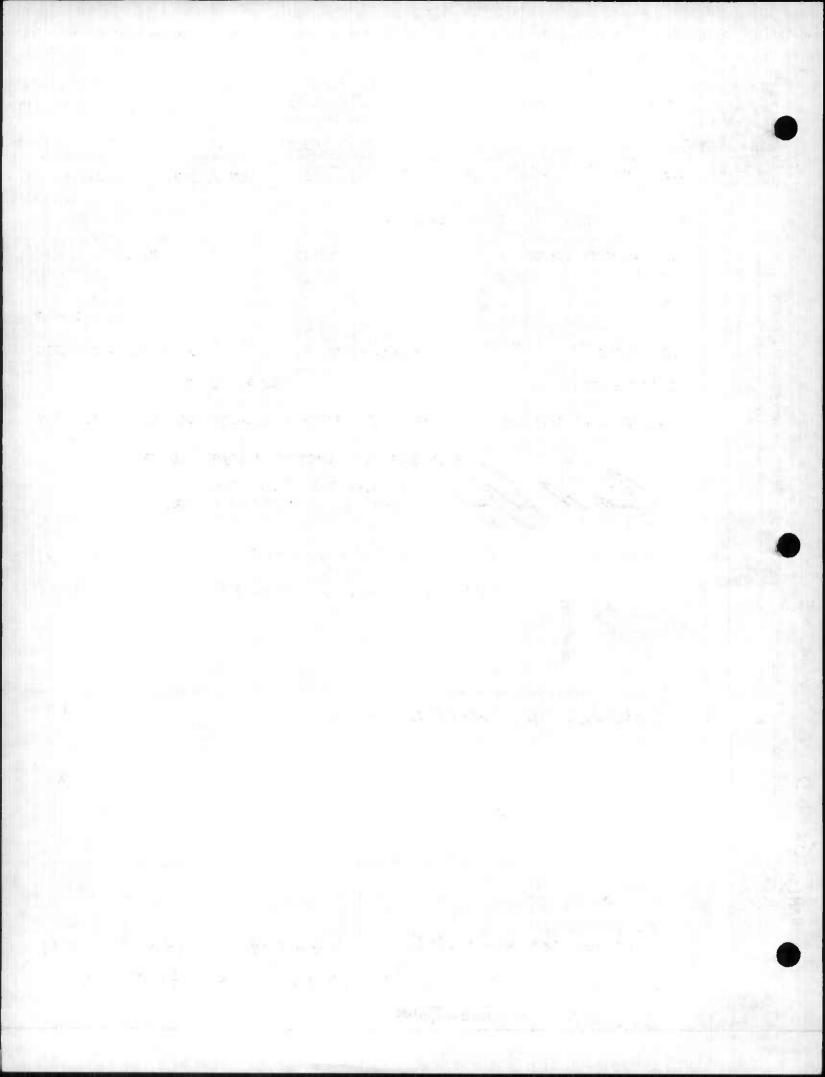
State Registrar 31. Deta filad (Month, Day, Year)

JAN 09 1998





				100	Cer	tificate	of	Death		Reg. No.	, ,	0300
Physician /Medical		me (First, Middle, Le FRANCIS							2. Data of D	Dey 7	1998	3. Time of Death
Examiner	St. Ag.	(If not institution, gi	14hca	re		If Under 1		0 -11	or Location of Dee	N.	ty of Deeth	
Funeral Director	5. Social Security 215-14-9 Usuel Residence	900	Sex 1√2 M 2□ F	7. Age (In yrs. la 88	Yrs.		Days	Hours M				piace (Stata or Foreign ntry) RYLAND
M W	10a. State	10b. County		10c. City	, Town or Lo	cation					1	Od. Inside City Limits
28e-f show coffied at ector	MD	N/A		В	ALTIMO	RE						1 No Yes 2 No
2 2	10e. Street and N 2661 WI	umber LKENS AVE	INUE			10f. Zip 0		1223		10g. Citizen o	Whet Cour	ntry?
Examiner m by Fune	**	rried 2 Married	12, Wes Dece Armed For 1 Tes If Yes, Giv. Yaar or De	2⊠ No	it	Ves Daceda Yes, specif			(Specify Yes or Nerto Rican, atc.)		ace - Americ eck, White, ify: WHIT	atc.
acal Ex	(Spi	15. Decedant's E	ducetion ade completed)		16e. Deced	ent's Usuel	Occup	ation	vorkina	16b. Kind of	Business/Inc	dustry
than the Mo	Elementery/Sec 12TH GF		College (1	-4or 5+)		O NOT use ER MAI		during most of v		BALTO	GAS &	ELECTRIC
d other event, Be C	17. Fether's Nemo	e (First, Middle, Last)					18. Mother's N	leme (First, Middle	, Meiden Sume	me)	
Mental arked of etic eve	WALTER	HARTKE						ROS	E A. MILI	LER		
T is m traum		Neme/Reletionship (-			Rural Route Numb			(D. 21842
Department of Heati Important: If flem 2: eny injury or other once.		sposition Cremetion 3 5 Other (Specia		State	ace of Dispos metery, crem CATHE	etory or oth	er pled		Dete 1/10/98	20c. Location		own, Stete
of by the attending physician and wached for use as the bunal-transit action in Physician/Medical Examiner	Immediate Cause disasse or condit resulting in death Sequentially list of eny, leading to cause. Enter Unclause Disasses that initiated even resulting in death	conditions, immediate larrying or injury	e	Due to (or	es e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e consequence as e c	uence of):	Ry	YPOXI	LEST			3 Mys
tached tached	Pert li. Othar sign	ificent conditions				darlying car	ise giv	en in Pert I.		tobacco usa c		the causa of death?
d be de		ORECI	MC (ance	572				-			. 🗡
page 2 should completed									24e. Wes	an eutopsy ormed?	CO	ere eutopsy tindings elleble prior to implation of cause death?
page Com						,			10	Yes 2 No	10	Yas 20 No
nactor, par Be Co	25. Wes case refe examiner?	erred to medical							eeth (Check only	one)		
To To	1□Yes 20	No	-	patient 2 E	ER/Outpatient			4 LI Nursing	Homa 5□ Res	idence 6 🗆 O	ther (Specif	(y)
I Director: After the land of the land.	27. Menner of Dec 1 Naturel 2 ☐ Accident	5 Pending investigation	n	f Injury n, Dey Year)	28b. Time of Injury	M 28	Nor	yat k? Yes 2 ☐ No	28d. Describe	how injury occi	urred	
Dertific	3 Suicide 4 Homicide	6 Could not be determined	286. Piece	of Injury - At hor g, etc. (Specify)	me, farm, stre	et, factory,	office			(Straet end Nun wn, Stete)	nber or Rure	el Routa Number,
Pletay III	29e. Certifier (Check only one)	1 Certifying Pt 2 Medical Exam	nysician: To the interior: On the beend mann	sls of examinetic	rledge, deeth on end/or inv	occurred et estigetion, i	the tin	ne, dete end ple pinion, deeth oo	ce, end due to the curred at the time	cause(s) and r dete end plece	nanner as s o, and due to	tated. the cause(s)
Toth	29b. Signature an	odnah	Kauko	De, n	1 D		D	4670	4	29d. Deta sign	7	Dey, Year) 1998
	MUT	-	CANKON	JOE.		A GN	5	HOSF	ITAL	BU	TA	10
State Registrar	31. Dete filed (Mo	0 9 1998	32. Re	gistrer's Signatu	Pandelle.							



Reg. No.

3. Time of Deeth

9. Birthplece (State or Foreign Country)
Balt., MD.

27837

21217

2 Months

5 Years

ontributs to the cause of death?

MILLS, MD

10d. inside City Limits XXYes 2□No

3:30 a.m.

	Physic		CHARLES										Month Jan.	Dev	Yeer 1998	3:3
	/Medi Examii		4a. Fecility Nama (umber)				4b. City, T	own, or Lo	cation of Deet		y of Death	10.0
	E-7001111		VAMHCS	FORT :	HOW	ARD,	MARYI	AND 2	1052		FOR'	т но	WARD	BAL'	TIMO	RE
	Funeral Director		5. Social Security N 212-56-		6. Ser	х Эм 2П F	7. Aga (In yr	s. last birthday) 47 Yrs.	If Und Months	ar 1 Yaar Deys	If Unde Hours	r 24 Hrs. Min.	8. Data of Bir (Month, Di 7 / 2 6	rth ay, Year) /51	9. Birthr Cour Bal	plece (State
	р.		Usual Rasidence o													
	h the Maryler r 28a-1 show	Director	10e. Stete	10b. County				BALTIN								10d. inside
	or 2	à	10e. Street and Nu	mber					10f. Z	lp Code				10g. Citizen of	Whet Cour	ntry?
JR	ath v	ra.		8 EAG						212				U.	S.	
HARPER	72 hours after death with the Maryland netural', or items 23s or 28s4 show deat Examerse must be nottled at	by Funeral	11. Meritai Status 1 Never Marr 3 Widowed		ried	Agged F	2 No				lispenic O en, Mexica Specify		ecify Yas or No Rican, etc.)	Speci	200 -	atc.
AR 5-0	72 hours netural',	te d		15. Deceden	t's Edu	cetion		16a. Dece	dent's Us	uel Occup	petion			16b. Kind of B		LACK
S 212	d within piena. r than	Completed	Elementery/Second 12				(1-4or 5+)	TRUC			during mo d) ER	st of work	ng	TRUC	CKINC	3
E E	be filed ital Hygid d other event, to	Be (17. Father's Name	(First, Middle,	Last)						18. Moth	era Name	(First, Middle	, Maiden Suma	ma)	
AR Iai	should be nd Mental marked c	To	CHARLES	HARPI	ER,	SR.					MA	ARJO	RIE HO	OGAN		
CHARLE Maryland	2 should end Men is marke eumatic		19e. Informent's N	ame/Reletions	hip (Ty	pe, Print)		19b. Malli	ng Addre	ss (Street	and Numb	per or Run	I Route Numb	er, City or Town	, State, Zip	Code)
2	E # 0 F		CHARLES	HARPI	ER	SR. (F	TATHER) 5432	BO	YD F	ROAD -	-CRI	MESLAN	ND, N.	3. 2	2783
1E: nore	Ore, es 1 an of Haal f flem 2		20e. Method of Dis 1X Buriel 2 4 Donetton	Cramation			State	Place of Dispo cemetery, crei	stion (Natory or	ame of othar pla	ce)		Dete	20c. Location	- City or To	
NAME	permit. Peg Department Important: t eny injury o		21. Signature of Fu				00	22	. Nama a	and Addra	ss of Faci	ity RE	DD FUN	WINGS NERAL S -BALTO	SERV	ICE
			20a. Part 1. Enter t shock, or hee	the diseese, or ort fellure. List	compile only on	cations thet	ceused the de each line.								, III	Approxim Interval B
	Physician /Medicai Examiner		immediate Cause disease or condition resulting in daath)	on		ADI	ENOCAF	CINOMA	A OF	BOV	VEL					Onset an
	Examine	-	resulting in datin)					(or es e consec		*						
	pe is	je				DUC	DDENAL	ULCE	RWI	TH I	BLEE	DING				5 Ye
	be executed sician and burlet-transit	Examiner	Sequentially list co	onditions,				(or es e consec	uance of):						
60	be es		Sequentially list co if any, laading to in ceuse. Enter Unde Cause (Disaesa or that initieted avents	erlying injury	·	ALC	COHOL	ABUSE								
Box 68760,	death certificate be executed e attanding physician and of for use as the burlet-transit	Physiclan/Medical	that initieted avents resulting in deeth)	s Last		l	Dua to	or as a conseq	uance of):						
.O. Bo		siclar	Pert II. Other signif	ficant conditio	ns con	tributing to d	leath but not re	sulting in the u	nderlying	ceuse giv	en in Pert	1.	23b. Did	tobacco use co	ontributs to	o the caus
0	requires that the despensioned by the a	by Phy											10	Yss 2 No	3 Pro	bably 4
ecord	aw requisible beer 2 shou	Completed											24a. Wes	en eutopsy ormed?	av	ere autops rallable pric empletion of death?
E	E ag	Con											10	Yes 2 No	10	□Yes 2
ita	ystclan: The	Be	25. Wes case refer axeminar?	red to medicel							26. Plac	e of Deeth	(Check only	опе)	1	
5	5 9 0	To	1 ☐ Yes 2X		Н			☐ ER/Outpatier	t 30 C		4UN	ursing Ho	me 5 Resi	idence 6 🗆 Ot	her (Specif	y)
ion	ding h. After fune		27. Menner of Death 1 ⊠ Neturel 2 □ Accident	h 5 🗆 Pendin investig	g getion	28a. Dete (Mor	of Injury oth, Day Year)	28b. Time of Injury	М	28c. injur Wor 1 🗍	yet k? Yes 2□		28d. Dascribe	how injury occu	rred	
Divis	Oivision of Vital Records, or attending Physician: The law requires to after death. Director: After this certificate has been signs in by the funeral director, page 2 should be partification: To Be Completed by		3 ☐ Suicide 4 ☐ Homicide	6 Could r determ	not be Ined	28a. Place build	e of Injury - At ing, atc. (Spec	home, ferm, str	aet, facto	ry, office			28f. Location (City or To	Street and Num wn, State)	ber or Rura	I Routa N

1 Yss 2 No 3 Probably 4X Unknown 24b. Were autopsy findings available prior to completion of causa of death? 24a. Wes en eutopsy performed? 1 🗆 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred 1 ☐ Yes 2 ☐ No 28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29e. Certifier (Check only one) 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) and mannar stated.

29b. Signeture end title of certifier

1 Decedent's Name /First Middle Last)

29c. License number D-18298

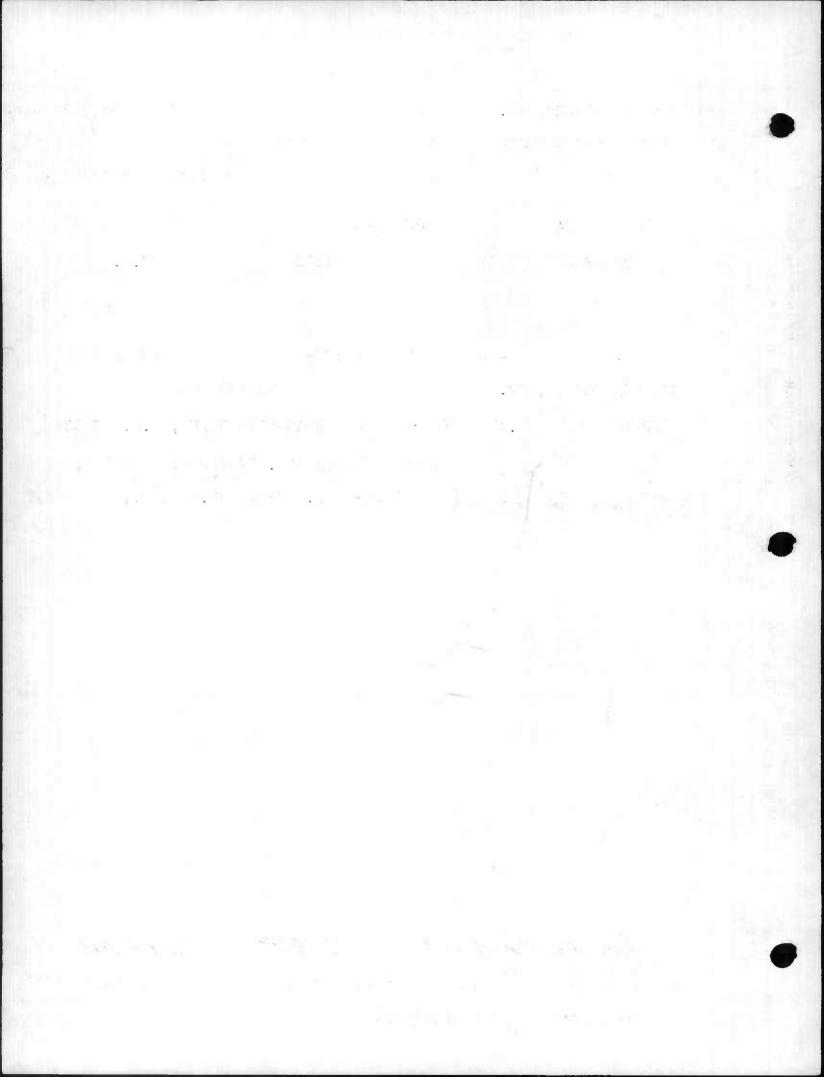
29d. Date signed (Month, Day, Year) Jan. 1 st, 1998

30. Name and edd (ess of person who complete dause of deeth (Item 23a) (Type, Print)

9600 NORTH POINT ROAD, FORT HOWARD, MD. 21052 DR. CHYU, AUGUSTIN M.D.

31. Data filad (Month, Day, Year) JAN 0 9 1998 Registrer's Signetura Enteridion

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month Day **Physician** 11CHELLE JOHNSON 07 12:50 AN /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Ritchie Baltimore
If Under 24 Hrs. 8, Dete of Birth Joseph 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year 8. Dete of Birth (Month, Day, Year) Funeral 6. Sex Birthplece (State or Foreign Country) Months 1 M 25 F Deys Hours Min 212-92-5635 Director Usuel Residence of Decedent 10a. Stefe 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified 1 Yes 2 No Director more 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 3683 items 23a Hvenue 12. Was Decadent Ever In U,S.
Armed Forces?
1 ☐ Yes 2 No
If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 11. Meritei Stafus 72 hours after 1 Never Married 2 Married Specify: Black "natural", or Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed wit Department of Health and Mental Hygiene Important: If Nem 27 is marked other tha any linury or other traumatic event, tra jonce. Hickey School erical 24R5. narles 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Patricia lichael Jerome ohnson -ogar 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20b. Placa of Disposition (Name of cometery, cremetory or other place) Dele Battimore Maryland 21213 atricia Johnson 20e. Method of Disposition 1 Buriel 2 □ Cremation 3 □ Removel from State 1-12-98 Randal Stown, Mary bod 4 ☐ Donetion 5 ☐ Other (Specify) Memorial Park 21. Signeture of Funerel Servica Licensee 22. Name and Address of Fecility

Deeph H- Brown Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel DISEASE 1 YEAR IMMUNODEFICIENCY disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Lest the buriel-tran Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 98 Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by the 3 Probably 4 Unknown 1 Yes 2 No Records, pA 24b. Were europsy findings evelleble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) HOSPICE 1 Yes 2 1 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.
2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piace, end due to the ceuse(s) end menner stated. 29e. Certifier 29b. Samure end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) Sucerblan h.D.

ENTETIS BALTIMORE MID

21201

State

DHMH 16 Rev 6/95

Registrar

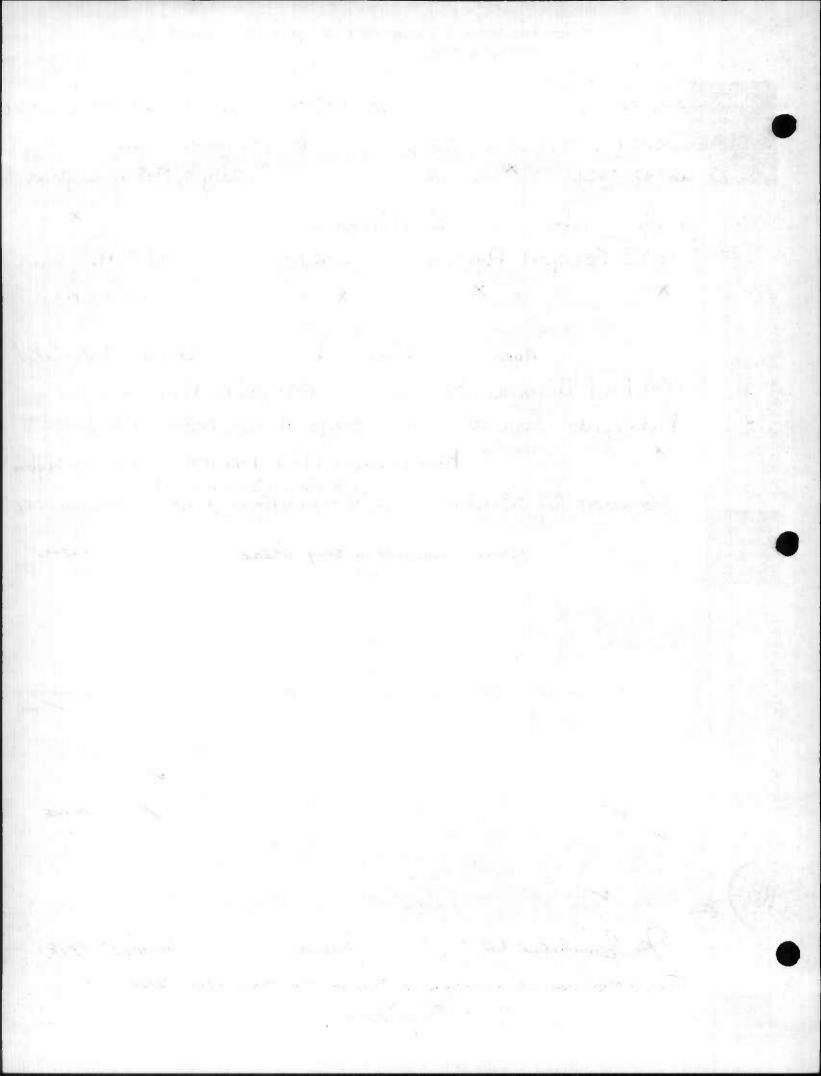
31. Dete filed (Month, Dey, Year)

30. Neme end address of person who completed ceuse of deeth (Item 23e) (Type, Print)

32. Regista

JOHN B MACCESON MD 101 W READ ST.

JAN 0 9 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death **Physician** lacobs Month illiam /Medicai 4a. Facility Name (If not in flution, give street and number) 4b. City, Town, or Location of Death Examiner If Under 24 Hrs. 8 Date TUIA5K 5. Social Sacurity Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funerai** Months Days 217-68-3674 Usuel Residance of Decedent 1 2 M-2 F Yrs Director 10a. State 10b. County 10c. City, Town or Location 28a-f show other traumatic event, the Medical Examiner must be notified at Director ngryand 10e. Street and Number imore 10f. Zip Code 10g. Citizen of What Country? 180 Funerai 12. Was Decedent Ever in U.S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Datas: 14. Raca - Amarican Indian, Black, White etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 Yes 2 No Specify: by 3 Widowed 4 Divorcad Completed 15. Dacadent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 72.
Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "na any injury or other traumatic event, the Media once. Elementery/Secondary (0-12) College (1-4or 5+) isAble 10Th 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be urnell Willi Cleo 19a. Informant's Neme/Relationship (Type, Print) (Brothes) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Tourn, State, Zip Code) 2630 E. 0/5 20b. Placa of Disposition (Name of cemetery, crematory or other place) PAITO. 20e. Method of Disposition
1 ☐ Burial 2 ☐ Cremation Date 3 Ramoval from State Donation 5 Other (Specify) Green mount Signature of Funeral Sarvice Licensee art1. Enter the isaasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line. **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequenca of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t d be detach E medical treatas Records, p Completed 24a. Was en eutopsy performed? & Aluse sion of Vital 25. Was casa referred to medical examiner? Be 26. Place of Daath (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 28a. Date of Injury (Month, Day Year) 27. Mapnar of Death 28b. Time of 28c. Injury at Work? Watural 5 Pending 107 1 Yes 2 No 2 Accident Invastigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 - Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) and manner as stated. To the Hear within 24 To the Fu 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

M.

32. Registrate Signature

821

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

Steam

0.

10

20c. Location - City or Town, State Approximete Interval Between Onset and Death 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2000 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of causa of death? 20 Nort 28d. Dascribe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 29d. Date signed (Month, Day, Year)

29c. License number

Euraw, Balto

9. Birthplace (State or Foraign

me

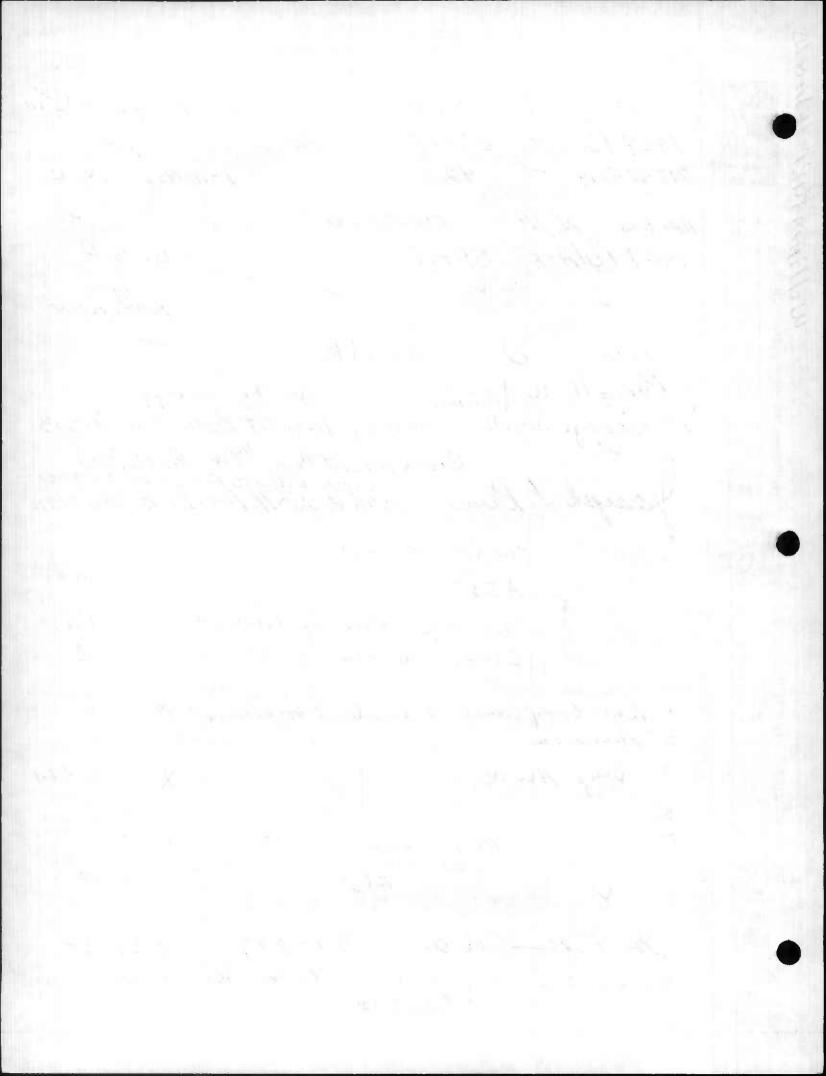
10d. Insida City Limits

1 Tes 2 No

State Registrar

29b. Signetyre and title of certifier

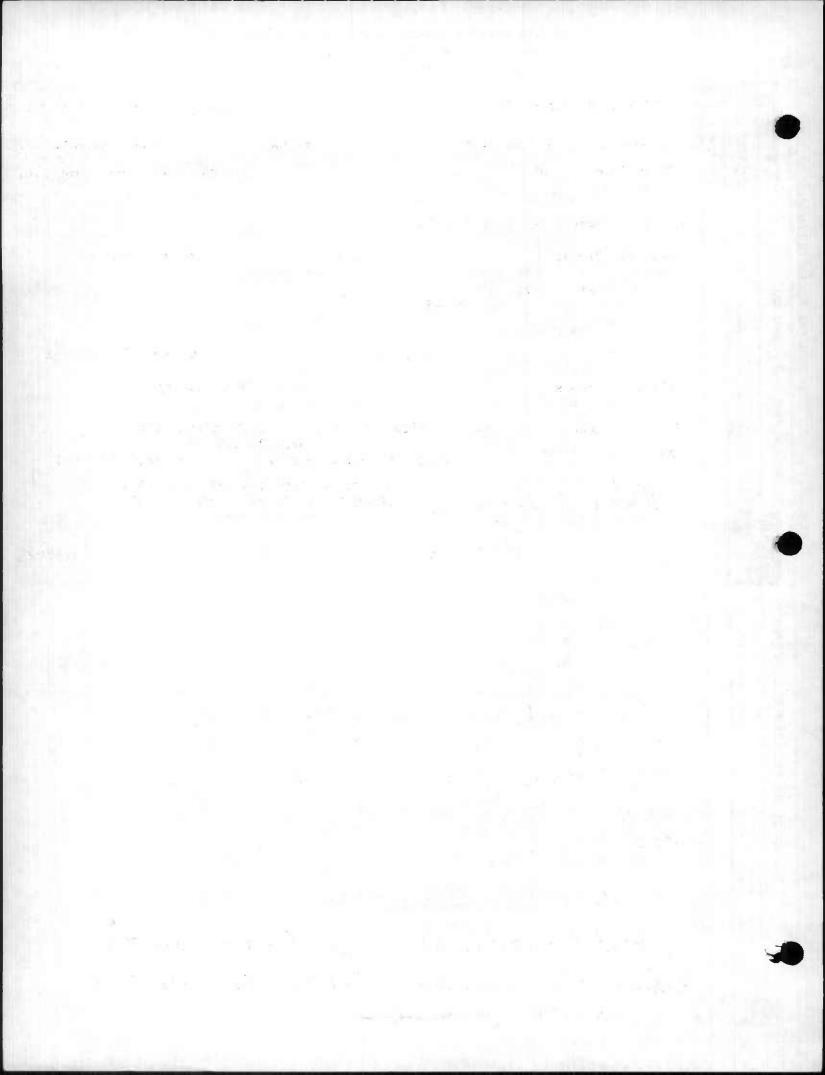
31. Data filed (Month, Day, Year) JAN 0 9 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Neme (First, Mid	Idle Last)			Certifica	te of	Death	2. Dete of D	Reg. No.	- 0 1	3. Time of Death
	Physic	an	William R.		Sr.					Month	Day	Year	10:50 A.M.
	/Medi		4a. Fecility Neme (If not instituti						4b. City, Town, or L	Janua ocation of Dee	-	998 y of Deeth	-
-	Exami	ier											
1	Funeral		5. Social Security Number	6. Sex		(In yrs. last bir		r 1 Year		8. Dete of Bi	irth	9. Birth	eorge's place (State or Foreign intry)
3	Director		578 16 4306	1 ⋅ M 2□] F	77	Yrs. Months	Days	Hours Min.	May 23	, 1920	Wash	nington D.C.
	pu *		Usual Residence of Decadent 10a. Steta 10b. Coun	h		I0c. City, Tow	or Location						404 1. 44. 65. 11. 5
	aho	5											10d. Inside City Limits P□Vas 2□ No
	ith the Maryler or 28a-f ahow	Director	Maryland Prin	nce Geor	ge's	Lanhai		p Coda			10g. Citizan of	Milhot Cour	
	ith with the Maryle 23a or 28a-f ahou		9130 7th Str	not				0706			United		111.*
	ne 23a	Funeral	11. Meritel Status		Decedent Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Every Eve	er in U,S.			Hispanic Origin? (Sp	pecify Yes or N			Ican Indien,
Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumetic avent, the Medical Examinet must be notified at ODGs.	by	1 Never Married 2 1 1 1 1 1 2 1 1 1 2 1 1 2 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	arried 14000	Yes 2 ☐ No s. Giva		If Yes, sp 1 ☐ Yes		Hispanic Origin? (Spen, Mexican, Puerto Specify:	Rican, etc.)		eck, White, by: Whi	, etc.
5-0	72 ho	ted	15. Decede (Specify only high	ent's Education	etad)	16a.	Decedent's Us	uel Occup	petion during most of work ed)	kina	16b. Kind of E	Business/Ir	ndustry
2	ithin ne.	Completed	Elementery/Secondary (0-12)		ge (1-4or 5+)	- 1	life. DO NOT	use retire	d)	(III)			
2	ygier ygier nt, th	ပ္ပ	10			Pre	ssman					_	ngraving
anc	d out	Be	17. Fether's Neme (First, Middle						18. Mother's Nam			me)	
1	2 should end Men is marke	7	Thomas E. Jon			401	NA 111 - A 44 -	100	Kate	(Unvai			
Ma	d 2 sl th en 7 is r traur		19e. Informent's Neme/Reletion						t end Number or Ru				p Code)
ē,	Heel Heel em 2	1	Helen V. Jone: 20e. Method of Disposition	S	Wif	e 9 20b. Plece of	130 7th Disposition (Ne	Str	eet Lanha co) Jan. 7	m Maryl	and 207		own. Stete
Baltimore,	eges ant of t: If If y or c		Burial 2 Cramafior	3 Removel f	from State				Gardens	, 1998			aryland
=	artme ortan Injur		21. Signeture of Funerel Service			TITHI	-						iryraiid
B	Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Departition Depart		Muchal	1/	Sin O)			ess of Facility Evans F				
			23a. Pert1. Enter the diseese, shock, or heert feilure. Li	or complications t	hat caused th	ne death. Do r			napolis R na. such es cardiec			0/15	Approximete
	Physician		shock, or heart feilure. Li	st only one ceuse			0					i	Approximete Interval Between Onset and Deeth
	/Medical		Immediate Ceuse (Finel disease or condition		wece	mor	na						3 week
	Examiner		resulting In death)	a/		- 0	consequence of):					3 00 00
	7 =	The		- 1									
	10 / 2 E	Exam	Sequentially list conditions,		Di	ue to (or es a	consequence of	:					
60	Deligion Deligion	Ea E	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events	С									
09289	g phys	edle	rasulting in deeth) Last		Du	e fo (or es a c	onsequence of)	•				į	
		_		d									
Вох	leath cert	Cla	Dod II. Other clouble on ande	do mo oceatalle cale -	An elegate but		and a dealer of		us la Basa I	OOL DI	I de hanne was a	n m é al lhu sé a d	to the course of death 0
0	thet the de ed by the deteched	Physician/N	Pert II. Other aignificant condit	ions contributing	1 Codain but	A t	tna underlying	cause gr	OFFI IN PORT I.	1	Yas 2 No	3 Pro	to the cause of death?
Q.	signed l	y P	Curonic	- 028	Truc	TIVE	Lun	PU	useos	2 1	123 20110	00,110	Total of the original of the o
rd	v require been sig should t	8	Bronch a	01.00	00	- 1	15.	7		24a. Wes	s an eutopsy ormed?	24b. W	Vere autopsy findings veiteble prior fo
Vital Records,	8 9 CV	Completed by	, ,00	A	1	all,		~		ρο	01111001	CC	omplation of cause f death?
2	The la	E O	myllo	DZWSO	ast	ce	Cisud	10	me	10	Yes 2 No	1	☐ Yes 2☐ No
/ita	ysician: The	Be (25. Wes case referred to medic axaminer?	al			0		26. Plece of Dea	th (Check only	one)		
)t	Physic this co	5	1 ☐ Yes 2 No		Inpatianf		tpetient 3 C	UA			idence 6 🗆 O		ify)
L C	Ing P	on:	27. Menner of Deeth 1. Neturel 5 ☐ Pand		Dete of Injury Month, Dey	(ear) 28b. T	ime of njury	28c. Inju Wo		28d. Describe	how Injury occu	irred	
Sic	Attending Physician: or death. octor: After this certific by the funeral director,	cat	2 Accident Inves	tigation	N	411	M		Yes 2□No	ODE Location	(Chan at an et his an	has as Du	and Claresta Atoms have
Division of	or Al effer Direc in by	ŧ		mined 286. F	ouilding, atc.	Specify)	rm, street, fecto	ry, office			wn, Stete)	iber or Hur	ral Routa Number,
-	Hospital A hours Funeral I tely filled	Ö	29a. Certifier 1 Certify	ing Physician: To	the best of	my knowledge	death occurre	l at the ti	me, date end pleca,	and due to the	couse(s) and a	annar ac	hoteta
	Fun Fun Jetely	edical Certification:		i Examiner: On the	he basis of ex mannar stata	kemination en	d/or Investigatio	n, In my	opinion, deeth occur	red et the fime	, dete end plece	, end due t	to the ceuse(s)
	To the Hospital or Attanding I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the fune	Me	29b. Signeture and title of cartif	jer tol	0		25	c. Licen:	se number	0.5	29d. Dete sign		
	,		> Kiad)akhe	eln	.0		D	264	4 2	Jan.	3.9	8
	NOX!		30. Neme end eddress of perso	n who completed	cause of dee	th (Item 23e) (Type, Print)						
	10,		Riad Patheel	m.D.	40001	. 1	ellville	Rd	#216.	Rowie	Md.	207	16
	Sta		31. Date filed (Month, Dey, Yea		32. Registrer	s Signeture	70						
	Registr	ar	JAN 0	9 1998	Tune	U KAMAGO	~- Mandall						

DHMH 16 Rev 6/95



P.O. Box 68760

Records.

Division of Vital

nding phys

the atte 0

2

certificate hes page 2

this

After

after death.

To the Hospital or A within 24 hours after To the Funerel Directompletely filled in by

The

or Attending

deteched

8

with the Maryland

death

r than "natural", or items 23a or 28a-f show the Madical Exercines must be notified at

Hyglene.

merked other

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If frem 27 is marked other any injury or other traumatic avent

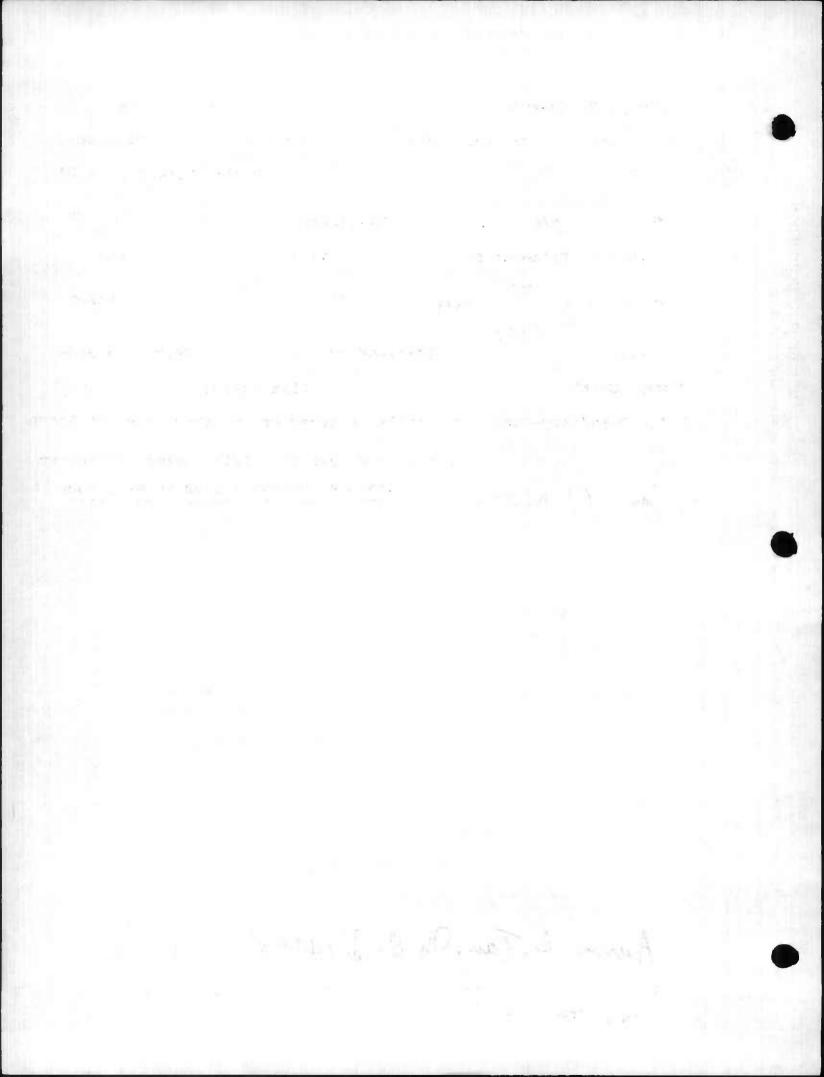
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month George C. Johnson JANUARY 7,1998 1:15 PM /Medical 4a. Fecliity Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner VA MARYLAND HEALTH CARE SYSTEM Baltimore FORT HOWARD If Under 1 Yeer if Under 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) 6 Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** XDM 2□F Hours Yrs. 257-28-1517 Director 72 29,1925 MAY Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Nes 2 No n/a Baltimore 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 1604 N. Ellamont St. 21216 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bieck, White, etc. XXYes 2 No If Yes, Give Yeer or Detes: WWII 1 Never Married 2 Married 1 Yes 2 No Specify: þ Specify: **Black** 3 Midowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done du life. DO NOT use retired) during most of working Elementery/Secondary (0-12) College (1-4or 5+) 12th Railroad Worker Bethlehem Steel 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Jimmy Smith Lila Johnson 2 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Helen Boyd/step-daughter 19534 Taverney Dr. Gaithersburg, MD 20879 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 12 urial 2 ☐ Cremetion 3 ☐ Removal from State Donation 5 ☐ Other (Specify) Garrison Forest VA 1/12 Owings Mills, MD 22. Name and Address of Facility ture of Funeral Service Licensee James A. Morton & Sons Funeral Home orton 1701 Laurens St. Balto., MD 231 Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel PROGRESSIVE RENAL FAILURE 5 DAYS disease or condition resulting in deeth) Examiner Due to (or as a consequenca of) Examiner CANCER, PROSTATE YEARS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or es e consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Vunknown BILATERAL HYDRONEPHROSIS, ORCHIECTOMY, b 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy DEEP VENOUS THROMBOSIS completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 10 1 ☐ Yes 3 ☐ No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, term, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 🛣 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and manner as stated Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of cartifie 29d. Date signed (Month, Dev. Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print) AURORA C TAN, M.D. 9600 NORTH POINT RD FORT HOWARD MD 21052 31. Date tiled (Month, Day, Year) Register's Signature Handall

Registrar

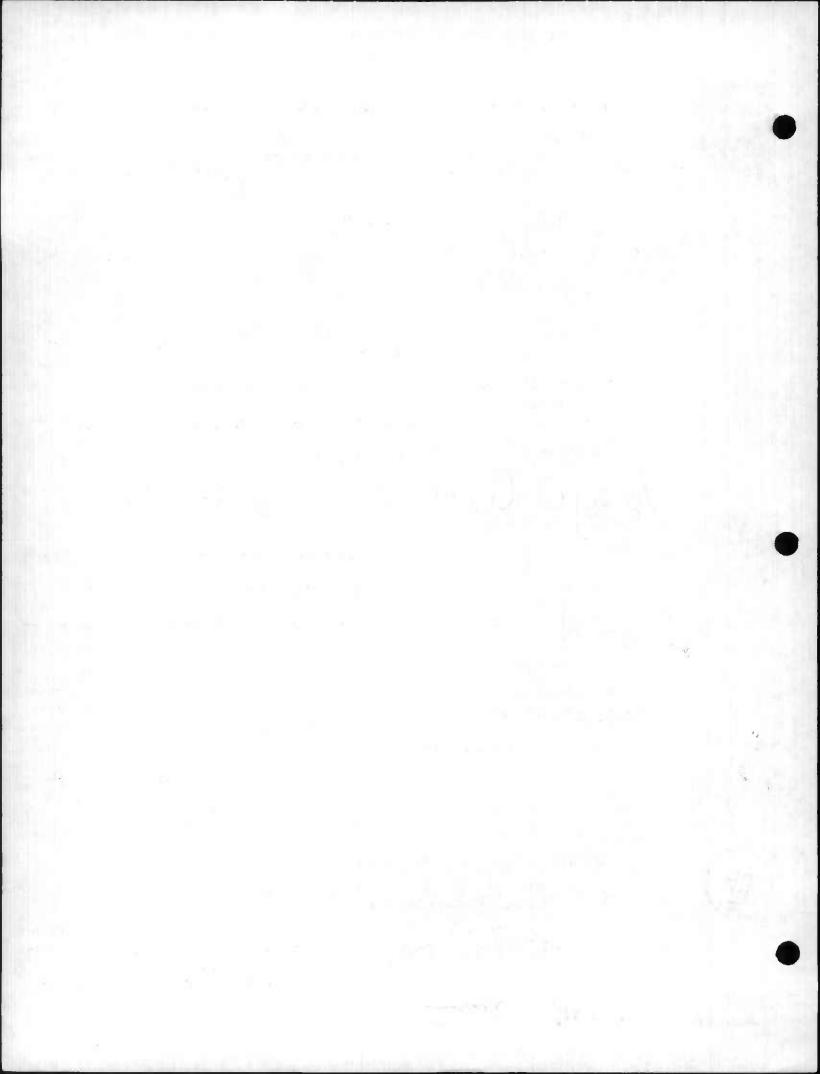
JAN 09 1998



State of Maryland / Department of Health and Mental Hygiene 3 0 3 0 6

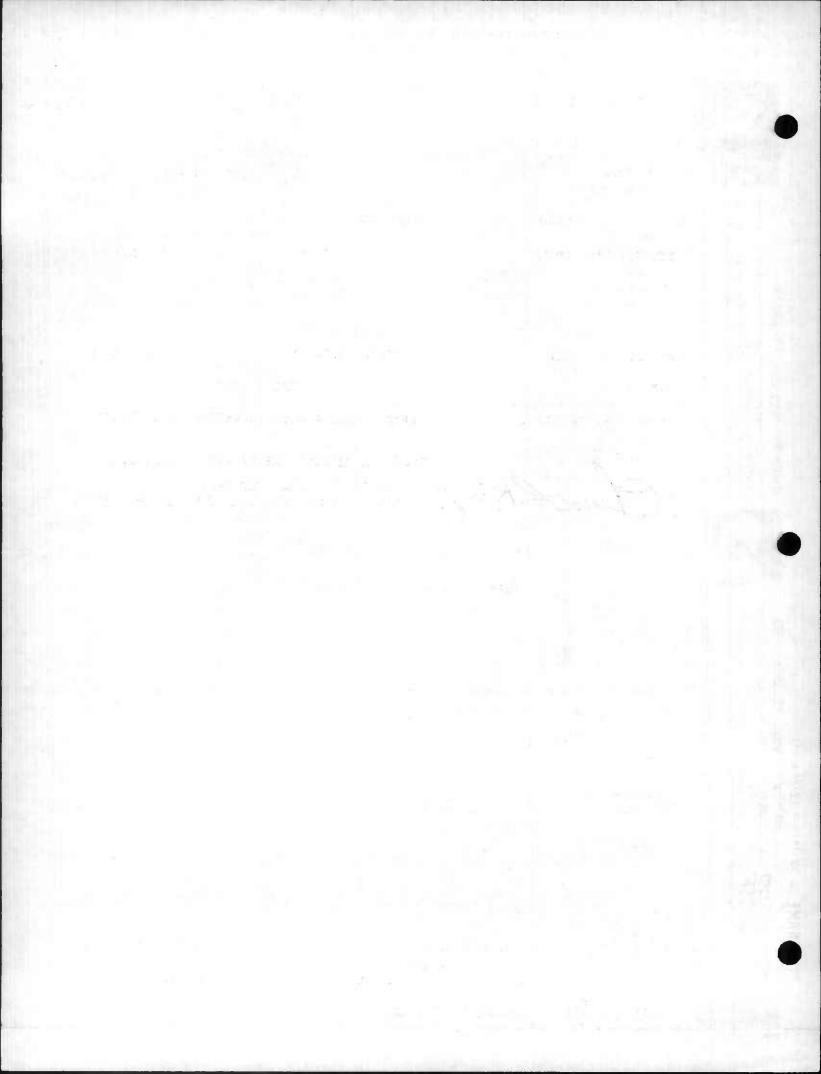
					Ce	ertific	ate of	Death		Reg. No.	0.0	
Physician		1. Decedent's Name (First, Middle	, Last)				1.48		2. Date of De	eath Day	Year	3. Time of Death
Physician /Medical	ı.		GARE			Je	SHA		JANUA	Ry 06	1978	9:28 A.
Examiner		4a. Facility Name (If not institution LIBERTY MED						4b. City, Town, or BALTIN		th 4c. Count	y of Death	
Funeral Director		5. Social Security Number 219–22–9547	6. Sex 1 ☐ M 2 🛣	7. Age (in yr. 80		y) If Un Monti	der 1 Yea hs Days			th ay, Year) 1917	9. Birthp Court S . C	place (State or Foreigntry) arolina
>	- 1-	Usuai Residence of Decedent 10a. State 10b. County		100.0	City, Town or	Logation						
show			N/A	106. 0			MODE	,				10d. Inside City Limita 1 X Yes 2 ☐ No
tor 28a-f st be notified Director	3	10e. Street and Number	W/ A		DF		MORE Zip Code	,		10g. Citizen of	Milhot Cours	
0 8 0	2	1402 POPLAR	GROVE	STREET		101.		.216			S.A.	itry?
Exercises 234 Exercises rount by Funeral	5	11. Meritel Stetus 1 ☐ Never Married 2元 Marri 3 ☐ Widowed 4 ☐ Divorced	Armed 1 TY If Yes,	Decedent Ever in I Forces? es % No Give or Dates:	U,S. 13			Hispanic Origin? (S ben, Mexican, Puer Specify:	Specify Yes or No to Ricen, etc.)		ack, White,	etc.
it, the Medical Inc.	200	15. Decedent (Specify only highes	s Education	ad)	16a. Dec	edent's U	sual Occu	ipation during most of wo	nkina	16b. Kind of E	Business/Inc	dustry
- ner	1	Elemantary/Secondary (0-12)	Coilag	a (1-4or 5+)				ed)	ikiig	Pub1	ic So	chools
Con	5	12th		1	Tea	che	Ľ					
d other event, I Be C		17. Father's Name (First, Middle, I Rev. James S		nac					me (First, Middle			
merked imetic e	2			llas					e Vero			
raum raum		19a. Informant's Name/Ralationsh Albert Johns				-		et and Number or R				(Code)
other traumatic event,	-	20a. Method of Disposition	5011	20h	Place of Dis			r Grove	St., B	alto.,		21216
ant: If its		1 Buriel 2 □ Cremation 4 □ Donation 5 □ Other (Sp		Chata	cemetery, cr	ematory of	or other pi	tery 1/				,Marylan
any inju		21. Signature of Funeral Service t	igango () sof	1	LER	O YO	ess of Facility DYETT	& SON	FUNER	AL HO	OME, P.A
	1	23a Part1 Inter the disease or shock or heart failure. Use of	complications the	at caused the day	ath. Do not e	nter the n	node of dy	ing, such as cerdia	c or respiratory a	AVE.,	BALT	Approximate Interval Batween Onset and Death
/sician ledical	1	tmmediate Causa (Final disease or condition		0 0 1 1	- 0		0 0 0 1 1	100	EDE \		1	
aminer		resulting in death)	a		(or as a cons			ARY OI	= DE MA		i	1 DAY
								IRE I	with 5	EPS 15		211
in and haltransit		Sequentially list conditions,	Б		(or as a cons				,			
		Sequentially list conditions, if eny, leading to immadiate causa. Enter Underlying Cause (Disaase or injury		ARTE,	Riosc	LEA	20 hi	· HEAL	27 DI	SEASE	12	UNKNOW
ding physician and se as the bunal-transit		thet initiated events resulting in death) Last	d		or es e conse							
for us											1	
d by the attand attached for us.	1	Part II. Other eignificant condition			sulting in the	underlyin	g ceuse g	ivan in Part I.				the cause of death
igned by the attandition of datached for use by Physician/I		HYPERT							1 🗆	Yes 2□ No	3 Prol	bably 4 Unknow
hould		CHRONI	۷ ر	EUKE	MIA				24a. Was	an autopsy ormed?	co	ara autopsy findings ellable prior to impletion of ceuse death?
i cartificate has b director, page 2 s									10	Yas 201No	10	Yes 2000
s cartific director,		25. Was cese rafarred to medicel examiner?						26. Ptaca of De	ath (Check only	one)		
0, 0		1 Yes 2⊠ No	Hospitat:	Ø(inpatiant 2 €	☐ ER/Outpati	ent 3	DOA O	ther: 4 Nursing I	Home 5 ☐ Res	idence 6 🗆 Ot	ther (Specifi	y)
or After thi		27. Manner of Death 1 1 Natural 5 Panding 2 Accident investig	ation	ite of Injury fonth, Day Year)	28b. Time Injury		28c. Inju	ury at ork?] Yes 2 ☐ No	28d. Dascribe	how injury occu	irred	
3		3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicida determi	ned 200. Pl	ace of Injury - At ilding, etc. (Spec	home, farm, s	street, fec	tory, office		28f. Location (City or To	Street and Num wn, State)	ber or Rura	ai Route Number,
doa		29a. Certifier (Check only one) (Check only one) (Check only one)	xamtner: On the	tha bast of my kr basis of examinanner stated.	owledge, dea nation and/or i	ath occurr investigat	ed at the t ion, in my	ime, date and piac opinion, daath occ	e, and due to tha urred at tha time,	causa(s) and m date and place	nannar as si , and due to	tated. the ceuse(s)
To the	11.	29b. Signature and title of certifier	LAS	Wah				nse number		29d. Date sign		
	_	30. Nama and address of person v SUDM) R- 31. Date filed (Month, Day, Year)	wi	100	12.D	,	D	23300	7	JANUA	RY L	06 1998
	1	30. Nama and address of person v	no completed c	euse of death (ite	m 23a) (Type	e, Print)	dib	esty 1	2 dica	In a	non	015.5
		31. Date filed (Month, Day, Yaar)	12 , 10	Hegistrar's Sign	nature	000	Kil	estyk	0 100	TO N	,	41215
State		25to med (month, pay, raar)	_ 3	The Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the Party of the P	4-	_		,				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 8

					Ce	rtifica	ate of	Death		Reg. i	No. 90	U	100	ı
Physician /Medical	1	1. Decedent's Neme (First, Middle, DAVID ROGERS JC							2. Date of E Month JANVA	- 1	Dey	Yeer 1998		of Death
Examiner		4e. Fecility Neme (If not institution, §		nber)				BALTIM	or Location of De	ath .	4c. County		CIT	7
Funeral Director	1	5. Sociel Security Number 219-26-2206 Usuel Residence of Decedent	Sex 1 BM 2□ F	7. Age (In yrs	. last birthday) Yrs.	Month	der 1 Yeer is Deys		in. (Month, I	Birth Day, Yea 23,1			iace (State stry) RYLAN	e or Foreig
Lbe notified at		10e. Stete 10b. County		10c. C	ity, Town or Lo							1		City Limits
or 28s-f sho	2	MD HOWA	ARD		ELK	RIDG								es 2X No
23a or		6230 SANDRISE CO	URT			101. 4	Zip Code 2	1075		10g.	U.S.	Whet Coun	try?	
st, or items Examiner in by Funer	2	11. Merital Status 1 XNever Married 2 Married 3 Widowed 4 Divorced	12. Was Dece Armed For	cas? 2 ZNo			cedent of inceded to the pecify Cub	Hispenic Origin? an, Mexican, Pu Specify:	(Specify Yes or I erto Rican, etc.)	No-		e - Americ ck, White,		
ygiena. nr. tra Medical Ex. Completed by	2	15. Decedent's (Specify only highest of	Education rede completed)		18e. Dece	dant's Us	suel Occu work done	pation during most of v	vorking	16b.	Kind of B	usiness/Inc	Justry	
		Elamantary/Secondery (0-12) SPECIAL EDUCATION	College (1-	4or 5+)				d) LVERY			ÇI	INPAPI	G R	
is marked other reumatic event, to To Be Cc	5	17. Fether's Nema (First, Middle, La			1 1.	ALLIN	DEL.		Name (First, Midd	le, Maid			310	
marked or umatic eve		JOHN JONES						GRAC	CE METZ					
f Health end Mental Hygiena. Item 27 is merked other than other treumatic event, the M To Be Comp		19e. Informent's Name/Relationship SHARON HURLEY (S.							Rural Route Num C-ELKRID			State, Zip		
int: If	1	20e. Method of Disposition 1 □ Buriel 2 ②Cremetion 3 4 □ Donetion 5 □ Other (Spec		Stete	Place of Dispo cemetery, crea LTIMOR	matory o	r other pla	,	Deta 1/9/98			City or To		
Depertment Important: I any injury o soce.		Signeture Funda Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Service Lice Se	LK	lug	H 4	2. Name UBBA	end Addre RD FI WILK	UNERAL H	HOME INC	IMOR	E, MI	2:	1229 Approximinterval B	iete
nysician Medical xaminer	- 1	Immediate Cause (Final disease or condition resulting in death)	e. RESPO	RATO	Ry or as a conser	FA	-1LU	RĒ				A	Onset en	d Death 2 4 th
sit			ADI	ANCE	D L	UNG	- CA	NCER				N	OT K	NowN
ing physicien and e as the buriel-transit Medical Examiner		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	С		or es e consec							1		
		that initiated evants resulting in deeth) Lest	d	Due to (or as a conseq	luence of	f):							
y the attendi		Pert ii. Other significant conditions	contributing to dea	ath but not res	suiting in the u	nderlvina	a cause oi	ven in Pert i.	23b. Di	d tobac	co use co	ntribute to	the caus	e of death
igned by the attending be deteched for use by Physician/N		HEAD TRAUMA	POST C	RANIO	TOMY						2 🗆 No	/		□ Unknow
hould hould		ORGANIC BRAIN	SYND	ROME					24a. Wa	is en au formed	topsy	600	are eutops eilable prio mpletion of daeth?	or to
s certificate has b lirector, page 2 s									1 🗆] Yes	2 PNo	10	Yas 2	3 No
s certific director,		25. Was case referred to medical examinar? 1 ☐ Yes 2 ☑ No	Hospital:				Ott	300	Death (Check only					
2 - F		27. Menner of Death 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investiget	28e. Date o (Month		28b. Time of Injury		28c. Inju Wo	4 LI Nursing	Home 5 Re 28d. Describe)	
a binedy Aher Inches Inches		3 Suicide 6 Could not determine	d 289, Place	of injury - At h g, etc. (Speci	oma, farm, str	aat, fact	ory, offica		28f. Location City or T	(Street own, St	and Numb	er or Rure	i Route Nu	imber,
edical		29a. Certifier (Check only one) 1 Certifying F	Physician: To the bar aminer: On the bar end mann	sis of exa <i>m</i> ine	owledge, deeth etion end/or in	n occurre vestigetion	ed et the ti	me, dete end ple opinion, deeth oc	ace, end due to the courred et the time	e cause a, data a	(s) end <i>me</i> and place,	enner as st and due to	ated. the cause)(s)
To the comp		29b. Signeture and talle of certifier	MEDICAL	RESIDI	ENT	2		re number				d (Month, I		
	1	Name and address of person who	completed cause	of death (ite	m 23a) (Type,	Print)	UF	BALTIM	ORE MI	2	1229			
State		31. Dete filed (Month, Day, Year)		gistrar's Sign										



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month Day Year **Physician** NINNETTE KAYS IVA JANUARY 9, 1998 7:00AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 818 FAIRWAY DRIVE TOWSON BALTIMORE COUNTY 5. Social Sacurity Number if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 93 Yrs. Days Hours 1 □ M 2 K F Director 566-30-6152 JULY 15,1904 TEXAS 10a. State Hydene. Other than "natural", or items 23s or 28s-f show rent, ma Madical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND BALTIMORE COUNTY TOWSON 1 ☐ Yes 2 X No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 818 FAIRWAY DRIVE 21286 U.S.A. Funeral Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, atc. 11. Marital Status 72 hours after 1 Never Married 2 Marriad 21215-0020 1 ☐ Yas 2 ☐ No Specify: WHITE by Specify: 3 ☐Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) O.R. NURSE HOSPITAL 10 YEARS 7 is marked other traumatic event, i Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) .. Pagas 1 and 2 should be fill thent of Health and Mental Hitant: If Item 27 is marked oth jury or other traumatic sven Be 10 HENRY **LEONARD JINKS** VERNETTA TUTTLE 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Relationship (Type, Print) MRS.WILMA SHAPIRO 818 FAIRWAY DRIVE, TOWSON, MD 21286 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any injury or CRESTVIEW CEMETERY WICHITA FALLS, TX 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility LEMMON FUNERAL HOME OF DULANEY VALLEY ,INC. VICTOR LENGRAND, JR. 10 W. PADONIA ROAD, TIMONIUM, MD 21093 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** Immediate Cause (Final diseasa or condition resulting in death) /Medicai disease Cardiovascular Examiner Due to (or as a consaquence of). Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) 68760, Physician/Medical Due to (or as a consaguança of): Box that the death ce O Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by Records, should be o 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No of Vital Physician: director 25. Was case referred to medical axaminer? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Nesidence 6 Other (Specify) Certification: To 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. injury at Work? After 5 Pending Investigation Division Attending. 1 ONatural after death. 1 TYes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide ō 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the To the Comple 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 8 Saleba Carrellonpino D 42149 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 120 SISTER PIERRE DR., SUITE #306, TOWSON, MD 21204 SALLY HABIB , M.D. 31. Date filed (Month, Day, Year) ~ 32. Regist State Julia Davidson Pandall Registrar JAN 09 1998

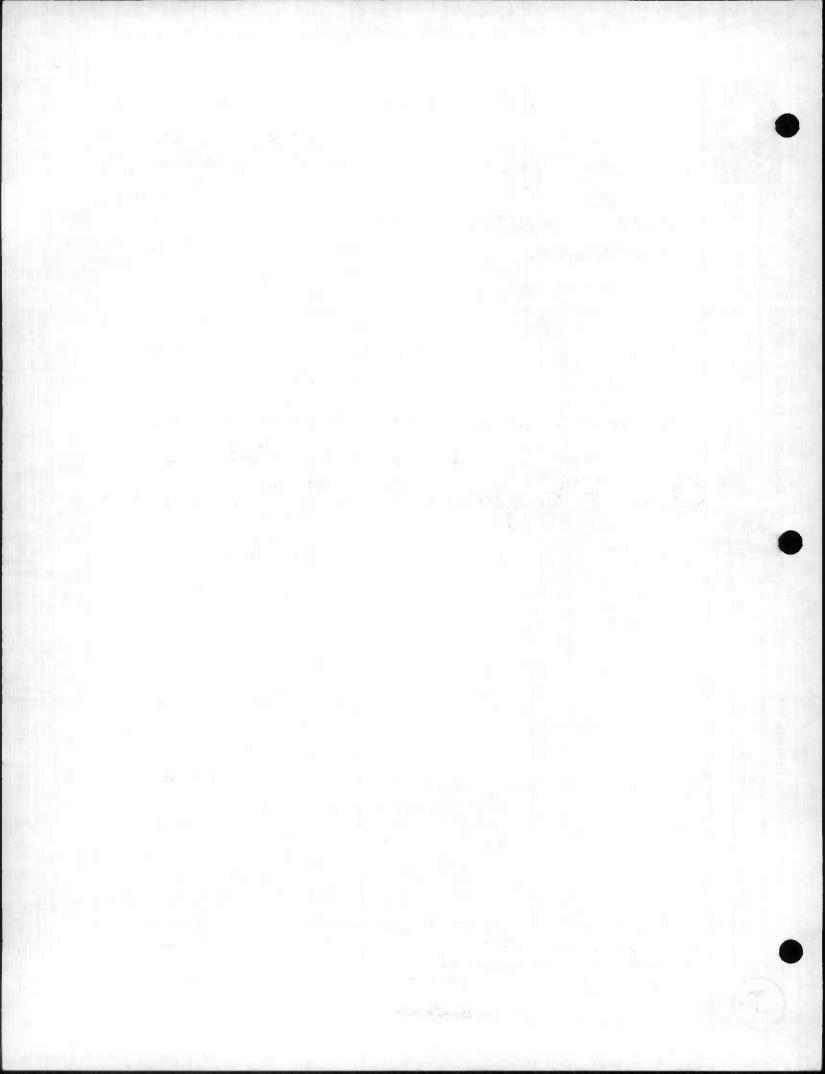
DHMH 16 Rev 6/95

THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O AYSON ON **建工程等** 推发与证 The way the stay of the state

State of Maryland / Department of Health and Mental Hygiene

	_				Certin	icate of	Deam	Re	eg. No.		
Physicia	an	1. Decedant's Nama (First, Middle, I						2. Deta of Daat Month		Yaar	3. Tima of Deat
/Medic	ai		JISE T. K		OWSKI			JANUARY		998	6:15PM
Examin	er	4a. Fecility Nama (If not institution, g 804 GEORGE A)			4b. City, Town, or ESSEX		4c. County BAL T	of Death	
unerai irector		216-01-3308	Sex 7. Ag	ga (In yrs. last		Undar 1 Yaar onihs Days	Hours Min.		Year)	9. Birthplac MARYL	ca (Stata or Ford
**		Usual Rasidance of Decadant 10a. Stata 10b. County		10c, City, To	own or Location	on				100	I. Inside City Lim
28a-f show	Por	MARYLAND	BALTIMOR			SEX				1.00	1 □ Yas 2€
or 28a	Director	10a. Sireet and Numbar		4-		10f. Zip Coda		1	0g. Citizen of		
23a	rail	804 GEORGE AVE	ENUE			2122			US	Α	
o',le	by Funeral	11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 ☐ XWidowed 4 ☐ Divorced	12. Wes Decedant Armad Forces? 1 Yas 2 X If Yas, Give Year or Datas:	?		Decedant of I s, specify Cub Yas 2 No		Specify Yes or No- to Rican, atc.)		ce - Amaricar ck, Whita, etc y: WH]	c.
"natural",	eted	15. Decadant's (Spacify only highest of	Education reda complatad	10	6e. Decedant'	's Usual Occup	pation during most of wo d)	rkina	16b. Kind of B	usinass/Indu	stry
	Completed	Elementery/Secondery (0-12)	Collaga (1-4or	3+)			d)			1.400	
P E		11 YEARS	-41		HOMEM	AKER	40.14-4-4-11-		OMN HO		
s merked other than sumstic event, the M	Be	17. Felher's Nama (First, Middla, Las UNKNOWN	St)				UNKNOW!	ma <i>(First, Middl</i> e, A	<i>Maidan</i> Suman	na)	
mark	5	19a. Informant's Name/Ralationship	(Type Print)		IOh Malling A	ddraec (Ctron		ural Routa Number,	City of Tour	State 7in C	lo do l
27 is r trau		MRS. BARBARA S						E BALTO.		21236	
If item 27 or other tr		20a. Mathod of Disposition	311171121121	20b. Place	e of Dispositio	n (Nema of		Data	20c. Location -		
- b		1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec				APT OF	JESUS	1-12-98	BALTO	00	MD
Important: I any injury o once.		Signatura of Funaral Service Lice		DACK							MD.
ang ang	1	Mark K	1	/-				ERAL HON			
	7	Part 1 Enter the disease or co	milications that caused	d the death D	120	1 DUNE	DALK AVE	ENUE BAL	.TO. M		222 opproximata
sician		Part1. Entar tha diseesa, or co shock, or heart feilure. List onl	ly one cause on each li	ina.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	o or roopmonery one	-0.,	ir ir	nterval Batween Onsat and Death
result	diseasa or condition resulting in daath)	A/\1/			612		(and		1 .		
nd transit	aminer		a	Due to (or es	a consequent	ce of):	scholic	Cardiava	oculare	dika	al
	Examiner		a	Due to (or es	a consaquan	ce of):	schoolic	Cardiava	ocular	disca	ol .
		Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initieted avants resulting in death) Last	b	Due to (or as	a consaquan	ce of):	schiotic	Cardiava	oculars	disca	ol
ng physicia as the bur	Medicai	Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaase or Injury that initieted ayants	b	Due to (or as	a consequen	ce of):	schidic	Cardiava	ocular	disca	al .
ng physicia as the bur	Medicai	Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaase or Injury that initieted ayants	b	Due to (or as	a consequen	ce of):	schoolic	Cardiava	oculars	disease	ol
ttending physicla for use as the bur	Medicai	Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaase or Injury that initieted ayants	c	Due to (or as Dua to (or as	a consequent	ce of):					ol
ttending physicla for use as the bur	Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initieted avants resulting in death) Last	c	Due to (or as Dua to (or as	a consequent	ce of):			becco use co	ntribute to ti	
gned by the attending physicial be detached for use as the bur	by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initieted avants resulting in death) Last	c	Due to (or as Dua to (or as	a consequent	ce of):		23b. Did to	bacco use co	ntribute to ti	he cause of dea
has been signed by the attending physicia ga 2 should be detached for use as the bur	by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initieted avants resulting in death) Last	c	Due to (or as Dua to (or as	a consequent	ce of):		23b. Did to 1 U Ya 24e. Wes ar perform	becco use co es 2 🗷 No n autopsy ned?	ntribute to ti 3 Proba	he cause of dea bly 4 Unkn a autopsy finding able prior to olation of cause eth?
ata has been signed by the attending physicia paga 2 should be detached for use as the bur	Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disase or Injury that initiated avants rasulting in death) Last Pert II. Other significant conditions 25. Was case referred to medical	c	Due to (or as Dua to (or as	a consequent	ce of):	ven in Pert I.	23b. Did to 1	bacco use co as 2 2 No n autopsy ned?	ntribute to ti 3 Proba	he cause of dea
s certificata has been signed by the attending physicial director, paga 2 should be detached for use as the bur	o Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaase or Injury that initieted avants rasulting in death) Last Pert II. Other significant conditions	c	Due to (or as Dua to (or as	a consequence a consequence g in the under	ce of): ce of): tying causa gi	ven in Pert I. 26. Pieca of Da	23b. Did to 1 Ye 24e. Wes air perform 1 Ye ath (Check only on	bacco use co as 2 Alo n autopsy ned?	ntribute to ti 3 Probe 24b. Ware availing comport de	he cause of dea bly 4 Unkn a autopsy finding able prior to olation of cause eth?
his certificata has been signed by the attending physicia al director, paga 2 should be detached for use as the bur	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaase or Injury that initieded avants resulting in death) Last Pert II. Other significant conditions 25. Was casa referred to medical axeminar? 1 Yes 2 No 27. Mannar of Daath	c d contributing to death b	Due to (or as Due to (or as Dua to (or as	a consequent a consequent a consequent g in the under	ce of): ce of): tying causa gi	ven in Pert I. 26. Pleca of Daner: 4 □ Nursing h	23b. Did to 1	bacco use co as 2 No a autopsy ned? as 2 No a) nce 6 Oth	ntribute to ti 3 Proba 24b. Ware availities comported to the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of	he cause of dea bly 4 Unkn a autopsy finding able prior to olation of cause eth?
er this certificata has been signed by the attending physicia heral director, paga 2 should be detached for use as the bur	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in death) Last Pert II. Other significant conditions 25. Was case referred to medical axaminar? 1 Yes 2 No	b c d contributing to death b Hospitel: 1 □ Inpatia 28a. Data of Inju (Month, Da.	Due to (or as Due to (or as Dua to (or as	a consequence a consequence g in the under	ce of): ce of): tying causa gives a give before the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	ven in Pert I. 26. Pleca of Daner: 4 □ Nursing h	23b. Did to 1 Ye 24e. Wes ait perform 1 Ye ath (Check only onlone 5 \times Rasida	bacco use co as 2 No a autopsy ned? as 2 No a) nce 6 Oth	ntribute to ti 3 Proba 24b. Ware availities comported to the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of	he cause of dea bly 4 Unkn a autopsy finding able prior to olation of cause eth?
oor: After this certificate has been signed by the attending physicial the funeral director, page 2 should be detached for use as the bur	To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Disasse or injury that initieled avants rasulting in death) Last Pert II. Other significant conditions 25. Was casa referred to medical axaminar? 1 Yes 2 No 27. Mannar of Daath \(\) Naturel 5 \ Panding	b	Due to (or as Due to (or as Dua to (or as put not rasulting	a consequent a consequent a consequent g in the under	ce of): ce of): tying causa gives a give seem of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	zen in Pert I. 26. Pieca of Da. 1er: 4 □ Nursing Fry at	23b. Did to 1	bacco use co s 2 No n autopsy ned? s 2 No a) nce 6 Oth w injury occur	ntribute to ti 3 Proba 24b. Ware availe comp of de 1 Nar (Specify) rad	he cause of dea bly 4 □ Unkn a autopsy finding able prior to olation of cause eth? Yas 2 ☒ No
Funeral Director: After this certificata has been signed by the attending physicia taly filled in by the funeral director, paga 2 should be detached for use as the bur	Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieled avants resulting in death) Last Pert II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Mannar of Death Naturel 5 Panding invastigati and Suicide 6 Could not datamine 29a. Certifier 1 Certifying P	Hospitel: 1 Inpatia 28a. Data of Inju (Month, Da.) N / A 28a. Place of Inju be do an input of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the b	Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as) Due to (or as) Due to (or as)	a consequent a consequent a consequent g in the under Outpetient b. Time of Injury N/A! , farm, streat, N/A dge, deeth occ	ce of): ce of): tying causa gives a give surred et tha ti	26. Pleca of Daner: 4 □ Nursing Hry at rk? Yas 2 □ No	23b. Did to 1	becco use co 2 ZNo n autopsy ned? is 2 No a) nce 6 Oth iw injury occur reet and Numb. N / A usa(s) and ma	ntribute to ti 3 Proba 24b. Wars avail comp of de 1 N per or Rural F	he cause of dealby 4 Unkn a autopsy finding able prior to olation of cause eth? Yas 2 No
Funeral Director: After this certificata has been signed by the attending physicia taly filled in by the funeral director, paga 2 should be detached for use as the bur	To Be Completed by Physician/Medical	Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaase or Injury that initieted avants rasulting in death) Last Pert II. Other significant conditions 25. Was casa referred to medical axaminar? 1 Yes 2 No 27. Mannar of Daath 1 Naturel 5 Panding invastigati 3 Suicida 6 Could not datamine 29a. Certifiar (Check only 2 Medical Exe	Hospitel: 1 Inpatie 28a. Data of Inju (Month, Da N / A 28a. Place of Inju beid 28a. Place of Inju building, etc	Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as) Due to (or as) Due to (or as)	a consequent a consequent a consequent g in the under Outpetient b. Time of Injury N/A! , farm, streat, N/A dge, deeth occ	ce of): ce of): tying causa gives a give surred et tha ti	zen in Pert I. 26. Pleca of Da. ner: 4 □ Nursing h ry at rk? Yas 2 □ No ma, data and place	23b. Did to 1 Ye 24e. Wes ar perform 1 Ye ath (Check only on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the check on the	becco use co 2 ZNo n autopsy ned? is 2 No a) nce 6 Oth iw injury occur reet and Numb. N / A usa(s) and ma	and dua to the	he cause of dealely a Lautopsy finding able prior to plation of cause eth? Yas 2 No Routa Number, ed. he cause (s)
he Funeral Director: After this certificata has been signed by the attending physicial pletaly filled in by the funeral director, paga 2 should be detached for use as the bur	edical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Disease or Injury that initieted avants rasulting in death) Last Pert II. Other significant conditions 25. Was casa referred to medical axaminar? 1 Yes 2 No 27. Mannar of Daath Naturel 5 Panding invastigati all Suicida 6 Could not datamine 29a. Certifiar (Check only one) 1 Nedicat Exercises	Hospitel: 1 Inpatia 28a. Data of Inju (Month, Da.) N / A 28a. Place of Inju be do an input of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the b	Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as) Due to (or as) Due to (or as)	a consequent a consequent a consequent g in the under Outpetient b. Time of Injury N/A! , farm, streat, N/A dge, deeth occ	ce of): ce of): dying causa given by the course of that it getton, in my of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the cour	zen in Pert I. 26. Pleca of Da. ner: 4 □ Nursing h ry at rk? Yas 2 □ No ma, data and place	23b. Did to 1	becco use co es 2 No n autopsy ned? s 2 No a) nce 6 Oth w injury occur reet and Numb , N/A nusa(s) and ma ste and place,	ntribute to ti 3 Proba 24b. Wars avail comp of de 1 ar (Specify) rad per or Rural F anner as stet and dua to ti d (Month, Da	he cause of dealed by 4 Unkn a autopsy finding able prior to olation of cause eth? Yas 2 No Routa Number, ed. he ceuse(s)
Funeral Director: After this certificata has been signed by the attending physicia taly filled in by the funeral director, paga 2 should be detached for use as the bur	Medical Certification: To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Disease or Injury that initieted avants rasulting in death) Last Pert II. Other significant conditions 25. Was casa referred to medical axaminar? 1 Yes 2 No 27. Mannar of Daath Naturel 5 Panding invastigati all Suicida 6 Could not datamine 29a. Certifiar (Check only one) 1 Nedicat Exercises	B. C. Contributing to death be contributing to death be 28a. Data of Inju (Month, Da. N / A 28a. Place of Injudiding, etc. Physician: To the best of and mannar start of complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of death of the complated cause of de	Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as) Due to (or as) Due to (or as) Due to (or as)	a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a consequence a	ce of): ce of): ce of): dying causa given by the course of that it getion, in my of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of	26. Pleca of Da. 26. Pleca of Da. 1er: 4 \(\text{Nursing F} \) 1y at 1k? 1yas 2 \(\text{No} \) 1ma, data and place 1pinlon, deeth occus 3a number	23b. Did to 1	bacco use co s 2 No n autopsy ned? s 2 No a) nce 6 Oth w injury occur reet and Numb, N A nusa(s) and mate and place, od. Dete signe	24b. Wars availing composite of the same (Specify) rad sper or Rural France and due to the different state and due to the different same steel and due to the different same steel and due to the different same steel and due to the different same steel and due to the different same steel and due to the different same steel and due to the different same steel and due to the different same same same same same same same same	he cause of dealby 4 Unknown a autopsy finding ablation of cause eth? Yas 2 No Routa Number, ed. ne ceuse(s) 1998

DHMH 16 Ray 6/95



State Registrar

31. Dete filed (Month, Dey, Year) JAN 09 1998

30. Name and address of person who complated cause of deeth (Item 23e) (Type, Print)

29b. Signature and title of certifier

dennis



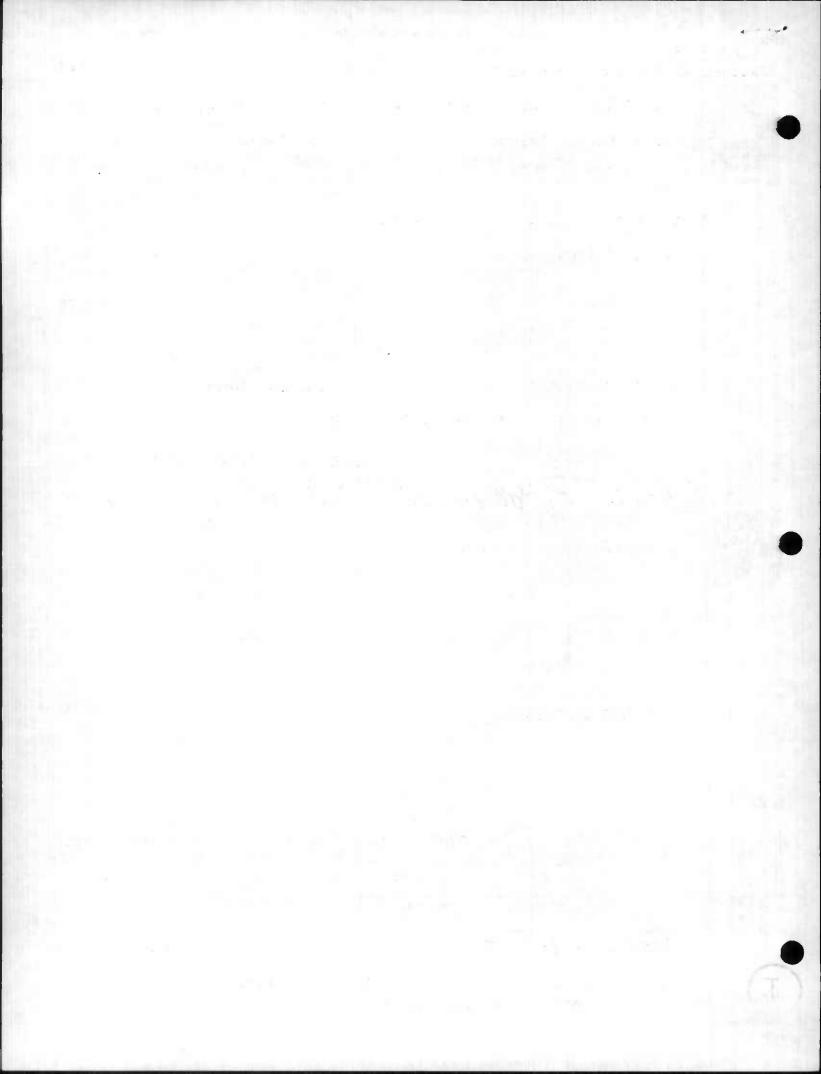
29c. License number

O.C.M.E.

29d. Dete signed (Month, Day, Year)

JANUARY 4, 1998

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacadant's Name (First, Middla, Last) 2. Date of Deeth January Kenny Anna 4a. Facility Nama (If not institution, give straat and numbar) 4b. City. Town, or Location of Death 4c. County of Death If Under 24 Hrs. renera HOSPITA Makyland 5. Social Sacurity Number If Undar 1 Year Date of Birth (Month, Day, Year) Birthpleca (Stata or Foraign Country) VA 7. Aga (In yrs. last birthday) Days 10M ZOF 91 Yrs 216-09-8276 02-06-06 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits MD NA Baltimore 1 X Yes 2 No 10e. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? 21216 2801 Rayner Avenue USA 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Dates: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Bleck, Whita, atc. 1 ☐ Navar Married 2 ☐ Marriad 1 ☐ Yas 2 € No Specify: Specify. 3 Widowed 4 □ Divorcad Black 16a. Decadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) 15. Dacadent's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementery/Secondary (0-12) Collaga (1-4or 5+) Arcade Cleaners 12th Grade Dry Cleaners 18. Mothar's Nama (First, Middla, Maldan Surnama) 17. Fethar's Name (First, Middla, Last) Unknown Kenny Bettie Sterling 19a. Informant's Name/Raiationship (Typa, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, Steta, Zip Coda) 822 Kevin Road Baltimore, Maryland 21229 Norman Kenny 20b. Placa of Disposition (Name of cemetary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Arbutus Mem. PK. Cem. 01-10-98 Arbutus, Md. 21. Signatura of Funarai Sarvica Licansee 22. Nama and Addrass of Facility Baltimore, Maryland 21202 1101 E. North Avenue WM.C.March FH 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear fellure. List only one cause on each line. Onset end Death Immediate Ceusa (Final disaesa or condition resulting in death) Dua to (or es e consequence of): Dua to (or as a consequanca of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Unknown 1 ☐ Yes 2 ☐ No

Physician /Medicai Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-1 show

ò

238 death Herms 2 Director

à

Completed

Be

traumatic event, the Medical Examiner must be notified at

"natural", or

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "any Injury or other treumatic event, the Meany Injury or other treumatic event, the Meany Dioce.

Baltimore, Maryland

Box

P.O.

Records,

Division of Vital or Attending Physician:

The law requires that the death

þ

Completed

Be

Certification: To

Medical

director, page 2 should

this certificate

After

death.

after death in by the

filed within 72 hours a Hygiene.

Physician/Medical Examiner Sequentially list conditions, if any, leeding to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiated evants rasulting in daath) Lest

24b. Wera sutopsy findings available prior to complation of cause of death? 24a. Was an eutopsy performed? 1 ☐ Yas 2 No 1 Yas 2 No

25. Was casa rafarred to medical axaminar? 2M No 1 Yes 27. Manger of Death

1 Inpatiant Data of Injury (Month, Day Year) 5 Panding invastigation

2 ER/Outpetient 3 DOA 28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 28d. Dascribe how injury occurred

26. Place of Death (Check only ona)

29a. Cartifiar

1 Natural

2 Accident

4 Homicida

3 Sulcide

28e. Pleca of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straet end Number or Rural Routa Number, City or Town, Stata) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29b. Signeture end titla of certifier

8 Could not be determined

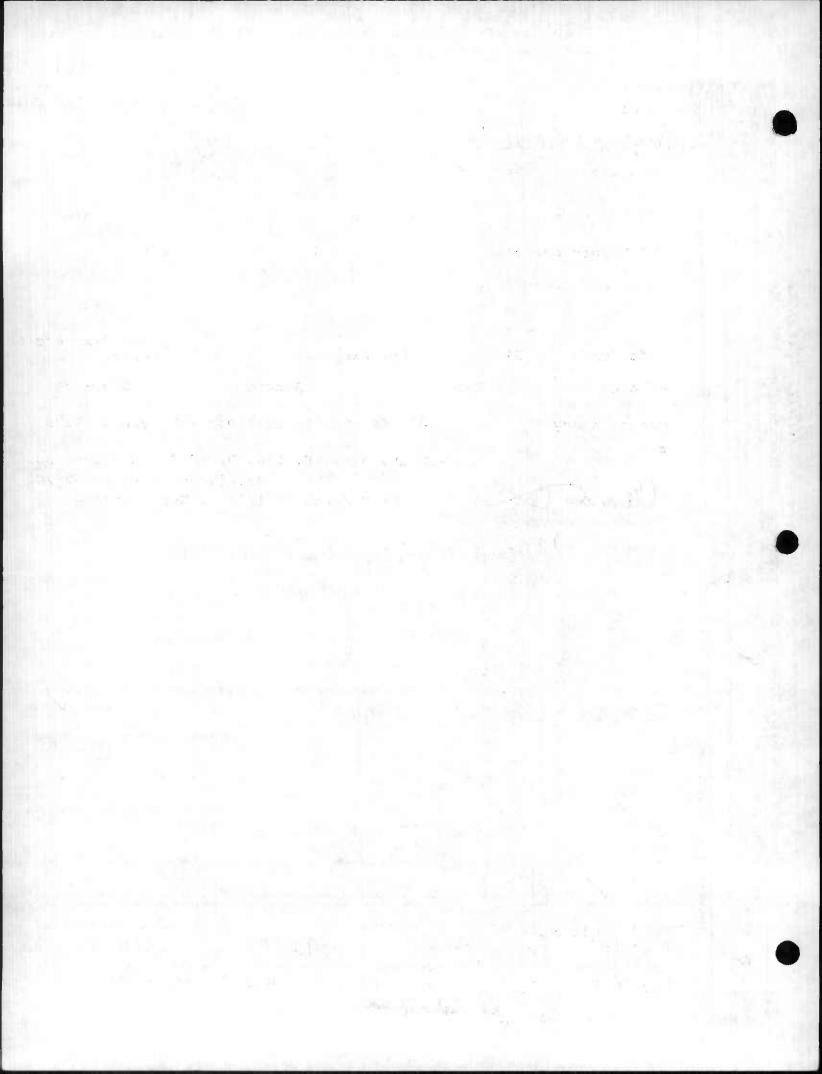
29c. License number

29d. Data signed (Month, Day, Year)

To the Hospital of within 24 hours at To the Funeral D completely filled 30. Name end addrass of person who complated cause of death (Itam 23a) (Type, Print)

State Registrar

31. Dete filed (Month, Day, Year) 0 9 1998 Maryland Greneral



Buyview med ctr

State of Maryland / Department of Health and Mental Hygien® Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year LINZ

4b. City, Town, or Location of Deeth

Baltimore

98

4c. County of Death

6

Johns Hopkins Bayview Medical Ct.

Baltimore, MD

10:00 PM

N/A

Physician /Medical Examiner

Funeral

TOSEPH

4a. Fecility Neme (If not institution, give street end number)

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

GLASSMAN

32. Registrer's Signeture

P

JAN 0 9 1998

31. Dete filed (Month, Day, Year)

JOHNS HOPKINS

Director the Marylend 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner main to notified at filed within 7 Hygiene. permit. Peges 1 and 2 should be filed withir Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic avam

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Box 68760 Records, P.O. signed by t paga 2 Division of Vital After death.

or Attending Physician: ofter death Director: To the Hospital or within 24 hours eff To the Funeral Di completely lilled in

5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 6 SAV Birthplace (State or Foreign Country) XXM 2□F 63 215-30-6028 Baltimore Usual Residence of Decedent 10e State 10b. Counts 10c. City, Town or Location 10d. Inside City Limits MCYes 2 □ No Director Baltimore City Maryland N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21224 United States 496 Mirabile Lane Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☑ Merried 1 XYes 2 No If Yes, Give Yeer or Detes: 1963 1 ☐ Yes 2 █No Specify: Specify by 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Masonry Supervisor 10 Years Masonry 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Anna Telljohn Conrad Linz 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 405 Hornel Street Baltimore, Maryland 21224 Mrs. Dorothy Linz/Wife 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removei from State ☐ Donation 5 ☐ Other (Specify) Sacred Ht. of Jesus Cem.1/10/98 Dundalk, Maryland 21. Stonature of Funeral Service Lice 22. Neme end Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest,

Approximately 21222

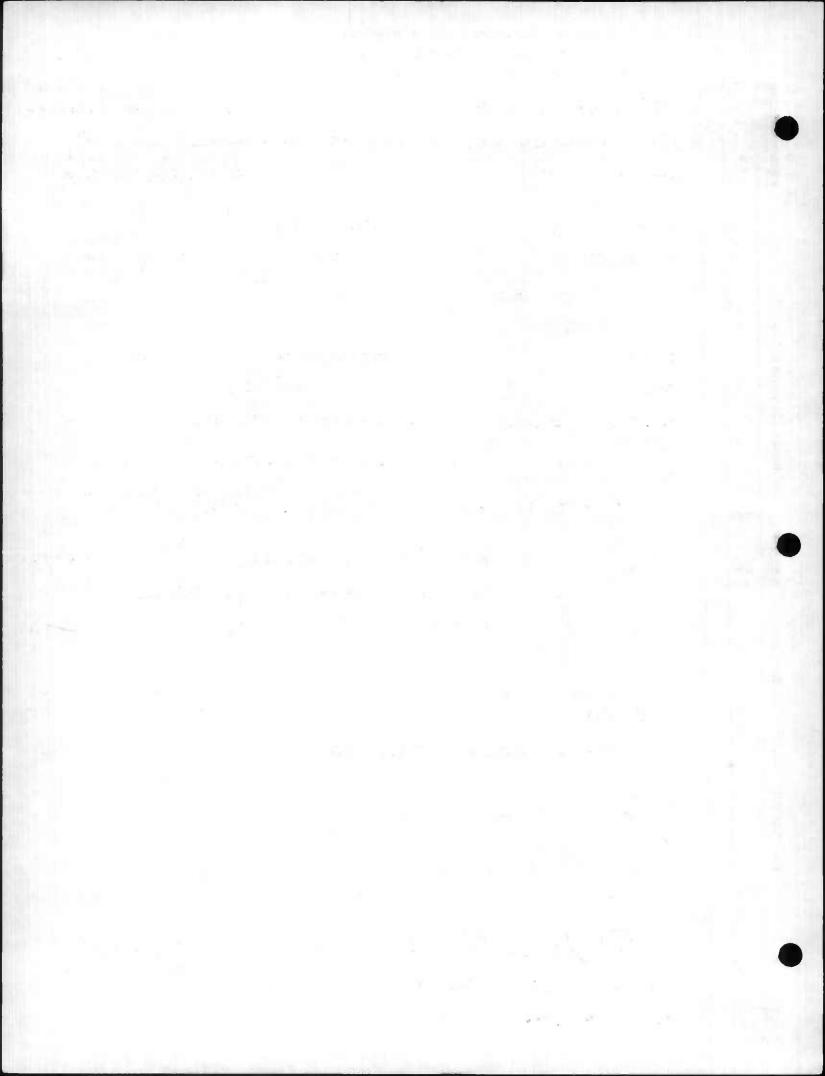
Approximately 223. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest,

Approximately 21222 Approximete Interval Between Onset and Deeth Immediate Cause (Finel disease or condition resulting in deeth) Spiratory with noltioregan failure Sepsis Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequenca of): Circhosis OF Physician/Medical Due to (or es e consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1万⊀es 2□ No 3□ Probably 4□ Unknown COPD þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? RENAL FAILURE 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 28-No 1 patient 2 □ ER/Outpetient 3 □ DOA Certification: To 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Netural
2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29a. Cartifier Medical 📂 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end menner es steted. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. 29b. Signature end this of certifier 29c. License number 29d. Date signed (Month, Dey, Year) PGYI 7016

MN

Julia Tavidson Randage

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Year Lawson January 6, 1998 10:20 am 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Anne Arundel Medical Center Annapolis Anne Arundel 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 6. Sex 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 10 M 20 F 78 Yrs. 218-36-8300 February 26 1919 MD Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits X Yes 2 No Anne Arundel Annapolis 10f. Zip Code 10g. Citizen of What Country? 416 Adam Street 2nd Floor 21403 USA Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American indien, Bleck, White, etc. 12 1 Yes 2 No if Yes, Give Year or Deles: 1 ☐ Never Merried 2 ☐ Merried 1 Yes X No Specify: Specify: White 3 A Widowed 4 □ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) John Walter Thompson Bessie Stine 19a. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Woodrow Lawson, Sr. - Son 3023 Tarpon Road, Riva, Maryland 21140

20b. Place of Disposition (Neme of cametery, cremetory or other place)

20c. Location - City or Town, State 20e. Method of Disposition 1 XBuriel 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Millcrest 1/9/98 Annapolis, MD 21. Signeture of June Signet 22. Name end Address of Fecility Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. erval Betwe Onset end Deeth immediete Ceuse (Final disease or condition resulting in death) umonia Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 Yes No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes No 25. Was case referred to medical 26. Place of Death (Check only one)

Physician /Medicai Examiner

and

peed page 2

certificate

this uneral

Albe

rector:

3

edical

Physician:

P.O. Box 68760,

Records.

Division of Vital

Physician

/Medical

Examiner

10a. Stete

MD

Director

Funeral

þ

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Modical Examiner must be notified at

the Maryland

72 hours after

mnt. Pages 1 and 2 should be filed within partment of Health and Mentel Hygiens sortant: If Item 27 is marked other than "n. Injury or other traumatic

permit. Pages 1
Department of He
Important: If itan
any Injury or oth

Baltimore, Maryland 21215-0020

Physician/Medical P Completed Be

burial-transi physician s the burial for signed by Certification:

Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

1 ☐ Yes > No 27. Manner of Death

5 Pending investigation

Hospitel: 2 ER/Outpetient 3 DOA 28e. Date of injury (Month, Dey Year) 6 Could not be determined

28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

(Check only one) 29b. Signeture end title of certifier

29e. Certifier

Neturei 2 Accident

3 Suicide

4 ☐ Homleide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner stated. 29c. License number 29d. Date signed (Month, Day, Year)

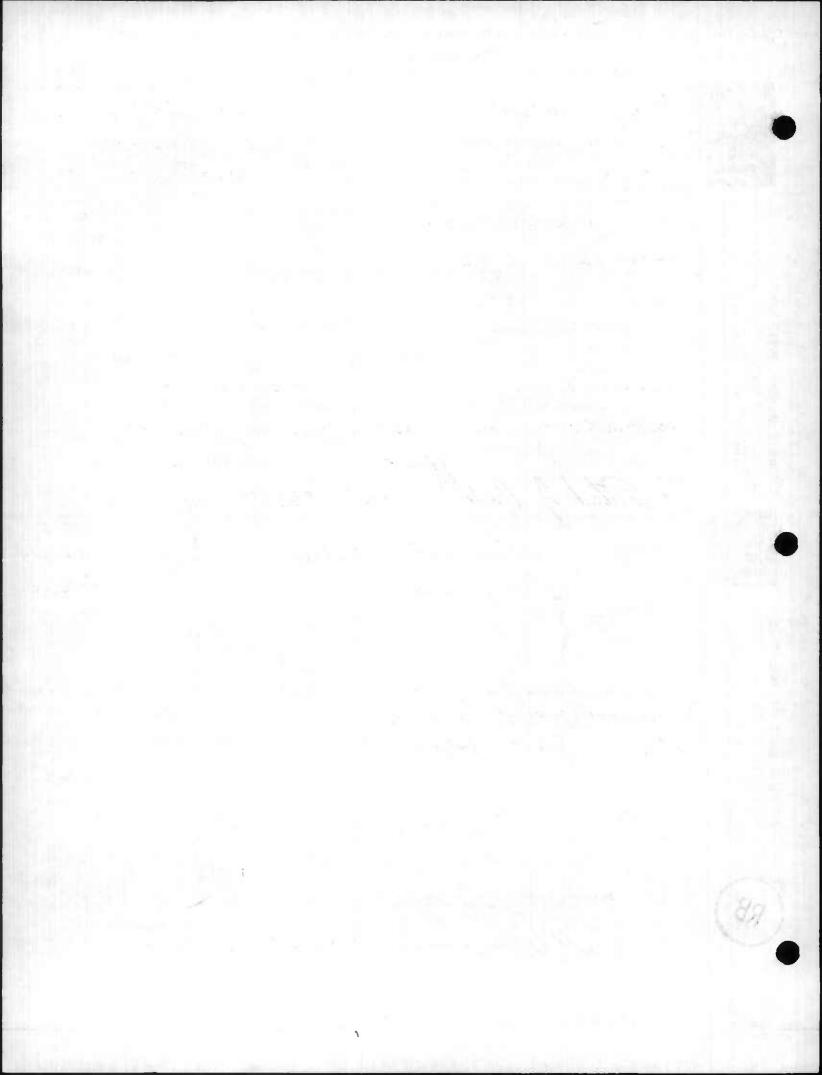
30. Neme end eddress of person who completed cause of deeth (item 23a) (Type, Print)

Sharon Messies, M.D. 180 Admiral Cochran Drive, Annapolis, MD 21401

31. Dete filed (Month, Day, Year) JAN 09 1998

32. Registrer's Signeture Alia Davidson-Randalle

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** MELVILLE 12:50 PM /Medical 4e. Fecility Neme (If not institution, give street end numbe 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Keswick Multi-Medical Care Baltimore n/a If Under 1 Yeer | If Under 24 Hrs. | Months | Deys | Hours | Min. | 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 1□ M 2□ F Yrs. 214-34-2708 June 24 1898 New York Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Anne Arundel Gibson Island 1 ☐ Yes 2 ☐ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? P.O. Box 164 Shippers Row 21056 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give ** Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Merried by 1 Yes 2√ No Specify: Specify: White 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be Walter J. Maythan Bertha Newman 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Elizabeth M. Cox/daughter 208 Burning Tree Rd., Timonium, MD 21093 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlet 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Druid Ridge Cemetery 1/10/98 Pikesville, MD 21. Signature/of Edneral Service License 22. Name and Address of Fecility
Lemmon Funeral Home 10 W. Padonia Rd., Timonium, MD 21093 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth arkresschristie cardiavascular disease Immediete Ceuse (Finel unbureve diseese or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury theil initiated events resulting in deeth) Lest Due to (or es a consequence of) Physician/Medical Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Completed 24a. Wes an autopsy performed? 1 Yes 2 No 1 Yes 219 No Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 8 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - Al home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 D Homicide edicai 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and menner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29e, Certifier

P.O. Division of Vital Records, The law requires certificate has or Attending Physician: After this death. efter death in by the Hospital within 24 hours a To the Funeral C completely filled

Funeral

Director

28a-f show

items 23a or 28a-f sh iner must be notified

ò

"natural",

al Hygiene.

Pages 1 and 2 should be family of Health and Mental I

other traumatic event, the Medical Examiner

8 Department of Important: If any injury or

Physician

/Medical

Examiner

be executed

Box 68760,

filed within 72 hours after death with the Maryland

21215-0020

Baltimore, Maryland

29b. Signeture end title of certifier

29c. License number

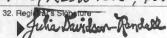
29d. Dete signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

M. TSABELLE MASSRETOR, KESWICK, 700 W. 40 th STREET, BOLTHORE, MD 21211 31. Dete filed (Month, Dey, Yeer)

State Registrar

JAN 09 1998



The Technical Graphing 111657 Terrary 6,1718 TO THE BEEFE TO A SECRETARY ASSESSMENT OF A STREET, A SECRETARY AND A STREET, A SECRETARY AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STREET, AND A STRE DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifiate be encated within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

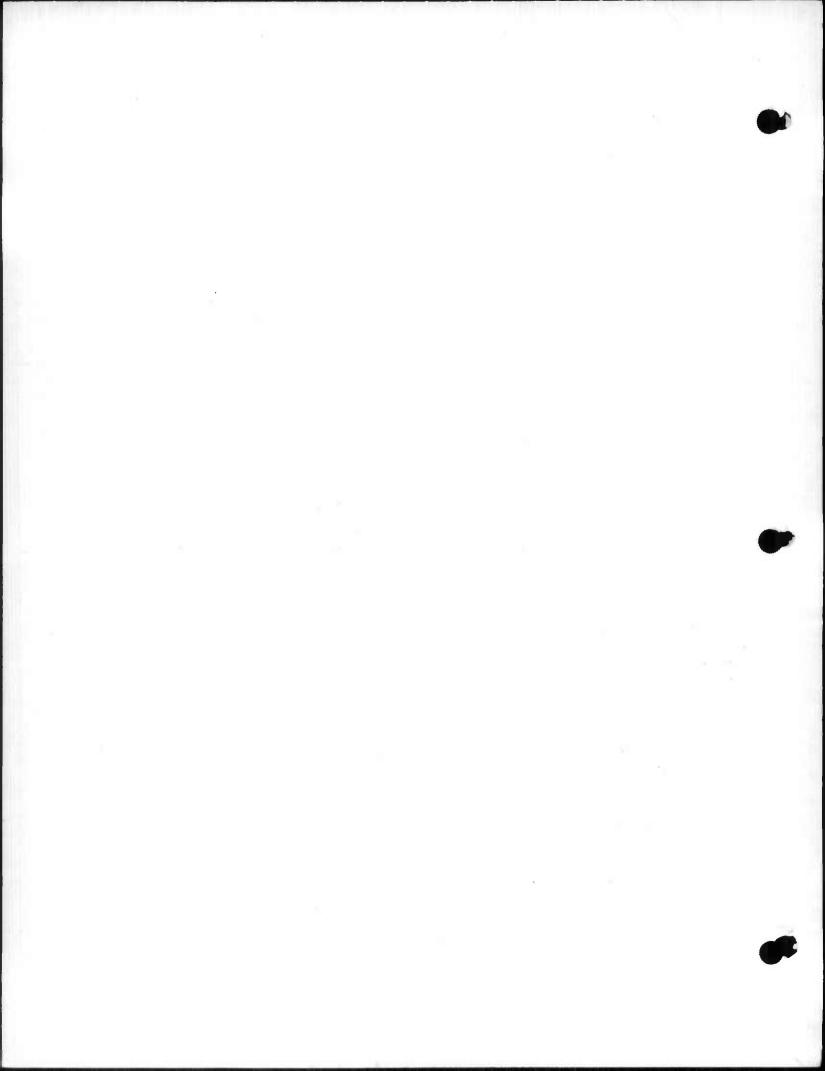
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending, physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiem, prior to fluid, commonly in removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte-crefit, the medical examiner must be notified at once.

1		. 5	OR STA REG	TE	RAR
	1.	DEG	CEDI	ENT:	S NAI

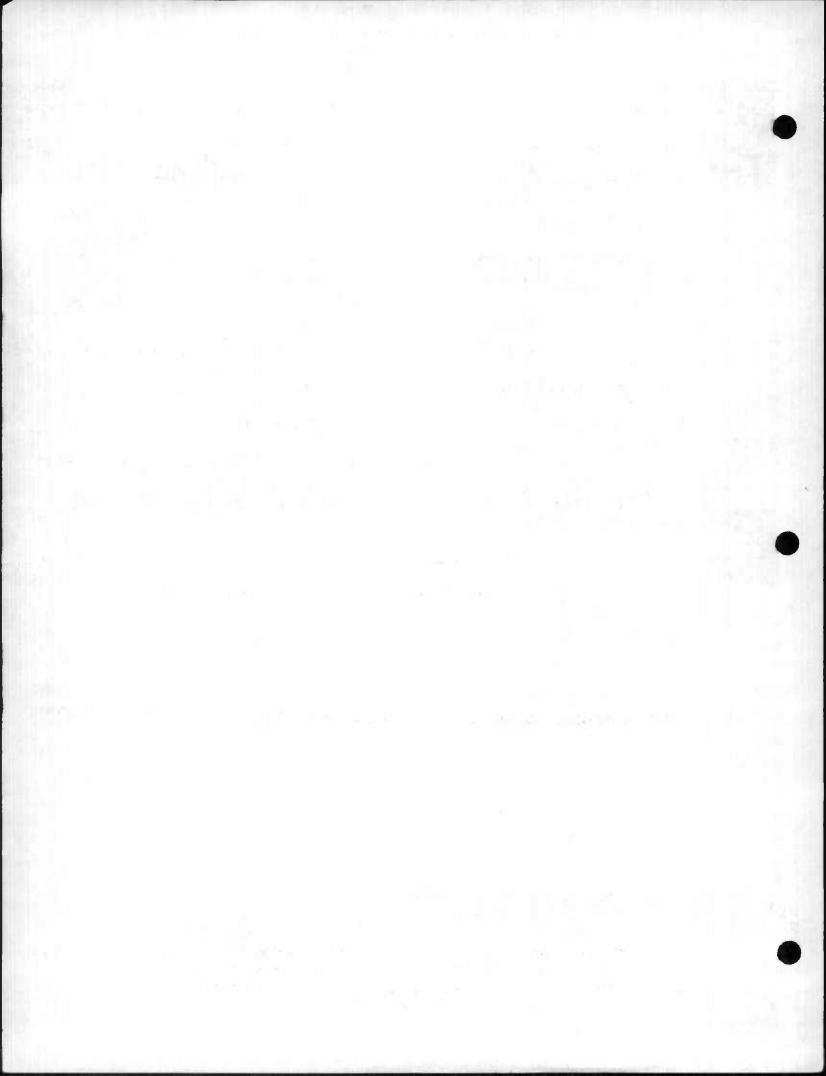
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Last)		YOUTZ			2. DATE OF DEATH MONTH	DAY / C	7°8 6	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-05-6086		(In yrs. lest birthday) 3 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) Aug. 27,	1914	8. BIRTHPL Country) Mary	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN (OR LOCATION OF D			NTY OF DEAT	
O.	Wesley Home			Bal	timore			N/A	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			140	A BIODE OTH
DIRECTOR		N/A	1.00	Baltimor				1	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 205 W. 29th St.			101	ZIP CODE	11	10g. CITI	USA	IT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	IN U.S. ARMED 2 XNO DATES	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	es or No—		American Indian, white, etc. White
	18. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF B	USINESS/INC	DUSTRY	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 8 +)	(Give kind of sille. Do NOT us	work done during mo se retired.)	st of working		30111200/1110		
COMPLETED	8		Salesp	erson		Depart	ment S	Store	
8	17. FATHER'S NAME (First, Middle, Lest) Louis Moltz, Sr					AME (First, Middle, Maide			
8E	19a. INFORMANT'S NAME (Type/Print)	•	10h MAILING	ADDRESS (Stead of		Jane Star	-	211	
10	Louis Moltz, Jr.					Baltimore,		21286	
	20a. METHOD OF DISPOSITION 1/G Burial 2 Cremation 3 Remov	val from State Col	b. PLACE AND DATE	OF DISPOSITION (Na	me of			City or Town,	
	4 Donation 5 Other (Specify)	I	Par kwood		D ADDRESS OF F	1/8/9 8 I	altim	ore, I	MD
	. Sterye (Utilan		ALTEN	BURG FUN	NERAL HOME Rd., Balt	•		21214
	23. PAYT I. Enter the diseases, or co ahock, or heart failure. L	emplications that cause	d the death. Do r	not anter the mo	de of dying, suc	ch as cardiac or rea	piratory arr	reat,	Approximata
	IMMEDIATE CAUSE (Finel		_						Interval Batween Onset and Death
	disease or condition resulting in death)	METASTAT	7C C	ARCINO	MA OF	GALL E	LADI)EX	8 MONTHS
1		DUE TO (OR AS)	A CONSEQUENCE OF	F):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	F):					
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE Q	F):					
Ä	d.								
	PART II. Other algnificent conditions	contributing to death t	out not reaulting	in the underlying	cause given in	Pert I. 24a. WAS A	N AUTOPSY		RE AUTOPSY FINDINGS
EDICAL						PERFO	PMED?	co	AILABLE PRIOR TO PMPLETION OF CAUSE DEATH?
ME									YES 2 NO
	DID TOBACCO USE CONTR	BUTE TO CAUSE C	F DEATH YE	S 🗆 NO 🗵	UNCERTAI	N 🗆			
PHYSICIAN:		HOSPITAL:	26. PLACE OF DEAT	OTHER:					
HYS	1 TYES 2 NO	1 Inpatient 2 ER/Out	petiant 3 DOA 26b, TIM	4 Nursing Hom		6 Other (Specify)			
BY PI	1 Natural 8 Pending Investigation	(Month, Day, Year)		URY WO	PES 2 NO	28d. DEŞCRIBE HOW	INJURY OCC	URED	
COMPLETED	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, a city)	street, factory, office		281. LOCATION (Street City or Town, State	and Number	or Rural Route	Number,
APL!		IAN: To the best of my know							
8	2 MEDICAL EXAMINER	On the beals of examination	n and/or investigatio	n, in my opinion, d			nd due to the	a ceuse(a) and	d manner as stated.
TO BE	Ycolient E. To	Coly M.	D-		D-199	425 425	29d. DATE	BIGNED MO	78
		COBY, M.D.	- 2211 V	N. ROGE	RS AV	E. BAL	o, mi	0.2	1209
	JAN 0 9 1998	32. REGISTRAR'S SIGN	Son-Randel	N.					



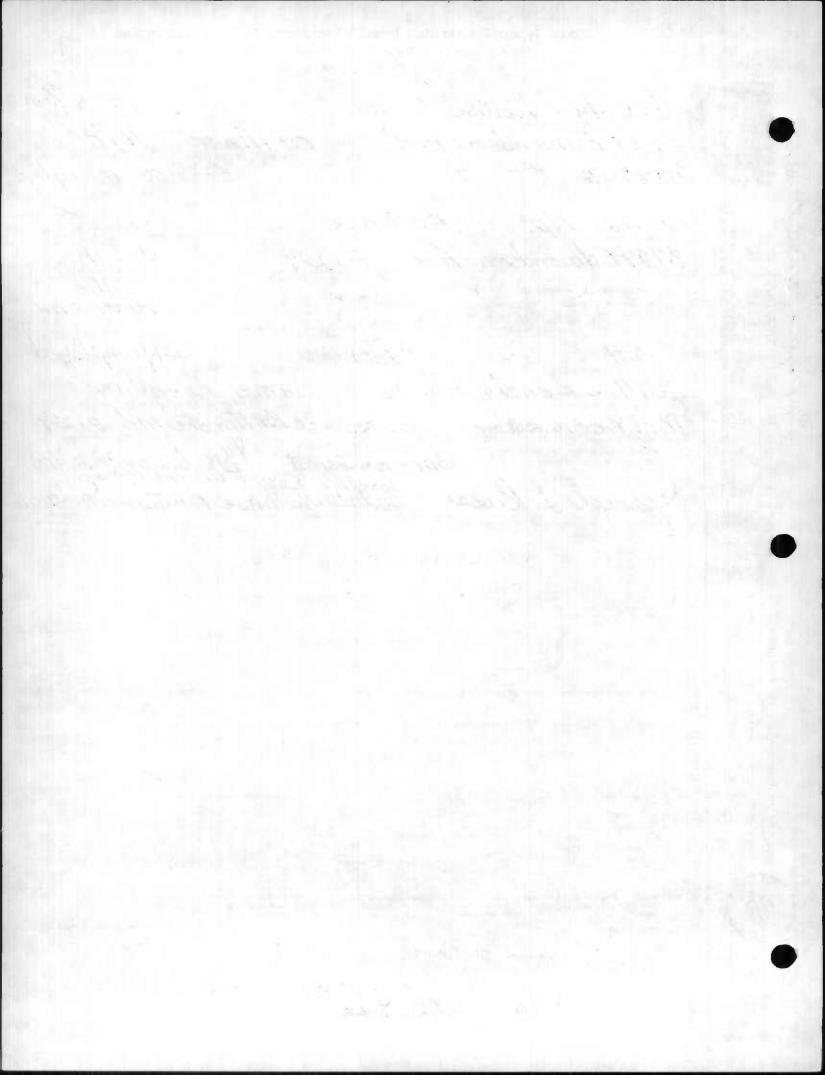
State of Maryland / Department of Health and Mental Hygiene 8 003 | 6

					Certifica	IC OI D	Calli		leg. No.		
Dhamiston		. Decedent's Name (First, Middle, L	ast)	-				2. Date of Dea Month		Veer	3. Time of Deat
Physician /Medical	_	John			Meach	iam		January	7	Yeer 1998	2:01 p
xaminer		a. Facility Name (If not institution, gi	ive street and number)			4b	. City, Town, or	Location of Death	4c. Count	y of Death	1
	6	Good Samari7. Social Security Number 6.	Sex Hospi		a binds at a life Linds	1 4	Ba/Tim if Under 24 Hrs	ore		NI	4
uneral irector	1	216 - 18 - 3866 Usuel Residence of Decedent	1 M 2 □ F	B2	Yrs. Months		Hours Min.		1915	9. Birthpi Count	ace (State or Fore
Mo ti	1	0a. State 10b. County	1		Town or Location					10	d. Inside City Lim
28a-f shownoutlied at		Ma N/	A	Bal	timore						1 TYes 2
er, or items 23a or 28a-1 shores examines must be notified at by Funeral Director	1	0e. Street and Number	ton Ave			ip Code	5		10g. Citizen of	1	ry?
Items Inst.ms	1	1. Maritel Status	12. Was Decedent Armed Forces?		13. Was Dece	edent of His	panic Origin? (S Mexican Puer	pecify Yes or No- o Rican, etc.)	14. Rac	ce - America	
evament by Fu		1 Never Married 2 Merried 3 Widowed 4 Divorced	1 VYes 2 1	No Feb, 190			Specify:	110011, 0101,	Specif		cks
"netural", edical Exp		15. Decedent's E (Specify only highest gr			16a. Decedent's Usu	ork done du	ring most of wo	rkina	16b. Kind of 8	usiness/Ind	ustry
		Elementary/Secondary (0-12)	College (1-4or 5	5+)	life. DO NOT	use retired)		Awig	Balt	T	Gaste
sumatic event, the To Be Comp	1	7. Father's Name (First, Middle, Las	10/12		Traca		1 VCV	ne (First, Middle,			, 610346
traumatic event, the Market than traumatic event, the Market To Be Comp		A	cham				Eliza	Dar		110)	
marke matic		19a. Informant's Name/Relationship			19b. Mailing Addres	ss (Street er				State Zin	Codel
om 27 is ther trau	1	1 - 1	nece		5113 Woo			Baltimo			215
	-	Oe. Method of Disposition	neco	20b. Piac	e of Disposition (Ne	me of			20c. Location		vn, State
		1 ☑ Burial 2 ☐ Cremation 3 [4 ☐ Donetion 5 ☐ Other (Speci		0	etery, crematory or		,	1-17-93	n	. 1451	- Md
ntan	-	21. Signature of Funeral Service Lice		Quri	rison For		of English	1-12-93	Uwing.	5 MII	is Ivia
Important: I any injury o once.	1	NO - 1 - 1 A	1.5)	willia	m C.	Murch	FIH- We	st		
	1	Gabruelle	- CORK	J	4300	Wab	ash Are	Baltu	nore, M	d 21	215
	1	 Part1. Enter the disease, or con shock, or heart failure. List only 	npiicetions thet caused v one cause on each ii	the deeth.							
sician			,	ne.	Do not enter the mo	de of dying,	, such as cardia	or respiratory en	est,		Approximate Interval Between
	1.			ne.	Do not enter the mo	de of dying,	, such as cardia	or respiratory en	rest,		Approximate Interval Between Onset end Death
edical	0	mmediate Cause (Final disease or condition	a. Pres	ne.		de of dying,	, such as cardia	or respiratory en	est,		Interval Between Onset end Death
edical miner	1		a. Pres	ne. Umer		de of dying,	, such as cardia	c or respiratory en	est,		Interval Between
edical aminer	1	disease or condition	a. Pres	Me. Due to (or a	VIA s a consequence of)	de of dying,	, such as cardia	c or respiratory en	est,	1	Interval Between Onset end Death
edical iminer xaminer	0	disease or condition esulting in deeth)	a. Phe	umor Due to (or a	ria	ide of dying,	, such as cardia	c or respiratory en	est,	1	Interval Between Onset end Death
an end riel-trensit Examiner	Siff C	disease or condition esulting in deeth) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury	a. Phe	umor Due to (or a	uia s a consequence of) Obstruct	ide of dying,	, such as cardia	c or respiratory en	est,	1	Interval Between Onset end Death
the buriel-trensit the buriel-trensit the buriel-trensit the buriel-trensit the buriel trensit trensit the buriel trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit trensit	Siff C	disease or condition	a. Pru	Due to (or a:	uia s a consequence of) Obstruct	de of dying,): Tive	, such as cardia	c or respiratory en	est,	1	Interval Between Onset end Death
ing physician end we set the bunel-trensit aurille. Medical Examiner	Siff CO	disease or condition esulting in deeth) Sequentially list conditions, fany, leading to Immediate ause. Enter Underlying Cause (Disease or injury hat initiated events	a. Pru	Due to (or a:	via s a consequence of) DBSTructors s a consequence of)	de of dying,): Tive	, such as cardia	c or respiratory en	est,	1	Interval Between Onset end Death
ing physician end use e such buriel-trensit auriel Redical Examiner	Siff CO	disease or condition esulting in deeth) Sequentially list conditions, fany, leading to Immediate ause. Enter Underlying Cause (Disease or injury hat initiated events	a. Pru	Due to (or a:	via s a consequence of) DBSTructors s a consequence of)	de of dying,): Tive	, such as cardia	c or respiratory en	est,	1	Interval Between Onset end Death
ing physician end in east the bune-trensit authors when the bune-trensit authors with the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	Siff CO	disease or condition esulting in deeth) Sequentially list conditions, fany, leading to Immediate ause. Enter Underlying Cause (Disease or injury hat initiated events	a. Pres	Due to (or as	s a consequence of) Solve the consequence of) Solve the consequence of)	ide of dying,	Peum	CONTY	DiSta.	5e	Interval Between Onset end Death
by the ettending physician end a cached for use es the burial-transit ached for use es the burial-transit inysician/Medicai Examiner	Siff CO	disease or condition esulting in deeth) Sequentially list conditions, and any, leading to Immediate ause. Enter Underlying Sause (Disease or injury hat initiated events esulting in death) Last	a. Phu	Due to (or as	s a consequence of) Solution of the consequence of) solution of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the	cause given	Pulm	COOLY 23b. Did to	DiSla	5 e	Interval Between Onset end Death
be detached for use as the buriel-trensit be detached for use as the buriel-trensit by Physician/Medical Examiner	Siff CO	disease or condition esulting in deeth) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esulting in death) Last	a. Phu	Due to (or as	s a consequence of) Solution of the consequence of) solution of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the	cause given	Pulm	23b. Did to	DiSea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea. Disea	ontributa to	Interval Between Onset end Death Adays the cause of dea abfy 4 Munkn
be detached for use es the buriel-trensit be detached for use es the buriel-trensit by Physician/Medical Examiner	Siff CO	disease or condition esulting in deeth) Sequentially list conditions, and any, leading to Immediate ause. Enter Underlying Sause (Disease or injury hat initiated events esulting in death) Last	a. Phu	Due to (or as	s a consequence of) Solution of the consequence of) solution of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the	cause given	Pulm	COOLY 23b. Did to	DiSLOC. Disco use co	ontributa to 3 Prob	the cause of dealer autopsy finding liable prior to
be detached for use as the buriel-trensit be detached for use as the buriel-trensit by Physician/Medical Examiner	Siff CO	disease or condition esulting in deeth) Sequentially list conditions, and any, leading to Immediate ause. Enter Underlying Sause (Disease or injury hat initiated events esulting in death) Last	a. Phu	Due to (or as	s a consequence of) Solution of the consequence of) solution of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the	cause given	Pulm	23b. Did to	DiSLOC. Disco use co	ontributa to 3 Prob	the cause of dea
has been signed by the ettending physician end and be detached for use es the buriel-trensit. The property of the physician/Medical Examiner.	Siff CO	disease or condition esulting in deeth) Sequentially list conditions, and any, leading to Immediate ause. Enter Underlying Sause (Disease or injury hat initiated events esulting in death) Last	a. Phu	Due to (or as	s a consequence of) Solution of the consequence of) solution of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the	cause given	Pulm	23b. Did to	Disloco use co	ontribute to 3 Prob 24b. We eve con of d	the cause of dea abfy 4 Unkn
has been signed by the ettending physician end group page 2 should be detached for use as the bunel-trensit and properties of the physician/Medical Examiner	Si ii co	disease or condition esulting in deeth) Sequentially list conditions, any, leading to immediate ause. Enter Underlying Lause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions	a. Phu	Due to (or as	s a consequence of) Solution of the consequence of) solution of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the	cause given	Pulm n in Part I.	23b. Did to	obacco use codes 2 No	ontribute to 3 Prob 24b. We eve con of d	the cause of dea abfy 4 Unkn
director, page 2 should be detached for use es the bunel-trensit and office to, page 2 should be detached for use es the bunel-trensit To Be Completed by Physician/Medical Examiner	Si ii co	disease or condition esulting in deeth) Sequentially list conditions, any, leading to Immediate ause. Enter Underlying ause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions o	a. Phu	Due to (or as Due to (or es ut not resulting	s a consequence of) Solution of the consequence of) solution of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the	cause given	Pulm in Part I. 26. Place of Dec	23b. Did to 1 year	obacco use co	ontributa to 3 Prob	the cause of dea abfy 4 Unkn re autopsy finding liable prior to nojeletion of cause eath?
his certificate has been signed by the ettending physician end Signed by the ettending physician end Signed Broadle Signed Broadle Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Signed Sign	P P	disease or condition esulting in deeth) Sequentially list conditions, any, leading to Immediate ause. Enter Underlying ause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions o	a. Phenodo. b. Chro. c. d. Contributing to death by Depend. Hospital: 1 Minpatie	Due to (or as Due to (or es ut not resulting the not 2 - ER	s a consequence of) Solve the consequence of) Solve the consequence of) Solve the consequence of the consequence of) Solve the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of	cause given	Pulm in Part I. 26. Place of Dec	23b. Did to 1 Y 24a. Was a perior	obacco use co	ontributa to 3 Prob 24b. We eve con of d	the cause of dea abfy 4 Unkn re autopsy finding liable prior to nojeletion of cause eath?
wher this certificate has been signed by the ettending physician end ground wheral director, page 2 should be detached for use as the bunel-trensit ground by the stack of ground by the stack of ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground ground grou	P P	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of th	a. Pred b. Chro c. d. Contributing to death by Depend Hospital: 1 Ainpatie 28a. Date of Inju (Month, De)	Due to (or as Due to (or es ut not resulting the not 2 - ER	s a consequence of) Solve the consequence of) Solve the consequence of) Solve the consequence of the consequence of) Solve the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of	cause giver CA Other OA Other Sec. Injury & Work?	Pulm in Part I. 26. Place of Dec	23b. Did to 1 Y 24a. Was a perfor 1 Y ath (Check only or	obacco use co	ontributa to 3 Prob 24b. We eve con of d	the cause of dea abfy 4 Unkn re autopsy finding liable prior to nojeletion of cause eath?
the funeral director, page 2 should be detached for use as the buriel-trensit of page 2 should be detached for use as the buriel-trensit of page 2 should be detached for use as the buriel-trensit of page 2 should be detached for use as the buriel-trensit of page 2 should be detached for use as the buriel-trensit of page 2 should be detached by Physician/Medical Examiner	P P	disease or condition esulting in deeth) Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease Or injury hat initiated events esulting in death) Last art II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions o	a. Pred b. Chro c. d. Depend Hospital: Minpatie 28a. Date of Inju (Month, De)	Due to (or est or s a consequence of) S a consequence of) S a consequence of) S e consequence of) S of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlyin	cause giver cause giver CA Other 28c. Injury & Work? 1 Ye	Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period Period	23b. Did to 1 Y 24a. Was a perfor 1 Y ath (Check only or	obacco use codes 2 No in autopsy med? No in autopsy med? No in autopsy med? No in autopsy med? treet and Numit	ontribute to 3 Prob 24b. We eve con of d 1 I	the cause of deal abity 4 Unknown treation of cause eath?	
tor: After this cartificate has been signed by the ettending physician end the funeral director, page 2 should be detached for use as the buriel-trensit and the funeral director, page 2 should be detached for use as the buriel-trensit.	e iii c C ttt	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions or injury hat initiated events esulting in death) Last 5. Was case referred to medical examiner? 1 Yes No 7. Manner of Death 1 Natural S Pending investigation 2 Accident Accident Pending investigation 3 Suicide Could not a determined 9e. Certifier Certifying Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier P	a. Pred b. Chro c. d. Contributing to death be Depend 28a. Date of Inju (Month, De) 28a. Place of Inju building, etc.	Due to (or as Due to (or es ut not resulting y Yeer) Dury - At home c. (Specify)	s a consequence of) S a consequence of) s a consequence of) s e consequence of) g in the underlying of Drabets Voutpetient 3 D Bb. Time of Injury M s, farm, street, factor dae, death occurred	cause giver cause giver CA Other 28c. Injury a Work? Ty, office	Pulm n in Part I. 26. Place of Der 4 Nursing Hattes 2 No	23b. Did to 1 Y 24a. Was a perfor 1 Y 24th (Check only or one 5 Resid 28d. Describe h 28f. Location (S City or Tow	obecco use co	ontributa to 3 Prob 24b. We eve con of d 1 I	the cause of death the cause of death the cause of death the cause of death the cause of death the cause of death the cause of death the cause of death abfy 4 Unkn re autopsy finding liable prior to repletion of cause eath? Yes 2 No Route Number,
Funeral Director: After this certificate has been signed by the ettending physician end 3 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e iii c C ttt	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions or injury hat initiated events esulting in death) Last 5. Was case referred to medical examiner? 1 Yes No 7. Manner of Death 1 Natural S Pending investigation 2 Accident Accident Pending investigation 3 Suicide Could not a determined 9e. Certifier Certifying Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier Prince 9e. Certifier P	a. Pred b. Chro c. d. Contributing to death by Depend 28a. Date of Inju (Month, De) 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e. Place of Inju 28e.	Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Du	s a consequence of) S a consequence of) s a consequence of) s e consequence of) g in the underlying of Drabets Voutpetient 3 D Bb. Time of Injury M s, farm, street, factor dae, death occurred	cause giver cause giver CA Other 28c. Injury a Work? Ty, office	Pulm n in Part I. 26. Place of Der 4 Nursing Hattes 2 No	23b. Did to 1 Y 24a. Was a perfor 1 Y 24th (Check only or one 5 Resid 28d. Describe h 28f. Location (S City or Tow	obecco use co	ontributa to 3 Prob 24b. We eve con of d 1 I	the cause of death the cause of death the cause of death the cause of death the cause of death the cause of death the cause of death the cause of death abfy 4 Unkn re autopsy finding illable prior to repletion of cause eath? Yes 2 No Route Number,
uneral Director: After this certificate has been signed by the ettending physician end in properties of the funeral director, page 2 should be detached for use as the bunel-trensit in in its properties of the funeral director, page 2 should be detached for use as the bunel-trensit in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the function in its properties of the funct	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the	a. Pred b. Chro c. d. Contributing to death be Depend 28a. Date of inju (Month, De) 28a. Place of Inju building, etc.	Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Du	s a consequence of) s a consequence of) s a consequence of) s e consequence of) ng in the underlying Diabets Voutpetient 3 De b. Time of Injury M e, farm, street, factor dage, death occurred and/or investigation	cause giver cause giver CA Other 28c. Injury a Work? Ty, office	Pulm n in Part I. 26. Place of Dea 4 Nursing Hat es 2 No	23b. Did to 1 Y 24a. Was a perior 1 Y 24b. Check only or 1 Resid 28d. Describe h 28f. Location (S City or Tow	obecco use co	ontributa to 3 Prob 24b. We eve com of d 1 Image: Specify rred anner as state and due to	the cause of dea abfy 4 Unknown of cause eath? Acute Number, ated. the cause(s)
Funeral Director: After this certificate has been signed by the ettending physician end tely filled in by the funeral director, page 2 should be detached for use as the buriel-trensit and the funeral director, page 2 should be detached for use as the buriel-trensit and an arrangement of the funeral director. To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sequentially list condition esulting in deeth) Sequentially list conditions, any, leading to immediate ause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions	a. Price b. Chro c. d. Contributing to death be Depended 28a. Date of Inju (Month, De) 28a. Place of Inju building, etc invsician: To the best of end manner sta	Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or as Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Du	s a consequence of) s a consequence of) s a consequence of) s e consequence of) ng in the underlying Diabets Voutpetient 3 De b. Time of Injury M e, farm, street, factor dage, death occurred and/or investigation	cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause	Pulm n in Part I. 26. Place of Det 4 Nursing Hat es 2 No	23b. Did to 1 Y 24a. Was a perior 1 Y 24b. Check only or 1 Resid 28f. Location (S City or Tow	obacco use co	ontributa to 3 Prob 24b. We eve on oid 1 Inter (Specify, rred) anner as stated and due to ed (Month, E	the cause of dealer the cause of dealer to the cause of dealer the cause of dealer the cause (s) Route Number, ated. the cause(s)
Funeral Director: After this certificate has been signed by the ettending physician end tely filled in by the funeral director, page 2 should be detached for use as the buriel-trensit and the funeral director, page 2 should be detached for use as the buriel-trensit and telegraphic filled in by the funeral director. To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sequentially list condition esulting in deeth) Sequentially list conditions, any, leading to immediate ause (Disease or injury hat initiated events esulting in death) Last art II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions	a. Pred b. Chro c. d. Contributing to death by Depend 28a. Date of injut (Month, De) 28a. Place of Injut building, etc. contributing to death by the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the basis of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of the prediction of th	Due to (or estable to the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of	s a consequence of) s a consequence of) s a consequence of) s e consequence of) s e consequence of) s e consequence of) s fing in the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the unde	cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause giver cause	Pulm n in Part I. 26. Place of Det 4 Nursing Hat es 2 No	23b. Did to 1 Y 24a. Was a perior 1 Y 24b. Check only or 1 Resid 28d. Describe h 28f. Location (S City or Tow	obacco use co	ontributa to 3 Prob 24b. We eve on oid 1 Inter (Specify, rred) anner as stated and due to ed (Month, E	the cause of dealer the cause of dealer to the cause of dealer the cause of dealer the cause (s) Route Number, ated. the cause(s)



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 1. Decedent's Name (First, Middla, Last) Month **Physician** XON /Medical 4a Facility Name (If not institution, give street and number) 4b. City_Town, or Location of Death 4c. County of Deeth **Examiner** 24 JAMINA LOUISE MIXON if Under 1 Year Birthplece (Stete or Foreign Country) Social Security Number 6. Sex 7. Aga (In yrs. last birthday) **Funeral** 10M 20 F Days 219-62-575 Usual Residence of Decedent Yrs. Director 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ?? is marked other than "natural", or flems 23s or 28s-f shor traumstic event, the Maxical Experies must be notified as 1 Yes 2 No naryland Direct 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 7241 Funeral 13. Was Decedent of Hisperic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 12. Wes Decedent Ever in U,S. Armad Forcas? can Indian 11. Marital Status Bleck, White, 1 ☐ Yes 2 12 No If Yes, Give Yaer or Detes: 1 Never Married 2 Married 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working ite. DQ NOT usa retired) 16b. Kind of Business/Industry should be filed within Elementery/Secondary (0-12) College (1-4or 5+) Hygiene. 18. Mother's Neme (First, Middle, Be and Mentel 19a Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City Zip Code) permit. Pages 1 end 2 a Department of Health ar Important: If item 27 is any injury or other treu 20b. Place of Disposition (Name of cemetery, cremetory or other place) Bessie Kd./6 21229 20a. Method of Disposition Buther Baltimore, 20c. Location - City of Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Slata 4 ☐ Donetion 5 ☐ Other (Specify) Suneture of Funeral Sarvice Licenses 22. Name ma2 art1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, not or hear failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Final diseese or condition resulting in deeth) MITANIASAN OIDINA Examiner Due to (or es e consequence of): Physician/Medical Examiner NOTION Concer The law requires that the death certificate be executed attending physician and for usa as the bunal-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated avents resulting in deeth) Lest Due to (or es e consequance of): Box 68760 Due to (or es e consequence of): 88 signed by the a P.0. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed peed certificate has 1 Yes 2 VINO 1 ☐ Yes 2 ☐ No Physician: 25. Wes case referred to medical axeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b Tima of 28c. Injury at Work? Certification: After Amending 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical 29a. Certifier 🗠 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the besis of axaminetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. (Check only one) 29d. Deta signed (Month, Day, Year) 29b. Signature 29c. License number BAWKS 30. Name a impleted cause of deeth (Item 23e) (Type, Print) MANLILAND 90 32. Registary Signature

Funa Davidson 31. Dete filled (Month, Dey, Year) State 0 9 1998 VINU Registrar **DHMH 16 Rav 6/95**



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Date of Deeth 1. Decedent's Nama (First, Middle, Last) Month UMES 4b. City, Town, or Location of Death 4c. County of Death Facility Neme (If not institution, give street and number) DATY/AY Social Security Number more IAMO If Under 24 Hrs. If Undar 1 Yaar 7. Aga (In yrs. lest birthdey) Birthplaca (Stata or Foraign Country) 6. Sex Deys Hours 12 M 2 F Yrs. Usuel Residence of Decedent 10a. Stata 10b. County 10c. City, Tower or Location 10d. Inside City Limits 1 Tas 2 No PANIMO 10f. Zip Code 10g. Citizen_ot Whet Country? et end Number ederall 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 12. Was Decedant Ever in U,S. Armed Forces? 14. Race - American Indien. 11 Maritai Status 1 Yes 2 No 1 Nevar Married 2 Married 1 Ves 2 No Specify: It Yes, Give Year or Dates: 3 Widowed 4 □ Divorced WULL 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 401 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Unknown UNKNOON 19a. Informent's Neme/Reletionship (Type-Print) (DA ughler) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 1 Burlei 2 □ Cremation 3 □ Removel from Stete Donetion 5 Other (Specify) SOW 22. Nama and A ture of Funerei Service Licansee the the preese, or complications that caused the deeth. Do not them failure. List only one cause on each line. enter the mode of dving, such as cardiac or raspiretory errest. Approximete intervet Between Onset and Death immediate Ceuse (Finel disease or condition resulting in daeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury Monar that initieted events resulting in deeth) Lest 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to completion of causa of death? 24e. Wes en autopsy periormad? 1 Yes 2 No 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

Physician

Examiner

Directo

Funeral

þ

Completed

Be

2

10e. St

Funeral

Director

I is marked other than "natural", or flams 23a or irraimatic event, the Medical Examiner intention

of Health f item 27 i

Pages

1 and 2 should be filed within 72 hours after death Heatin and Mental Hygiene.

Baltimore, Maryland 21215-0020

Examiner ettending physician end for use es the buriel-transit Physician/Medical signed by the e þ should I Completed

Be

10

Certification:

edical

29a. Certifier

29b. Signeture end title of certifier

the deeth certificate be executed certificate has b irector, page 2 s

of Vital Records, P.O. Box 68760 Inding

State Registrar

12 Certifying Physictan: To the best of my knowledge, death occurred et the time, dete end piece, and due to the cause(s) end manner as steled.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, and due to the cause(s) end menner steled. 29c. Licansa number

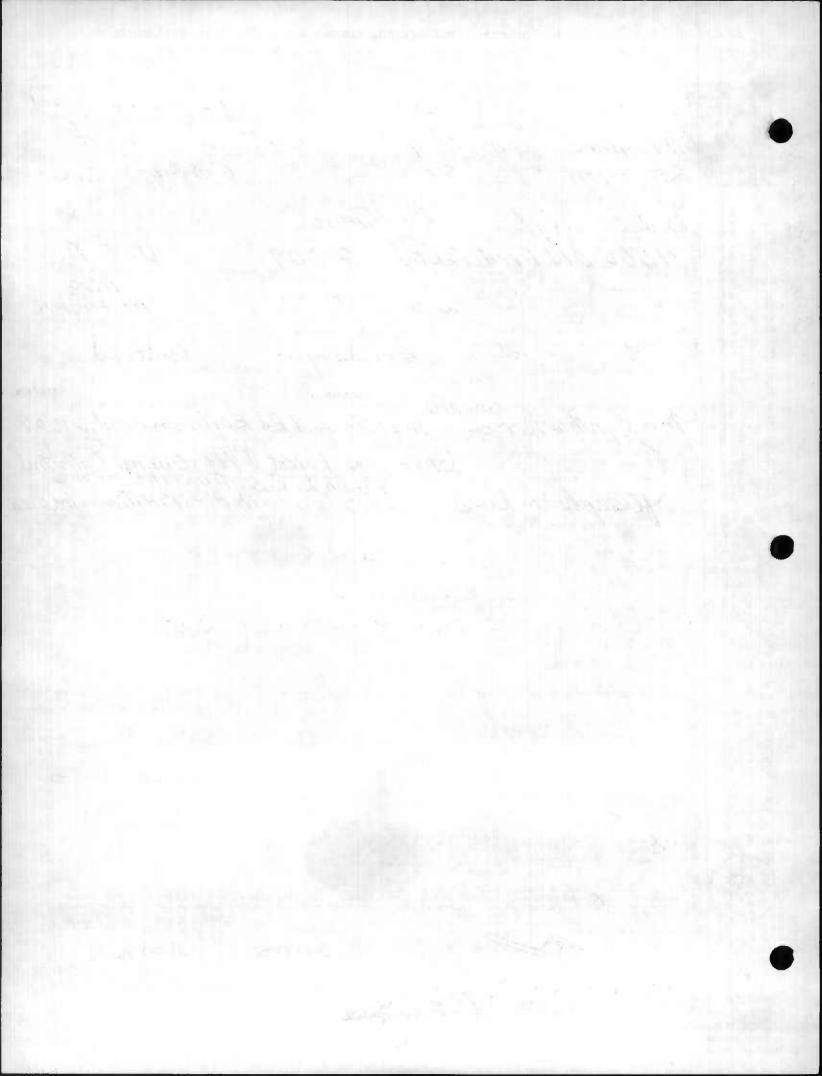
29d. Date signed (Month, Day, Year)

030115

30. Name and eddress of person who completed cause of deeth (item 23e) (Type, Print)

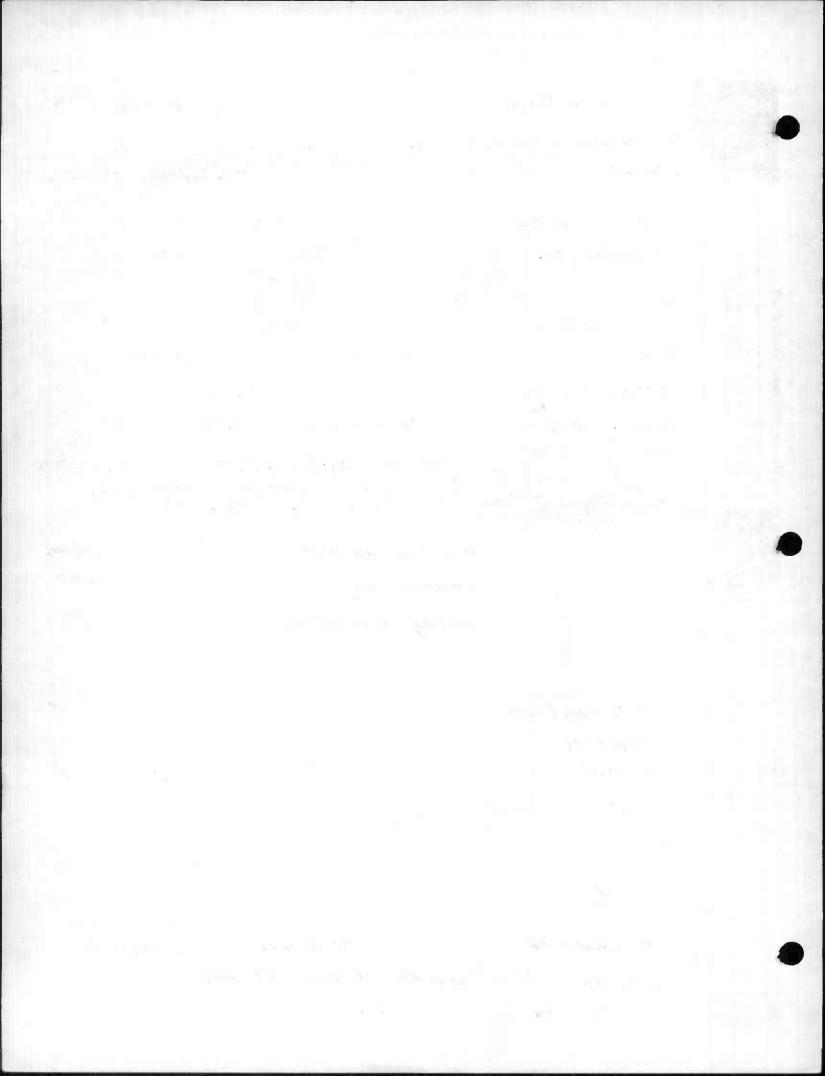
OhioK 1 aiudERN 601 PS

DALFO, Md



State of Maryland / Department of Health and Mental Hygiene

HUIDH-	1. Decedant's Nama (First, Middla, Helen	Hongan					2. Data of De	ath Day	3. Tima of D
ician dical								- 17	76
niner	4a. Facility Neme (If not institution,						r Location of Death		of Death
	Johns Hopkins B 5. Sociel Security Number 6			Ctr. ast birthday)	If Under 1 Y		nore City		N/A
al or	216-24-2601 Usual Rasidance of Dacedant	4 DAY OFF	76	Yrs.	Months De		8. Data of Bir (Month, Da Aug. 1	y, Year) 3,1921	9. Birthplaca (Stata or Country) Baltimore
_	10a. Stata 10b. County		10c. City	, Town or Loc	ation				10d. Insida City
octo		ltimore			1		mere		1 ☐ Yas
급	10e. Street and Number 2409 Carolyne A				10f. Zip Coo			10g. Citizan of W	
by Funeral Director	11. Meritei Stetus 1 Navar Married 2 Married	12. Was Decedant	Evar in U,	S. 13. W	es Decedant Yes, specify (21219 of Hispanic Origin? Cuben, Mexican, Pus	(Specify Yas or No arto Rican, atc.)	United 14. Race Bleck	- American Indien, c, Whita, atc.
by	3€ Widowed 4 Divorced	1 ☐ Yas 2≹ If Yas, Giva Yaar or Datas:	140	1	□Yas 2🛣	No Specify:		Specify:	White
	15. Decedant's	Education		16a. Deceda	ant's Usual Oc	cupation		16b. Kind of Bus	
Completed	(Spacify only highast of Elementery/Secondary (0-12)	grada complatad) Collega (1-4or	5+)	(Give k lifa. D	rind of work do O NOT usa ra	ecupation ona during most of w tired)	orking		
TO.	11 Years	oonoga (1 46)	01,7	Hous	ewife			Own Ho	ome
Be	17. Fathar's Name (First, Middla, La	st)				18. Mothar's N	ama (First, Middla,	Maldan Sumama)
2	William Herbert	Ford				Reba	Spedden		
	19a. Informant's Name/Ralationship	(Type, Print)		19b. Mailing	Address (Str	reet and Number or I	Rural Routa Numbe	er, City or Town, S	Steta, Zip Code)
SDCS.	Robert G. Mongai	n/Son					ssex, Mai	ryland :	21221
	20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3	□Removel from State		ace of Dispos matary, cram	ition (Nama o atory or othar	f placa)	Data	20c. Location - C	City or Town, Stata
	4 □ Donation 5 □ Othar (Spec			ltimor	e Nati	onal Cem.	1/9/1998	Baltimo	ore, Maryla
in al	23a. Part1. Entar tha disconsisted with a shock, or heart faily. I st on immediate Ceusa (Final disaasa or condition rasulting in daath)			Do not anta	r tha moda of		ac or raspiretory a	rast,	Approximate interval Betwee Onsat and De
· 连	rasumy in deatify		Dua to (or	as a conseque	ence of):				640
100	Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Causa (Diseese or Injury	b		as a consaqu		Jitte at An			42
dicar	Causa. Enter Undariying Causa. (Diseese or Injury that initiatad events rasulting in daath) Last	с		es e consaque	1	distase			
Physician/Me		d							
sicia	Part II. Other significant conditions	contributing to death b	out not rasu	Iting in tha und	darlying cause	given in Part I.	23b. Did	tobacco use cont	tributa to the cause of
by Phy	Acute Renal	Failare					10	Yes 2□ No	3 □ Probably 4 🗗 🛈
Completed t	type 204						24a. Was perfo	en eutopsy rmed?	24b. Wara autopsy fin- aveileble prior to completion of cau of death?
E	HTW						10	ras 2 No	1 ☐ Yas 2 ☐ N
Be	25. Wes casa rafarred to medical					26. Pleca of D	eath (Check only o	ne)	
2	exeminar? 1 Yas 2 No 27. Menny of Death	Hospital: 1 Inpati		ER/Outpetient 28b. Tima of	3LI BUA	Othar: 4 Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursi	Home 5 Resid	dence 6 Other	
atlo	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigat		, , , , ,	Injury		l Yas 2 No			
Certification:	3 ☐ Suicide 6 ☐ Couid not 4 ☐ Homicide datamins	d 28a. Place of in	jury - At hor c. (Specify		at, factory, off	ca	28f. Location (S City or Tox		r or Rural Routa Numbe
edical C	29a. Certifiar 1 Cartifying F	Phyaician: To the bast aminer: On the basis of end menner st	f axaminati	riadge, deeth on and/or inva	occurred et th astigation, in n	e time, dete end ple ny opinion, daath oc	ce, and due to the curred at tha tima,	cause(s) end men dete and place, a	ner as stated. nd dua to the causa(s)
Me	29b. Signatura and titla of cartifier			-	29c. Lic	ense number	T	29d. Data signed	(Month, Day, Yaer)
7.75	1 0 01 1	110			4		44	1 1	10 - 0
7	S. Cherdra	IMP.			A	= 266420	D	tra 6,	11998



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Deeth Month Day DOROTHY MARSHALL-REID JANUARY 4 4a. Facility Neme (If not institution, give street and number, 4b. City. Town, or Location of Deeth 4c. County of Deeth UNIVERSITY OF MARY LAND MEDICAL SYSTEM BALTIMORE If Under 24 Hrs. 8. D. Hours Min. (A 5. Social Security Number If Under 1 Yeer 8. Date of Birth (Month, Day, Yeer) 1/25/40 Birthplace (State or Foreign Country) NEW YORK 6. Sex 7. Age (In yrs. last birthday) 1□ M 25 F 104-30-3740 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No BALTIMORE N/A MD 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? DECKER STREET 21205 624 N. U.S. 12. Was Decedent Ever in U,S. Armed Forces? Race - American Indian, Black, White, etc. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 Never Married 2 Married 1 ☐ Yes 27 No If Yes, Give Year or Detes: 1□ Yes 2□No Specify. 3 ☐ Widowed 4 ☐ Divorced BLACK 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 -0-HOME HEALTH AIDE MEDICAL 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) LAWRENCE DURRANT ETHELINE SMITH 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) KEVIN MARSHALL (SON) 6219 BRIGHT PLUME DRIVE-COLUMBIA, MD 21044 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) FOREST GREEN PARK CEM /12/98 NEW YORK 21. Signature of Funeral Service Licensee 22. Name end Address of Facility PHILLIPS O., MD 21217 ELIZABETH L 1721-27 N. MONROE ST. -BALTO., 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shook, or heart failure. List only one ceuse on each line. Immediate Cause (Final disease or condition resulting in death) VENTRICULAR TACHYCARDIA-ASYSTOLE HYPOXIA Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): from greenish secretions Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 2 Unknown Lidney transplant 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was an autopsy performed? SEPSIN prolonged intubation -> trachesstomy 1 ☐ Yes 2 ☐ No 25 Was cese referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Directo

Funeral

þ

Completed

Be

7 is marked other than "natural", or Itama 23a or 28a-f shov traumatic event, the Medical Examiner must be notified at

"natural", or

Hygiene.

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hygi important: If Item 27 is marked other any Inlury or other traumer.

with the Maryland

filed within 72 hours after death

Maryland 21215-0020

Box 68760,

Division of Vital Records, P.O.

il or Attending Physician: The law requires that the death certificate be axecuted after death.

after death.

Inscretor: After this cartificate has been signed by the attending physician and of Inscretor: After this cartificate has been signed by the fundered director, page 2 should be deteched for use as the bunda-transit of in by the fundered director, page 2 should be deteched for use as the bunda-transit Puberal I Hospital

Be Completed by Physician/Medical

Certification: To 27. Manner of Death edical

29a. Certifier 29b. Signature and titl

ARIA

Natural 1 Natural

3 ☐ Suicide

4 - Homicide

Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, dale end place, and due to the cause(s) and manner as stated.

Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner stated.

KARAGEORGOV

5 Pending investigation

6 Could not be determined

e of certifier HD

29c. License number

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

28d. Describe how Injury occurred

31. Date filed (Month, Day, Year) State Registrar

JAN 0 9 1998



ess of person who completed ceuse of death (Item 23e) (Type, Print)

28b. Time of

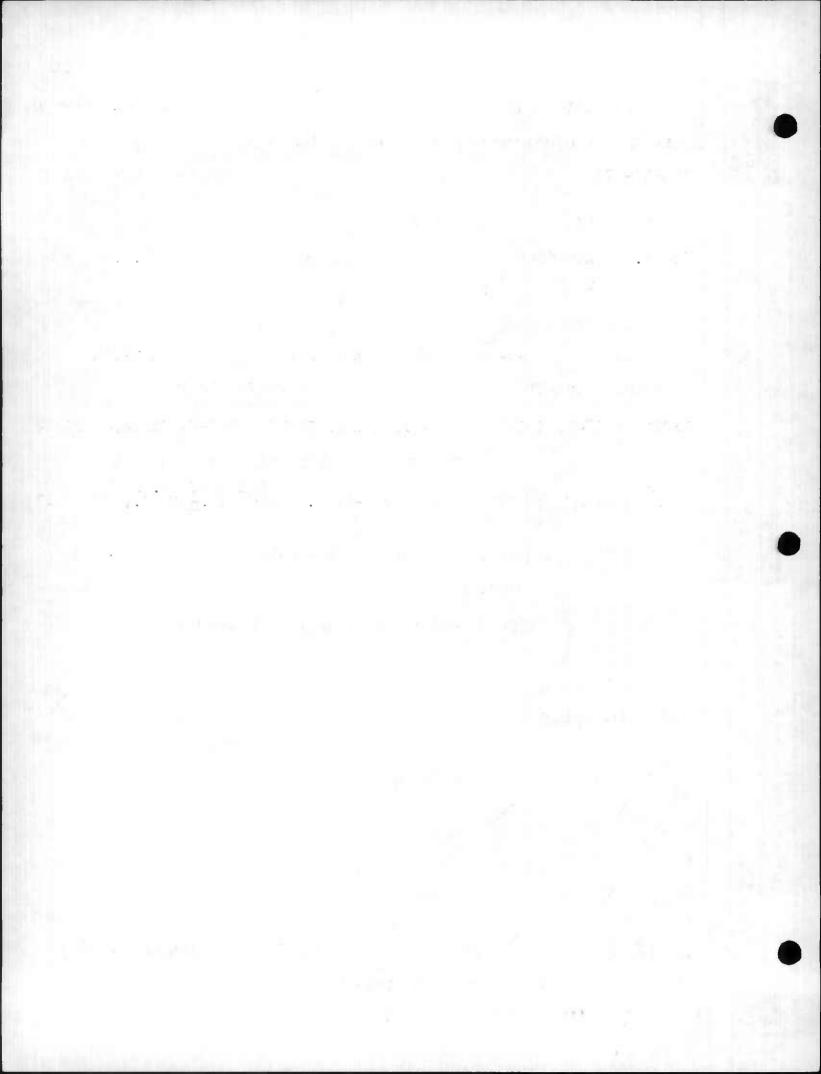
UMMS AT BALTIMORE

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

DHMH 16 Ray 6/95

5

0

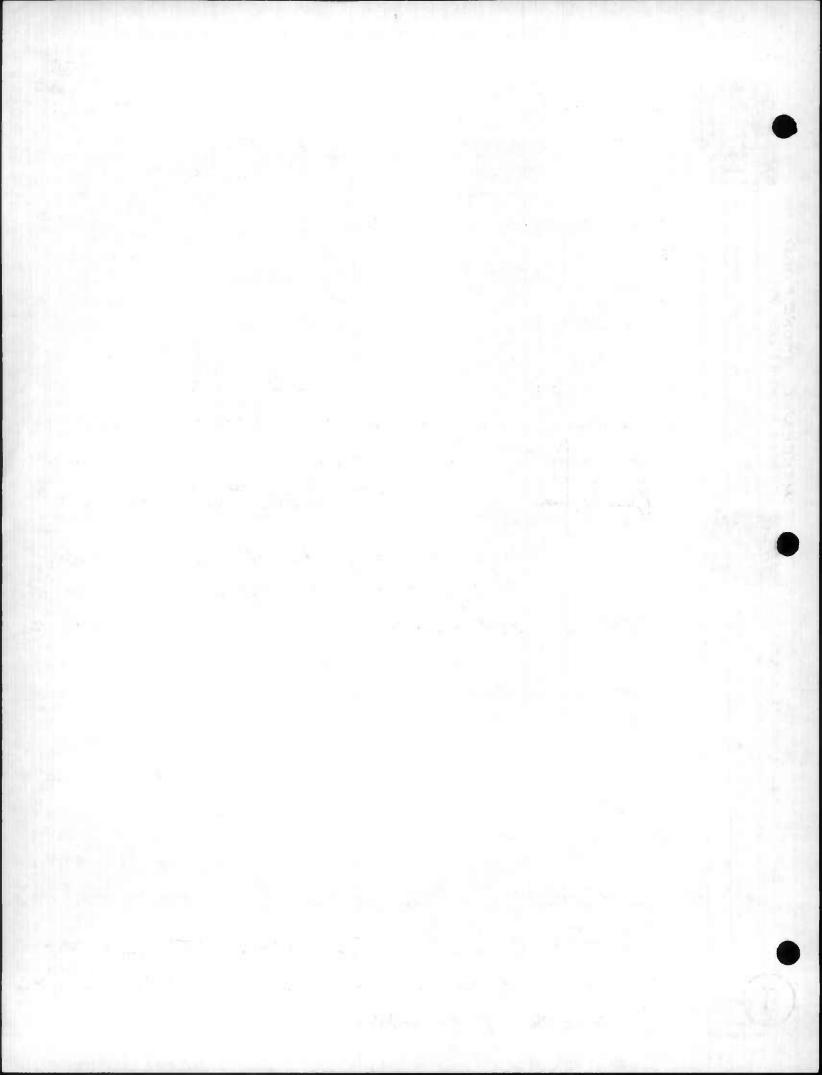


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8 0 3 2 1

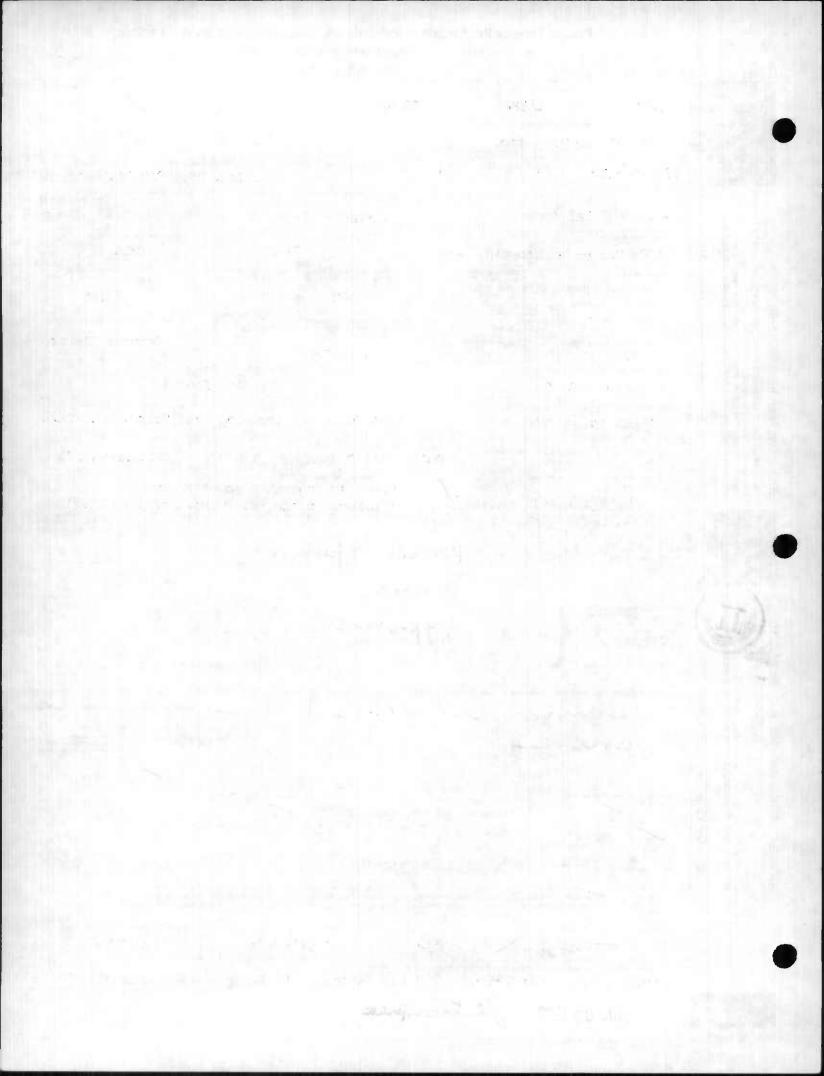
	1.	Decedent'a Neme (First, Mid	dle, Last,)						2.	Dete of Deat	th		3. Time	of Death
Physician		Warren C. Mo	rkon	ıd							Month LNUARY	Dey 7,	Yeer 1998	8:20	
/Medical Examiner		. Fecility Neme (If not instituti			nber)				4b. City, Town				-	0.20	1 . 1
		311 Alexis D	rive	2					Glen	Burr	rie.	Anne	Aru	ndel	
Funeral Director	7	Social Security Number 705-10-9756	6. Se		7. Age (In yrs	s. last birthdey, Yrs.) if Under Months	er 1 Yeer Deys	If Under 24	Hrs. 8.	Dete of Birth (Month, Dey, pt. 3,	Veed	9. Birth	piece (Stete ntry) Yland	or Foreig
ž ==	-	Suel Residence of Decedent Da. State 10b. Count	ty		10c. C	ity, Town or L	ocation							10d. Inside	City Limit
28a-f show notified at		Maryland Anne	Ann	udal		Gleni	Ruthi	0							s 2000
be notice Director	10	De. Street and Number	. rvu	inuel		ocen		ip Code			10	0g. Citizen of	Whet Cou	ntry?	
9		311 Alexis Dr	ive					2106	1			и.	S. A.		
Funeral	11	. Maritel Stetus		12. Wes Dece Armed For	dent Ever in I	U,S. 13.	Wes Deci	edent of h	lispenic Origin en, Mexican, F	? (Specify	Yes or No-			can Indien,	
by by		1 Never Merried 2 Ma 3 Widowed 4 Divorce		1 Tes If Yes, Giv Yeer or De	2 💢 No				Specify:	derto Trici	att, 610.)	Specif	ck, White, v: Wh	ite	
ygiene. her than "natur nt, the Wedical Completed		15. Decede (Specify only high	ent's Edu	cation e com <i>pleted</i>)		16a. Dece	edent's Use	ual Occup	pation during most of d)	working		16b. Kind ot B	usiness/in	dustry	
mpl		Elementery/Secondery (0-12)		College (1	-4or 5+)				d)						
		12th Grade	1			Eng	ginee	ア					road		
a o o		Pr. Ray C. Mo		d								Meiden Sumen	10)		
d Men marks matic	-	9e. informent's Name/Reletion	0			405-14-11	to a distance	10			ly McGe				
th en		lary Ellen Jan			0.1				end Number of						
itam 2 other	-	e. Method of Disposition	^		20b.	Piece of Disp	osition /Ne	eme of	ive, G	- T		20c. Location			
2= 5		1 Burial 2 Cremetion 4 Donation 5 Other	3 □R	lemovel trom S	State	cometery, cre			co) tory	1/0/		Baltimo			and
ortant: Injury	21	1. Signeture of Funeral Service	1		0,0				ss of Fecility	1,71	70 1	succuno	/LE, 1	Marga	ana
Dep any		. 12					Schin	unek	Funer	el Ho					
	1	1/1 - ()	4												
	2	3a Part Enter the disease	rus	-	used the dea		3331	Breh	ms Lan	2. Ba	utimor	ie, Mar	ylan		
	2:	3e. Part Lenter the disease shock, or heert feilure.		-	used the dea		3331	Breh	ms Land	2. Ba	utimor espiretory erre	ie, Mar	ylan	Approxim	ete etween
			compli only or	icetions thet can ne ceuse on ea		ath. Do not en	3331 iter the mo	Breh de of dyin	ng, such es ca	2, Ba	espiretory erre	est,		Approxim Interval B Onset en	ete etween d Death
/ledical	im	3e. Part Venter the disease shock, or heert feilure. Immediate Ceuse (Finel seese or condition sulting in deeth)	compli only or	icetions thet can ne ceuse on ea		ath. Do not en	3331 iter the mo	Breh de of dyin	ng, such es ca	2, Ba	espiretory erre	est,		Approxim Interval B Onset en	ete etween d Death
Medical aminer	im di re	nmediete Ceuse (Finel	compli only or	icetions thet can ne ceuse on ea		ath. Do not en	3331 iter the mo	Breh de of dyin	ng, such es ca	2, Ba	espiretory erre	est,		Approxim Interval B Onset en	ete etween d Death
Medical aminer	im di re	nmediete Ceuse (Finel seese or condition sulting In deeth)	compli only or	icetions thet can ne ceuse on ea		ath. Do not en	3331 iter the mo	Breh de of dyin	ng, such es ca	2, Ba	espiretory erre	est,		Approxim Interval B Onset en	ete etween d Death
ne and ideltransit Examiner	Im dia re	nmediete Ceuse (Finel seese or condition sulting In deeth)	compli only or	cetions that ce ne ceuse on each	poxe Due to (or es e conse	23331 Aler the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern	Breh pode of dyin	ms Landing, such es ca	2, Ba	espiretory erre	est,		Approxim Interval B Onset en	ete etween d Death
Medical saminer Examiner	Im dia re	equentially list conditions, eny, leeding to limensely leeding to immediate use. Enter Underlying eye initiated events	compli only or	cetions that ce ne ceuse on each	Poxe Due to (Die to (Jeno	ath. Do not en	Residence of	Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh	ng, such es ca	2, Ba	espiretory erre	est,		Approxim	ete etween d Death
ng physicien and set the buriel-transit as the buriel-transit and Medical Examiner	Seif car	nmediete Ceuse (Finel seese or condition sulting In deeth)	compliationly or	cetions that concerne course on each	Poxe Due to (Die to (Jeno	ith. Do not en	Residence of	Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh Breh	ng, such es ca	2, Ba	espiretory erre	est,		Approxim Interval B Onset en	ete etween d Death
ng physicie as the bur	Seif car	equentially list conditions, leading to immediate countries or condition southing in death) equentially list conditions, leading to immediate suse. Enter Underlying suse (Disease or Injury et initiated events suiting in death) Last	compliationly or	b. Hy	Due to (or es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es	Res quenca of flequenca of	Brehode of dying	etary 1 Eq	2, Ba	an luz	est,		Approximineral B Onset en 2 of a 4 cm	ete etween d Death
by the attending physicien and sched for use as the buriel-transit aurign hysician/Medical Examiner	im dia re	equentially list conditions, eny, leeding to limensely leeding to immediate use. Enter Underlying eye initiated events	compliationly or	b. Hy	Due to (or es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es	Res quenca of flequenca of	Brehode of dying	etary 1 Eq	2, Ba	espiretory erre	e_	ntribute t	Approximinerval B Onset en 2 of 6 4 cm 4 cm 5 0 the cause	ete etween d Death
igned by the attending physicien and be deteched for use as the buriel-transit and by Physician/Medical Examiner	Seif cas CC there	equentially list conditions, leading to immediate countries or condition southing in death) equentially list conditions, leading to immediate suse. Enter Underlying suse (Disease or Injury et initiated events suiting in death) Last	compliationly or	b. Hy	Due to (or es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es	Res quenca of flequenca of	Brehode of dying	etary 1 Eq	2, Ba	23b. Did tol	bacco use co	ntribute t	Approximinerval B Onset en 2 of 6 4 6 4 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6	ete etween d Death
igned by the attending physicien and be deteched for use as the buriel-transit and by Physician/Medical Examiner	Seif cas CC there	equentially list conditions, leading to immediate countries or condition southing in death) equentially list conditions, leading to immediate suse. Enter Underlying suse (Disease or Injury et initiated events suiting in death) Last	compliationly or	b. Hy	Due to (or es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es	Res quenca of flequenca of	Brehode of dying	etary 1 Eq	2, Ba	23b. Did tol	bacco use co	ntribute to 3 Pro	Approxim Interval B Onset en 2	ete etween d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d D
has been signed by the attending physicien and pe 2 should be deteched for use as the buriel-transit and pe 2 my physician/Medical Examiner	Seif cas CC there	equentially list conditions, leading to immediate countries or condition southing in death) equentially list conditions, leading to immediate suse. Enter Underlying suse (Disease or Injury et initiated events suiting in death) Last	compliationly or	b. Hy	Due to (or es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es	Res quenca of flequenca of	Brehode of dying	etary 1 Eq	2, Ba	23b. Did tol	bacco use co	ntribute to 3 Pro	Approxim Interval B Onset en 2	ete etween d Death
page 2 should be deteched for use as the buriel-transit and page C should be deteched for use as the buriel-transit and completed by Physician/Medical Examiner	Self car Countries Pe	nmediete Ceuse (Finel seese or condition suiting in deeth) equentially list conditions, eny, leeding to immediete use. Enter Underlying suse (Diseese or Injury et initieted events suiting in deeth) Last	compliance of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	b. Hy	Due to (or es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es a consecutivo es	Res quenca of flequenca of	Brehode of dying	etary LE 9	2, Badlac or re	23b. Did tol 1 Ye 24e. Wes er	bacco use co s 2 No n eutopsy ned?	ntribute to 3 Pro	Approxim Interval B Onset en 2	ete etween d Death 495 647 647 647 647 647 647 647 64
rectificate has been signed by the attending physicien and inector, page 2 should be detached for use as the buriel-transit and an arrest of the second page 2 should be detached for use as the buriel-transit and page 2 should be detached by Physician/Medical Examiner	Self car Countries Pe	equentially list conditions, eny, leeding to immediate when the conditions are conditions, eny, leeding to immediate ause. Enter Underlying puse (Disease or Injury et initiated events suiting in deeth) Last art II. Other aignificant conditions.	compliants on the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	cetions that can be cause on each of the cause on each of the cause on each of the cause on each of the cause on each of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of t	Due to (or es e consecuent de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia della consecuencia della consecuencia della consecuencia della della della della della della della della della della della dell	Res quenca of flequenca of	Brehode of dyin	ren In Pert I.	2, Badlac or red	23b. Did tol 1 Ye 24e. Wes er perform	bacco use co se 2 No n eutopsy ned?	ntribute to 3 Pro	Approximinerval B Onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en	ete etween d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d D
his certificate has been signed by the attending physicien and a director, page 2 should be detached for use as the buriel-transit of the completed by Physician/Medical Examiner	Self of Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	equentially list conditions, eny, leeding to immediate ause. Enter Underlying ause. Closese or Injury et initieted events suiting in deeth) Last ort II. Other aignificant conditions are conditionally in the conditions are conditionally in the conditions are conditionally in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the conditional in the	compliant only or	cetions that can be cause on each of the cause on each of the cause on each of the cause on each of the cause on each of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of t	Due to (Due to (Due to (ath. Do not en (or es e consecutor es e consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a consecutor es a conse	Resident the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model	Brehode of dyin	ren In Pert I.	2, Baddlac or red	23b. Did told 1 Yes experience to the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the ch	bacco use co s 2 No n eutopsy ned?	ntribute to 3 Pro	Approximinerval B Onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en	ete etween d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d D
After this certificate has been signed by the attending physicien and the functor, page 2 should be detached for use as the buriel-transit to be completed by Physician/Medical Examiner	Self of Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	equentially list conditions, eny, leeding to immediate uses. Enter Underlying uses. Closese or Injury et initieted events sulting in deeth) Last ort II. Other aignificant conditions in the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the co	compliant only or	cetions that can be cause on each of the cause on each of the cause on each of the cause on each of the cause on each of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of t	Due to (Due to (Due to (for es e consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or es a consecutive or establishment of the consecutive or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishme	Resident the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model	Brehode of dying the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	ren In Pert I.	2, Baddlac or red	23b. Did told 1 Yes experience to the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the ch	bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco	ntribute to 3 Pro	Approximinerval B Onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 of 6 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en 2 onset en	ete etween d Death
After this cartificate has been signed by the attending physicien and be functional director, page 2 should be deteched for use as the buriel-transit of the function. Ilon: To Be Completed by Physician/Medical Examiner	Self of Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	equentially list conditions, env. leeding to immediate when the condition server is a condition server. It is a condition server is a condition server. It is a condition server is a condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition o	complished to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	icetions that can be cause on each of the cause on each of the cause on each of the cause on each of the cause on each of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	Due to (Due to (Due to (Due to (Ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received ath but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but not received at the but	cor es e consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente del la consecuente del la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la c	Resident the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model	Brehode of dyin	ren In Pert I. 26. Plece ot her: 4 Nursing to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	Deeth (Cong Home 28d.	23b. Did tol 1 Ye 24e. Wes er perform 1 Ye theck only one 5 Preside ho	bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco	ntribute to 3 Pro	Approximinerval B Onset en 2	ete etween d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d D
After this certificate has been signed by the attending physicien and funeral director, page 2 should be detached for use as the buriel-transit and funeral director, page 2 should be have been seen the buriel-transit and funeral director. To Be Completed by Physician/Medical Examiner	Self of Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	equentially list conditions, eny, leeding to immediate uses. Enter Underlying use (Disease or Injury et initieted events suiting in deeth) Last ort II. Other aignificant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	complished by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	icetions that can be cause on each of the cause on each of the cause on each of the cause on each of the cause on each of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	Due to (Due to (Due to (Ath but not receive the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of	cor es e consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente del la consecuente del la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la consecuente de la c	Resident the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model	Brehode of dyin	ren In Pert I. 26. Plece ot her: 4 Nursing to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	Deeth (Cong Home 28d.	23b. Did tol 1 Ye 24e. Wes er perform 1 Ye theck only one 5 Preside Describe ho	bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco use co bacco	ntribute to 3 Pro	Approximinerval B Onset en 2	ete etween d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d D
After this certificate has been signed by the attending physicien and functor, page 2 should be detached for use as the buriel-transit and functor. To Be Completed by Physician/Medical Examiner	im dia re	equentially list conditions, eny, leeding to immediate uses. Enter Underlying use (Disease or Injury et initieted events sulting in deeth) Last ort II. Other aignificant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the cond	ions con	lospitel: 1 Ir 28a. Deteo (Month	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (cor es e consecuent de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consec	Resident the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model	Brehode of dying the property of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street	ren In Pert I. 26. Plece ot her: 4 Nursing to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	Deeth (Cong Home 28d.	23b. Did tol 1 Ye 24e. Wes er perform 1 Ye 5 Preside hock only one 5 Describe ho	bacco use co se 2 No n eutopsy ned? ss 2 No e) which is 100th winjury occur reet end Numb n, Stefe)	ntribute to 3 Pro	Approximinerval B Onset en 2	ete etween d Death 45 S 6 4 H 9 of deat Unknowy tindings 1 to ause
After this certificate has been signed by the attending physicien and functor, page 2 should be detached for use as the buriel-transit and functor. To Be Completed by Physician/Medical Examiner	im did re	equentially list conditions, eny, leeding to immediate use. Enter Underlying euse (Disease or Injury et initiated events suiting in deeth) Last ort II. Other aignificant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the cond	ions conditions condit	lospitel: 28a. Dete o (Mont/ 28b. Piece buildin citien To the barend menn-	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	cor es e consecuent de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia del consecuencia de la consecuencia de la consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia	guenca of Pleaguenca of Pleaguenca of Pleaguenca of Quenca of Quenca of Management and Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer	Brehode of dying the property of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street	yen in Pert I. 26. Plece of her: 4 Nursiny et k? Yes 2 No	Deeth (Cong Home 28d.	23b. Did tol 1 Ye 24e. Wes er perform 1 Ye City or Town due to the cast the time, de	bacco use co bacco use co co co co co co co co co co co co co c	ntribute to 3 Pro 24b. We eve co of 1 [see (Special red control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	Approximinerval B Onset en 2	ete etween d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d D
no 24 hours after death. The Funaral Director: After this certificate has been signed by the attending physicien and political in by the funeral director, page 2 should be detached for use as the buriel-transit of certification: To Be Completed by Physician/Medical Examiner	im did re	equentially list conditions, eny, leeding to immediate use. Enter Underlying use (Disease or Injury et initiated events suiting in deeth) Last ort II. Other aignificant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	ions conditions condit	lospitel: 28a. Dete o (Mont/ 28a. Piece a buildin citien To the barend menn-	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	cor es e consecuent de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia del consecuencia de la consecuencia de la consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia	guenca of Pleaguenca of Pleaguenca of Pleaguenca of Quenca of Quenca of Management and Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer	Brehode of dying the property of the time of the time, in my of the control of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of tim	yen in Pert I. 26. Plece of her: 4 Nursiny et k? Yes 2 No	Deeth (Cong Home 28d.	23b. Did tol 1 Ye 24e. Wes er perform 1 Ye City or Town due to the cast the time, de	bacco use co bacco use co co co co co co co co co co co co co c	ntribute to 3 Pro 24b. We eve co of 1 [see (Special red control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	Approximinerval B Onset en 2	ete etween d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d D
After this certificate has been signed by the attending physicien and functor, page 2 should be detached for use as the buriel-transit and functor. To Be Completed by Physician/Medical Examiner	im did re	equentially list conditions, eny, leeding to immediate use. Enter Underlying use (Disease or Injury et initiated events suiting in deeth) Last ort II. Other aignificant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	ions conditions condit	lospitel: 28a. Dete o (Mont/ 28a. Piece a buildin citien To the barend menn-	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	cor es e consecuent de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia de la consecuencia del consecuencia de la consecuencia de la consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia del consecuencia	guenca of Pleaguenca of Pleaguenca of Pleaguenca of Quenca of Quenca of Management and Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer Amazer	Brehode of dying the property of the time of the time, in my of the control of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of the time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of time, in my of tim	ren In Pert I. 26. Plece of ther: 4 Nursing set yet yes 2 No	Deeth (Cong Home 28d.	23b. Did tol 1 Ye 24e. Wes er perform 1 Ye City or Town due to the cast the time, de	bacco use co bacco use co co co co co co co co co co co co co c	ntribute to 3 Pro 24b. We eve co of 1 [see (Special red see or Rural seed seed see of duties and due to duties du (Month) seed seed seed seed seed seed seed see	Approximinerval B Onset en 2	ete etween d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d Death d D

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene ?

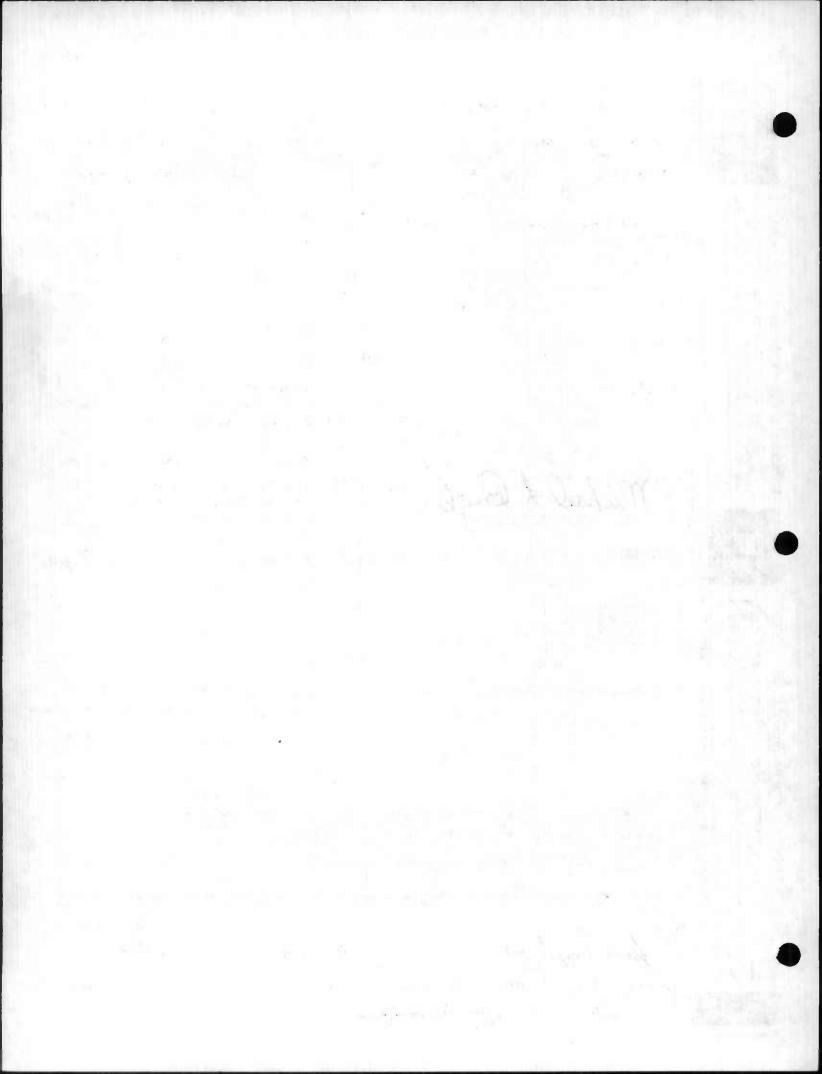
Certificate of Death Item: 19a per FH G-755 1/9/98 dh 3. Time of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) **Physician** 3:00am MURPHY OKEY LAYMON 3, 1998 JAN. /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Facility Neme (If not institution, give street and number) **Examiner** Middle River Baltimore Ivy Hall Nursing Home If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** XXM 2 F 78 Yrs. 232-22-8259 Director Jan. 26, 1919 St. George W. Va Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner, must be notified at Md. Baltimore 1 Yes No Middle River Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 21220 TISA 1304 Gunpowder Crossing Lane Funeral 14. Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Maryland 21215-0020 1 Yes 2X No Specify: Specify: White by 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) al Hygiena. Elementery/Secondery (0-12) General Electric College (1-4or 5+) Electrician 12th 18. Mother's Name (First, Middle, Meiden Surname) 17. Father's Name (First, Middle, Last) Mental should be is marked of Roy Murphy Nita Phelps To 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1304 Gunpowder Crossing Lane Balto. Md. 21220 permit. Pages 1 and 2 Department of Haalth a Important: If Item 27 is Naomi Payne/wife Saltimore. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 XBuriai 2 Cremation 3 Removal from State 0 1/6/98 4 □ Donation 5 □ Other (Specify) Baltimore, Md. Holly Hill Cemetery injury 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Connelly Funeral Home of Essex ome 300 Mace Avenue Baltimore, Maryland 21221
siter the mode of dying, such as cerdiac or respiratory arrest,
Approxim Approximate Interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each one. **Physician** /Medical Immediate Cause (Finel disease or conditi-resulting in death) Examiner Diabetes Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that Initiated events resulting In death) Last Due to (or as a consequence of) Hypertensw Due to (or as consequence of) Physician/ Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Minknown a wident Cesessovassulan Division of Vital Records. PV 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? Completed anaem 1 Yes 2 No 1 Tyes 2 No 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Be Hospital: Other: 4 Inversing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1 Inpatient 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No death. 2 Accident or Attend after death Director: / 6 Could not be 281. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours at To the Funeral D edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) and manner as steted. completaly (Check only one) 2 Medical Examinar: On the basis of examinetion and/or investigetion, in my opinion, death occurred et the time, date and piece, end due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signeture and title of certifier D31464 MD 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)
SHOALIS A. HAS HMI, 821 N. ENFAW St Smit 308, Balt. MD2121 32 Registrar's Signature 31. Date filed (Month, Day, Yeer) JAN 09 1998 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 0 3 2 3

nysician		. Decedent's Name (First, Middle, I	Last)						2. Dete of I			Voor	3. Time o	Death
Medicai	_	William Pat	rick Mora	ın, Jr.					Jan.	4	19	98	6:00	A.M
xaminer	11.0	a. Facility Name (If not Institution, g	ive street and numb	ber)	ISI.		4	b. City, Town,	or Location of De	ath 4	c. County	of Deeth		
		1922 Harcourt A	ve.					rofton			Anne	Arun	de1	
nerai ector		Social Security Number 6. 418 52 3204 Usual Residence of Decedent	Sex 7. 15 M 2 □ F	Age (In yrs.	last birthday) Yrs.	If Under 1 Months	Year Deys	if Under 24 F Hours M		Birth Day, Yea 20,1	939	9. Birthpl Coun. Alab	lece (State o try) ama	r Foreign
2	-	0e. Stete 10b. County	4	10c. Cit	y, Town or Lo	ocation						10	0d. Inside C	ty Limits
i jo	1	Maryland Anne Ar	undol	Care	ofton								1 🗆 Yes	200No
by Funeral Director	1	0e. Street end Number	under	OI.	OLLOH	10f. Zip C	ode			10g. C	itizen of W	Vhat Coun	try?	
0		1922 Harcourt A	ve.			21	114			11	nited	d Sta	tec	
ner	1	1. Meritel Status	12. Was Decede	ent Ever in U,	,S. 13.				(Specify Yes or I erto Rican, etc.)		14. Rece	e - America	an Indien,	
by Fu		1 Never Married 3 Married 3 Widowed 4 Divorced	If Yes Give			If Yes, specify 1 ☐ Yes 2 1		n, Mexican, Pu Specify:	erto Rican, etc.)		Specify:		etc. ite	
Pe		15. Decedent's	Education	50 0	16a Decer	dent's Usual (Occupa	tion		16b.	Kind of Bu			
Be Completed	-	(Specify only highest g	rade completed) College (1-4	or Eu)	(Give	kind of work DO NOT use	done d retired)	uring most of	vorking		ited			
, LO			5+	01 34)		Captai	n			Na	vy			
Be		7. Father's Name (First, Middle, Las	st)					18. Mother's N	lame (First, Midd	le, Maide	n Sumem	Θ)		
To To		William Patrick	Moran					Marj	orie Viv	ian	Gaddi	is		
To		9a. Informant's Name/Reletionship	(Type, Print)		19b. Mailir	ng Address (S	Street a	nd Number or	Rurei Route Num	ber, City	or Town,	Stete, Zip	Code)	
		Stella A. Moran	Wife		1922	Harcou	rt	Ave. C	rofton M	lary1	and 2	21114		
once.	21	0e. Method of Disposition						Jan.	1		Location -			
	-	4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Light	- 1 0	Ma	_	Name end		Cemet	ery	Cr	ownsv	ville	Mary	Land
cai ner Jeului	li d	mmediate Cause (Finel isseese or condition ssulting in death)	a. Net	Due to (or	r as a conseq	lignon	f	Melan	ma				2-4	1
Medical Ex	I U	equentially list conditions, any, leading to immediate ause. Enter Underlying sause (Disease or injury lat Initiated events saulting in death) Last	b		r as a conseq	juenca of):								
ian/Medical Exu	I U	iat ilitiateu events	c			juenca of):								
/sician/Medical Ex	re	iat ilitiateu events		Due to (or	r as a consequ	uenca of):	se give	n in Pert i.	23b. Di	d tobacc	o uss con	tribute to	the cause o	f death?
Phys	re	as ultimated events sulting In death) Last		Due to (or	r as a consequ	uenca of):	se give	n in Pert i.			1_		the cause o	
by Phys	re	as ultimated events sulting In death) Last		Due to (or	r as a consequ	uenca of):	se give	n in Pert i.	1[24a, Wa		2 No	3 Prob		Unknowr ndings
by Phys	re	as ultimated events sulting In death) Last		Due to (or	r as a consequ	uenca of):	se give	n In Pert i.	1[24a. Wa per	Yes an autoformed?	2 No	3 Prob	re eutopsy filable prior to	Unknown ndings nuse
Completed by Phys	Pe	as ultimated events sulting In death) Last	contributing to death	Due to (or	r as a consequ	uenca of):		26. Place of D	1[24a. Wa per	Yes Yes 2	22 No	3 Prob	re eutopsy fillable prior to appletion of cleeth?	Unknown ndings nuse
To Be Completed by Phys	Pri 25	art II. Other significant conditione art II. Other significant conditione 5. Was case referred to medical exeminer? 1	Hospital: 1 Inpa	Due to (or	r as a consequ	uenca of): uenca of): nderlying cause at 3 DOA	Other Injury Work	26. Place of C 1 4 □ Nursing	24s. Wa per	Yes an autoformed? Yes 2 Yone)	opsy No Opsy Ooble Ooble	3 Proba	re eutopsy fillable prior tropletion of cleeth?	Unknowr ndings nuse
To Be Completed by Phys	Pri 25	art II. Other significant conditione art II. Other significant conditione 5. Was case referred to medical exeminer? 1	Hospital: 1 Inpa	Due to (or h but not resulation: 2 Injury Day Year)	es a consequence of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of t	uenca of): uenca of): uenca of): uenca of): uenca of): additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additi	Other injury Work?	26. Place of C	24a. Wa pei 1 Leath (Check only Home 5 MRe 28d. Describe	Yes an autoformed? Yes ar one) sidence a how injury	opsy One One One One One One One On	3 Prob	re eutopsy filable prior trapletion of cleeth? Yes 2 3	Unknown ndings ause
To Be Completed by Phys	Pri 25	art il. Other significant conditione 5. Was case referred to medical exeminer? 1 1 1 9 2 2 No 7. Manner of Death 1 2 Naturel 5 Pending	Hospital: 1 Inpe	Due to (or h but not resulation: 2 Injury Day Year)	exa a consequence of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of the unitary of	uenca of): uenca of): uenca of): uenca of): uenca of): additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additional cause additi	Other injury Work?	26. Place of C 1 4 □ Nursing	24a. Wa per 1 L L L L L L L L L L L L L L L L L L	Yes an autoformed? Yes ar one) sidence a how injury	ppsy Dopsy 6 Othe	3 Prob	re eutopsy fillable prior tropletion of cleeth?	Unknown ndings ause
Certification: To Be Completed by Phys	29 277	art II. Other significant conditione 5. Was case referred to medical exeminer? 11 Yes 22 No 7. Manner of Death 12 Naturel 5 Pending Investigation 2 Accident 3 Suicide 6 Could not 4 Homicide determined	Hospital: 1 Inpe	Due to (or h but not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not r	ER/Outpetion 28b. Time of Injury	uenca of): uenca of): uenca of): nderlying cause at 3 DOA 28c. M occurred at t	Other	26. Place of C	24a. Wa per 1 Leath (Check only Home 5 TRe 28d. Describe 28d. Location City or T	yes an autoformed? Yes a rone) Sidence a how injute (Street a cown, State own, State o	22 No	3 Prob 24b. We ava com of d 1 C or (Specify, ed)	re eutopsy fillable prior trapletion of cleeth? Yes 2 2 3	Unknown Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Ind
cation: To Be Completed by Phys	P: 25	art II. Other significant conditione 5. Was case referred to medical exeminer? 1	Hospital: 1 Inpe 28a. Date of In (Month, In 28b. Place of building, hysician: To the besi	Due to (or h but not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not r	ER/Outpetion 28b. Time of Injury	uenca of): uenca of): nderlying cause at 3 DOA 28c. M eet, factory, of occurred at the restigation, in	Other	26. Place of C	24a. Wa per 1 Leath (Check only Home 5 TRe 28d. Describe 28d. Location City or T	Yes 2 (Street a pown, State e cause(s, date ar	22 No	3 Prob 24b. We ava com of d 1 C or (Specify, ed) nner as stend due to	re eutopsy filable prior trapletion of cleeth? Yes 2 3 Route Num. ated. the ceuse(s	Unknown Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Ind
cation: To Be Completed by Phys	P: 25	art II. Other significant conditione art II. Other significant conditione 5. Was case referred to medical exeminer? 1	Hospital: 1 Inpe 28a. Date of In (Month, In 28b. Place of building, hysician: To the besi	Due to (or h but not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not r	ER/Outpetion 28b. Time of Injury	uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca	Other Injury Work' 1 Yes	26. Place of C 4 □ Nursing at 2 □ No No date and planion, death ocunumber	24a. Wa per 1 Leath (Check only Home 5 To Re 28d. Describe 28d. Describe 28f. Location City or T	Yes as an autoformed? Yes are one) sidence a how injute own, State own, State or cause(s, date are 29d. Do	22 No opsy 6 Othe ury occurre s) and mer d plece, s ete signed	3 Prob 24b. We ava com of d 1 C or (Specify, ed) nner as steind due to (Month, D)	re eutopsy filable prior trapletion of cleeth? Yes 2 2 3 Route Num. ated. the ceuse(s)	Unknown Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Ind
pletely filled in by the luneral director, page 2 should be datache edical Certification: To Be Completed by Phys	25 27 25 25 25 25 25 25 25 25 25 25 25 25 25	art II. Other significant conditione art II. Other significant conditione 5. Was case referred to medical exeminer? 1	Hospital: 1 Inpe 28a. Date of In (Month, In 28a. Place of building, hysician: To the besing and manner	Due to (or h but not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not result not r	ER/Outpetien 28b. Time of Injury me, farm, stre	uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): uenca of): additional possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the possible of the	Other Injury Work's 1 Yes	26. Place of D	24a. Wa per 1 Leath (Check only Home 5 To Re 28d. Describe 28d. Describe 28f. Location City or T	Yes as an autoformed? Yes are one) sidence a how injute own, State own, State or cause(s, date are 29d. Do	opsy 6 Othe ury occurre s) and mer d plece, s	3 Prob 24b. We ava com of d 1 C or (Specify, ed) nner as steind due to (Month, D)	re eutopsy filable prior trapletion of cleeth? Yes 2 2 3 Route Num. ated. the ceuse(s)	Unknown Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Indings Ind



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month M134 OLD MARI MNA 1998 3:55 P.M. /Medical Jan. 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince George's Hospital Center Cheverly Prince George's If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 7. Age (In yrs. last birthday) 5. Social Security Number 9. Birthplace (State or Foreign **Funeral** Days Hours 1□ M 2 F Maryland 212 24 1942 69 Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. fnside City Limits itsm 27 is marked other than "naturel", or items 23a or 28a-f show other treumatic event, the Medical Examiner must be notified at Yes 2 No Director Maryland Prince George's Lanham 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20706 9402 Fontana Drive United States Funerai 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ Xo Specify: by Specify: White 3 ₩idowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry xe filed within 7 all Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Hospital Registered Nurse permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Itam 27 is merked othe eny Injury or other treumatic access 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Rhea Morgan James Galloway 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Shawn C. Mayolo Son 1485 N.W. 178th Pl. Beaverton Oregon 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Jan. 7, 1998 20c. Location - City or Town, State 1 Surial 2 Cremation 3 Removal from State Lakemont Memorial Gardens Davidsonville Maryland inetion 5 Other (Specify) of Funeral Service Licensee 22. Name and Address of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Fine disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner FTRULISM MUNOWER Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last pue Due to (or es e consequence of) Box 68760 ORUNARY Physician/Medical Due to (or as a consequence of): SURVICERY EVERG CORDNAR P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobaccoruse contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown signed t Records, by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Waa an autopsy performed? Completed ENERE RESURGERIA VANCULAR page 2 s HEVYU. 1 Yes 2 1 No 1 Yes 2 No certificate Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, I 25. Wes case referred to medical examiner?
1 ✓ Yes 2 ☐ No Be 26. Place of Death (Check only one) Hospital: Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ER/Outpetient 3 DOA 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated. 29a. Certifier Medicai 29b. Signature and title of certifie 29d. Date signed (Month, Day, Year) 29c. License number 5 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Hanover Purkway Greenbett Punja

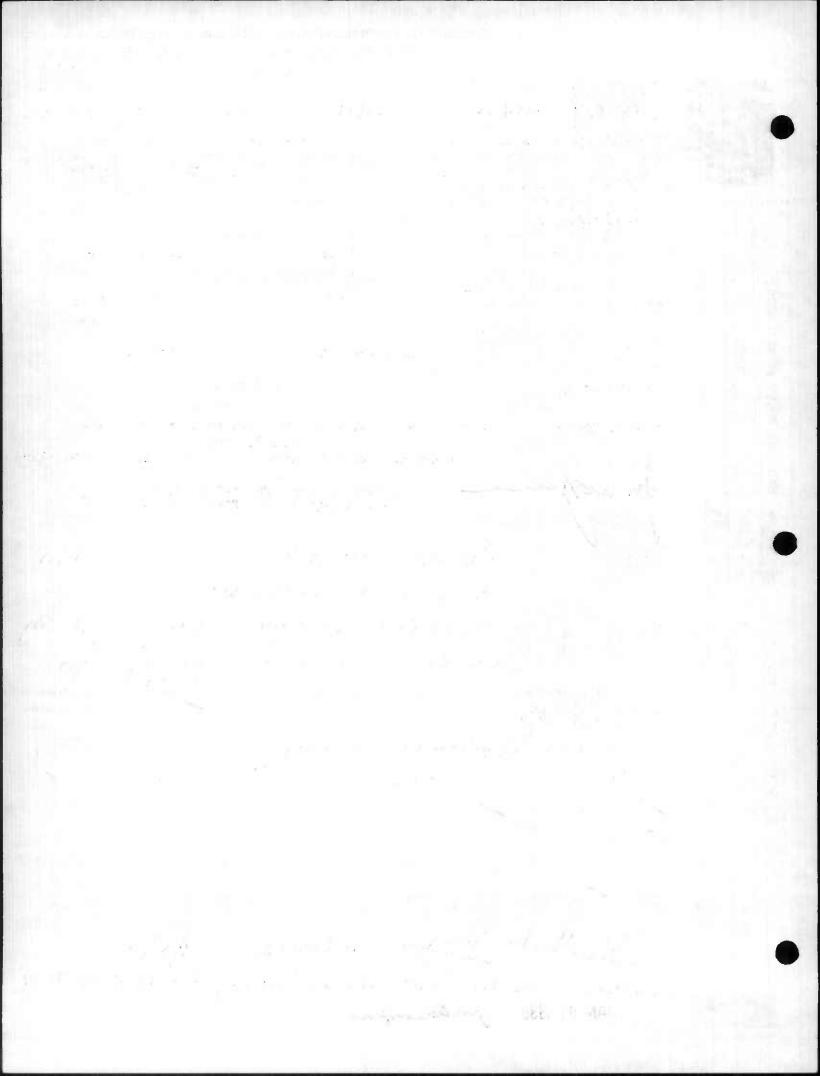
32. Registrar's Signature

0 9 1998

DHMH 16 Rev 6/95

State

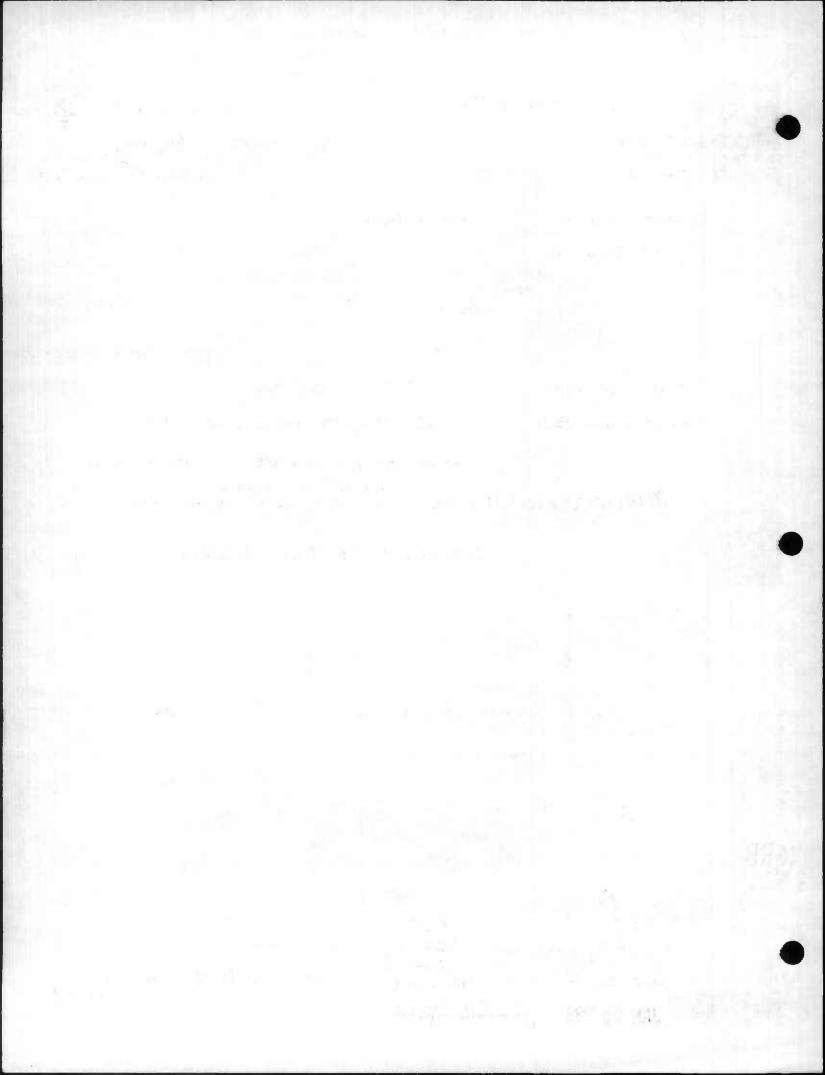
Registrar



State of Maryland / Department of Health and Mental Hygiene

nysiciar		1. Decedent's Name (First, Midd				77.16.77	of Death	2. Date o				Time of Death
MARIA	_	KAYE	DONALD N	JTTER				Month	UARY	Day 6	Year 1998	11:00a.
Medica xamine	-	a. Facility Neme (If not institution	on, give street end nun	ber)			4b. City, Town,	or Location of E		4c. County		
		1827 Berrywood	Rd.				Baltimore	County	8	Baltimo	ore	
neral ector		5. Social Security Number 220-24-5447 Usual Residence of Decedent	6. Sex 1 M 2 F	7. Age (In yrs. 67	last birthday Yrs.	Months Do		Min. 8. Date of (Month)	Birth Day, Yes 28, 19	930	9. Birthplace Country) Pennsbar	(State or Foreigno, W. Va
10		10a. State 10b. County	/	10c. Cit	y, Town or L	ocation					10d. I	nside City Limit
notified.at	O N	Maryland Baltim	ore	Balt	imore (County					1	☐Yes 2☐N
unt be not	Funeral Directo	10e. Street and Number 1827 Berrywood	Rd.			10f. Zip Co	de 21234		-	Citizen of V USA	What Country?	
3	2	11. Mantal Status 1 ☐ Never Married 2 ☐ Mai 3 ☐ Widowed 4 ☐ Divorce	If Van Chu	ces?		. Was Decedent If Yes, specify 1 ☐ Yes XX	of Hispanic Orlgin's Cuban, Mexican, Pi No Specify:	(Specify Yes o uerto Rican, etc.	r No-		e - American Ir k, White, etc.	
	Сотрыете	15. Deceder (Specify only higher Elementery/Secondary (0-12) 12	nt's Education est grade completed) College (1-		16a. Deci (Giv life.	edent's Usual Or e kind of work d DO NOT use re s Analyst	ccupation one during most of atired)	working			ecurity A	
(17. Fether's Name (First, Middle,	•		System	s Aliatysu	18. Mother's	Name (First, Mic			-	uшi.
		William Forrest Nu	tter				Viola Kl				,	
T. C.		19a. Informant's Name/Relation			19b. Mei	ling Address (St	reet and Number of		amber, Cit	y or Town,	State, Zip Coo	(e)
2		Eleanor M. Nutter	(Wife)		1827 E	Berrywood	Road Balt	imore, Ma	ryland	21234	1	
ODCE.	-	20a. Method of Disposition 1 Derial 2 Cremation 4 Donation 5 Other (5		tate		position (Name of ematory or other	of place) anuary 9, 1	Date 998			City or Town, Marylar	
- SUCE		21. Signature of Funeral Service 23a. Part1. Enter the disease, o shock, or heart failure. Lis	som Ch	Dixoc	Ki	Lassahr 7401 Be	ddress of Facility Funeral lair Rd. dying, such es car	Baltimo	ore.	Maryl	App	1236 proximete
an cai	uner	Immediate Cause (Final disease or condition resulting in death)	e			R 01	= THE	LU	NG		2	yeus
Jodical Evan		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C		r as a conse	equence of):	ė.					
3	Luman	resulting in deeth) Lest	d								į	
or use a	9										1	
hveiriand		Part II. Other significant conditi	ons contributing to de				e given in Pert I.		Did tobac	co usa con		
be detached for use	2						e given in Pert I.	24a. \		200 No	3 Probably 24b. Were a	utopsy findings
be detached for use	2						e given in Pert I.	24a. \	1 ☐ Yes	200 No	3 Probably 24b. Were a availab comple	uttopsy findings le prior to tion of cause h?
2 should be detached for use	e completed by	Mile	d Servi,				26. Place of	24a. \	Vas an au verformed	z No itopsy	3 Probably 24b. Were a availab comple of deat	4 Unknown untopsy findings le prior to tause h?
il director, paga 2 should be detached for use	to percombiered by	Mile 25. Wes case referred to medical examiner? 1 □ Yes 25 No	d Servi	le d	ene	ent 3 DOA	26. Place of Other: 4 \(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\tinx{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	24a.) Death (Check o	Vas an aucerformed	zo no itopsy ? No 6 □Oth	3 Probably 24b. Were a availab comple of death 1 Ye	uttopsy findings le prior to tion of cause h?
I director, paga 2 should be detached for use	to percombiered by	25. Wes case referred to medical examiner? 1 Yes 2 No 27. Manner of Death	Hospital: 1 Ir	patient 20	ER/Outpatie 28b. Time Injury	ent 3 DOA of 28c.	26. Place of Other: 4 Nursin Injury et Work? 1 Yes 2 No	Death (Check of g Home 28d. Descri	Nas an auperformed	zkoo	3 Probably 24b. Were a availab comple of deatt 1 Ye er (Specify)	ultopsy findings le prior to tion of cause h?
for a principle of the formal director, page 2 should be detached for use confidential.	cermication: 10 be completed by	25. Wes case referred to medical examiner? 1 Yes No 27. Manner of Death	Hospital: Hospital: 1 Ingrigation not be nined 28a. Place buildin	patient 2 Injury, Day Year) of Injury - At he g, etc. (Specific	ER/Outpatie 28b. Time Injury	ent 3 DOA of 28c.	26. Place of Other: 4 \(\text{NursIn} \) Injury et Work? 1 \(\text{Yes} \) 2 \(\text{No} \) fice	Death (Check of grand particular) 28d. Description 28d. Locatic City of	Was an auberformed I ☐ Yes I ☐ Yes Residence ibe how in form (Street Town, St.)	and Numb	3 Probably 24b. Were a availab comple of death 1 Yee er (Specify) and the availab comple of death 1 red	y 4 Unknown utopsy findings le prior to tition of cause n? s 2 No
ate y filled to by the funeral director, page 2 should be detached for use directors. To Be Completed by Dhusician	cermication: 10 be completed by	25. Wes case referred to medical examiner? 1	Hospital: Hospital: 28a. Date o (Month) igation not be right of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	patient 2 Injury, Day Year) of Injury - At he g, etc. (Specify best of my knows is of examine)	ER/Outpatie 28b. Time Injury ome, farm, s	ent 3 DOA of 28c. M etreet, factory, of	26. Place of Other: 4 Nursin Injury et Work? 1 Yes 2 No iice	Death (Check of g Home 28d. Description of the City of the center)	Nas an auberformed I □ Yes I □ Yes II □ Yes Residence Ibe how in In (Street Town, St.) Ithe cause	20 No utopsy ? No 6 Other injury occurr and Numb	3 Probably 24b. Were a availab comple of deatt 1 Ye er (Specify) red	h? s 2□ No ute Number,
il director, paga 2 should be detached for use	reducal certification: To be completed by	25. Wes case referred to medical examiner? 1 Yes 25 No 27. Manner of Death	Hospital: 1 In Ing. Ing. Ing. Ing. Ing. Ing. Ing. I	patient 2 Injury, Day Year) of Injury - At he g, etc. (Specify best of my knows is of examine)	ER/Outpatie 28b. Time Injury ome, farm, s	ent 3 DOA of 28c. M ethocourred at the nestigetion, in in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	26. Place of Other: 4 Nursin Injury et Work? 1 Yes 2 No iice	Death (Check of g Home 28d. Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Described Describe	Nas an auberformed I □ Yes II□ Yes II□ Yes Residence Ibe how in Ibe how in Ibe cause Ibe cause Ibe cause Ibe cause Ibe cause Ibe cause Ibe cause Ibe cause Ibe cause Ibe cause	No No No No No No No No No No No No No N	24b. Were a availab comple of deatt 1 □ Ye er (Specify) red er or Rural Ro enner as statecand due to the dimenth, Day,	utlopsy findings le prior to tition of cause h? s 2 No

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene?

If Under 1 Year

Days

В	•	K	•	S	
				-	

LOAN NGUYEN Items: 14,16a per F.H. G-755 Certificate of Death **Physician** /Medical Examiner

1. Decedent's Neme (First, Middle, Last) Loan Thiphuong Nguyen 4a Facility Name (If not institution, give street end number)

2. Dete of Deeth 4, Dey 1998 JAN.

3. Time of Death 12:35 PM

9. Birthplece (State or Foraign Country)
Vietnam

10d. Inside City Limits

4b. City, Town, or Location of Death BALTIMORE 8. Dete of Birth (Month, Day, Year) Aug, 1971

Min

Hours

4c. County of Death

Funeral Director

the Maryland r 28a-f show Directo "natural", or items 23s or filed within 72 hours efter death Hygiene. Funeral à the Medical Completed permit. Peges 1 and 2 should be filed with Department of Health and Mental Hygien Important: If item 27 is marked other the any fujury or other treumatic event, the pince.

Physician

/Medical

Examiner

à

page 2 ils certificate h

this funeral

a Funeral Director: A bletely filled in by the fu

within 2 To the

500

or Attending Physician:

Examiner

Physician/Medical

by

Completed

Be

10

Certification:

edicai

Be

UNIVERSITY HOSPITAL S.T.U 5. Sociel Security Number 213-13-8881 Usual Residence of Decedent 10e. State 10b. County

N/A

1 M X X

10c. City, Town or Location

Yrs.

7. Age (In yrs. lest birthdey)

26

Baltimore 10f. Zip Code

Months

1 XYes 2 No 10g. Citizen of Whet Country?

10e. Street and Number

Maryland

11. Marital Stetus

306 W. 31st Street

21211 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

USA 14. Race - American Indian,

Specify: ASIAN white

1 Never Married XIX Married 3 Widowed 4 Divorced

1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 15. Decedant's Education (Specify only highest grade completed)

12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2X XIo Specify: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired)

16b. Kind of Business/Industry

Elamentary/Secondary (0-12)

College (1-4or 5+)

Receptionist MANAGER Nail Salon

17. Fether's Neme (First, Middle, Last) Chuan Nguyen

18. Mother's Nama (First, Middla, Maiden Sumeme) Hao Ho Thi

19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code)

19a. Intorment's Name/Relationship (Type, Print) Hung Nguyen Brother

306 W. 31st Street Baltimore, Maryland 21211

20e. Method of Disposition 1 Burial 2 Cramation 3 Removal from Stete

20b. Place of Disposition (Neme of cemetery, cremetory or other plece)

20c. Location - City or Town, State Hilltop Service Co. 1/8/98 Towson, Maryland

4 ☐ Donation 5 ☐ Other (Specify)

21. Signature of Funeral Service Learner 1 Home 22. Name and Address of Facility Burgee-Henss Funeral Home 631 Falls Road altimore, Maryland 21211 shock, or heart lefture. List only one cutare on each line.

Immediate Cause (Final disease or condition rasulting in death)

HEAD AND WELL INSUMES

Due to (or as e consequence of):

Due to (or as a consaquence of):

Due to (or es e consequence of)

Sequentially list conditions, if any, leading to immedieta ceuse. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Last

Pert tl. Other etgnificent conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy tindings eveilable prior to completion of ceuse ot death?

Approximata Interval Between Onset and Death

1 Ses 2 No

NO Yas 2 No

25. Was casa referred to medicel axaminar? XYas 2□ No

27. Mannar of Daath

1 DNatural

2 Accidant

3 Suicide

4 ☐ Homloide

28a. Data of Injury (Month, Dey Yeer) 5 Pending 1-4-98 invastigation

Hospital: 1 ☐ Inpatient XX ER/Outpatient 3 ☐ DOA 28b. Time ot une P

28e. Plece of injury - At home, farm, street, factory, office building, atc. (Specify)

Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 28c. Injury at Work? 1 Yes 2 No

28d. Dascribe how injury occurred DRIVER IN THIPSUT WITH BOAM

26. Place of Death (Check only one)

Location (Street end Number or Rural Route Number, City or Town, Stete) EGJE GOTON KUS - BRUTUONE MI)

29a. Certifier (Check only one)

pos my 1 Certifying Physician: To tha best of my knowledga, deeth occurred at the time, date end plece, end due to the ceuse(s) and mannar as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the ceuse(s) end menner stated.

29b. Signeture end title of certified Molynea

29c. License number O.C.M.E 29d. Data signad (Month, Dey, Year) JAN. 5, 1998

30. Name and addrass of person who complated cause of death (ftam 23a) (Type, Print)

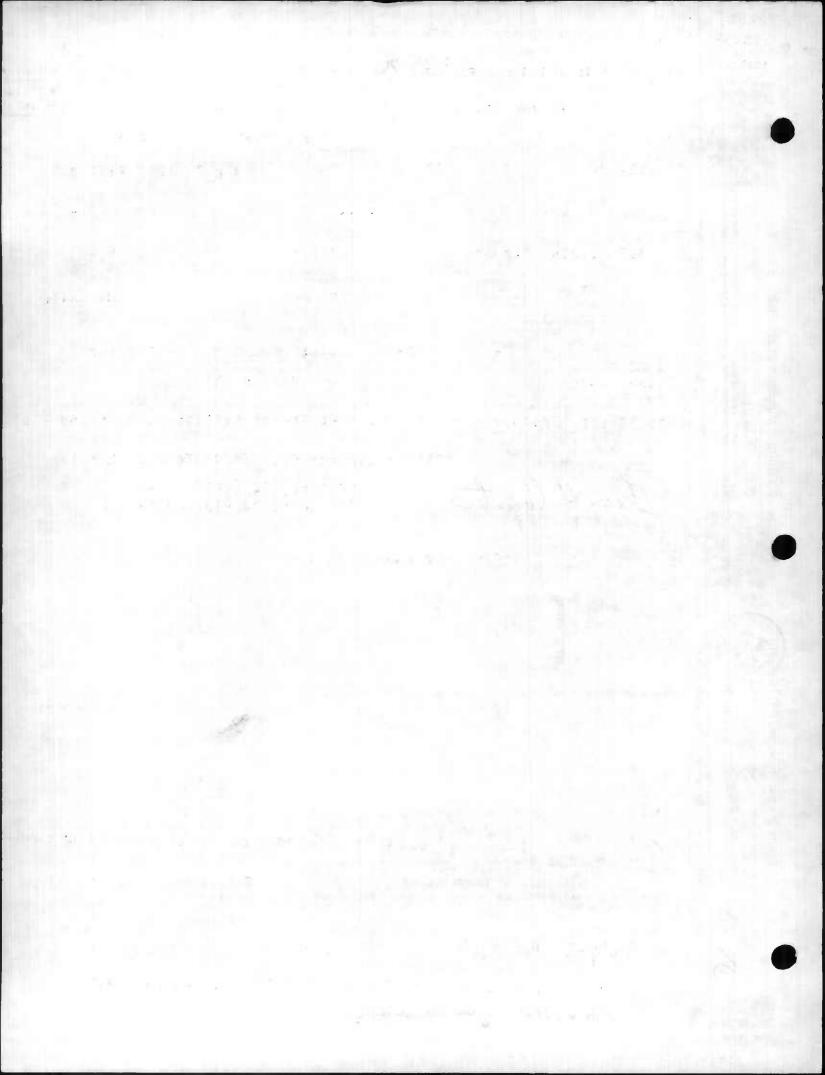
MAMBAIN A. KORGELL W 111 Penn Street, Baltimore, Maryland 21201 31. Date tiled (Month, Day, Year)

Registrar

JAN 09 1998

6 Could not be detarmined

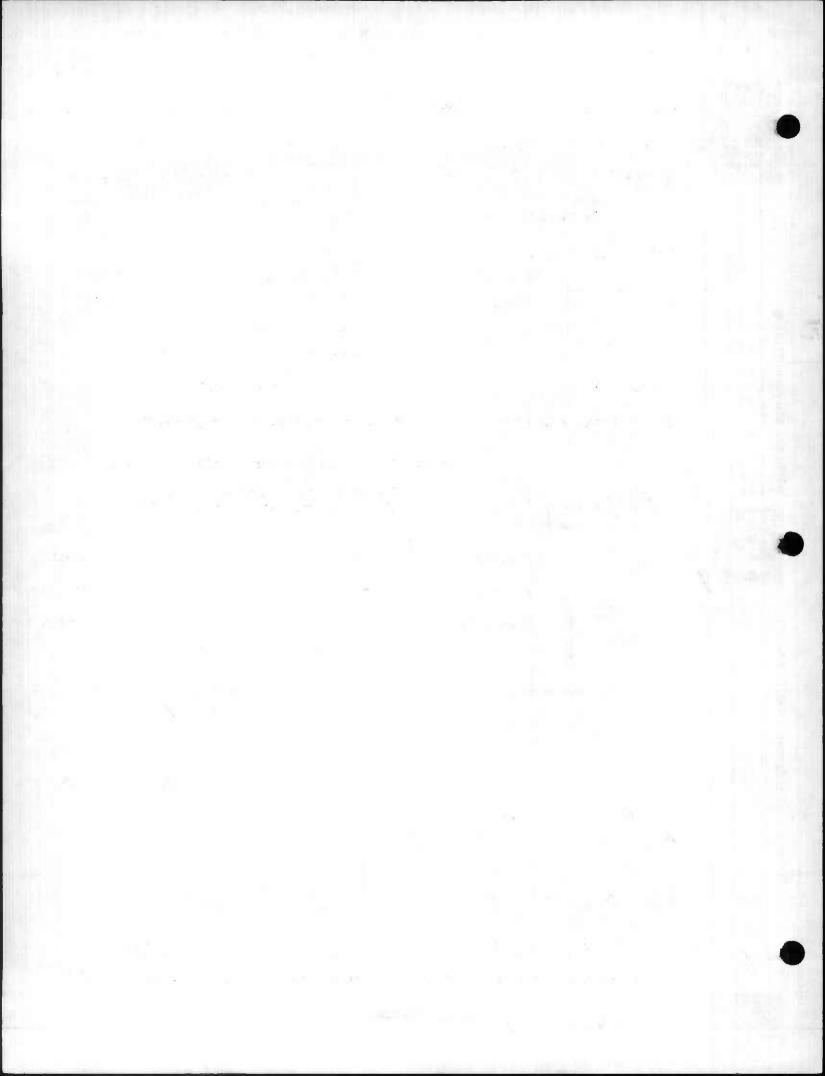
32. Registrar's Signature Julia Davidson Randall



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Dhysicia		1. Decedent's Nama (First, Middla, Las	st)				2. Data of Dea		3. Tima of
Physicia		Edith Marie	PI	LERCE			Month January	6 19	Yaar 98 1:32
/Medica Examine	-	4a. Facility Nama (If not institution, give		LLINOL		4b. City, Town, or		4c. County	
LAUIIIII		Franklin Square	Hospital Ce	enter		Rosedale		Balti	
Funeral		Social Sacurity Number 6. S.		In yrs. last birtl	nday) If Undar 1 Yaar	If Undar 24 Hrs			9. Birthplaca (Stata o
Director		215-22-0528 ¹ Usual Rasidanca of Decedant	□ M 2 ∑ F	103 Y	rs. Months Days	Hours Min.	8. Data of Birth (Month, Day Aug • II,	1894	MAryland
Now W		10a. Stata 10b. County		0c. City, Town					10d. Insida Ci
r 28a-f show	5	Md Baltim	ore		Esse	ex			1 ☐ Yas
2 4	ai Director	10e. Street and Number 948 N. MArlyn A	ve.		10f. Zip Coda 212	221	1	0g. Citizan of W	/hat Country? USA
2	Funerai	11. Marital Status	12. Was Decedant Eva Armad Forcas?	ar in U,S.	13. Was Dacedant of I	Hispanic Origin? (S	pecify Yas or No-		- Amarican Indian,
Par.	þ	1 Navar Married 2 Married 3 ₩ Widowed 4 Divorcad	1 Yas 2 No If Yas, Giva Yaar or Datas:		1 ☐ Yas 2 No		o moan, atc.)	Specify	k, Whita, atc. White
natural',	Completed	15. Decedant's Ed	lucation	16a. I	Decedant's Usual Occu	pation	d for	16b. Kind of Bu	sinass/Industry
. c =	ple	(Specify only highast grade Elamantary/Secondary (0-12)	da complatad) Collaga (1-4or 5+)		(Giva kind of work dona lifa. DO NOT usa ratire	during most of world)	rking		
Hygiene. ther than int, the M	5	3rd			Homema	ker		own	home
1 5 5	Be	17. Fathar's Nama (First, Middla, Last)					na (First, Middla,	Maidan Surnam	a)
	2	Samuel Kirby				An	nie Neal		
		19a. Informant's Name/Ralationship (7			Malling Addrass (Straa			-	
5 - 5		Bernice Reese /	daughter		948 N. MArl	Lyn Ave.	Baltimor	e Md.21	221
Important: If item 2 any injury or other once.		20a. Mathod of Disposition		20b. Place of cematary	Disposition (Nama of c, cramatory or other pla	ice)	Data	20c. Location -	City or Town, Stata
7. F. F.		1 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify			and Memoria		21/0/08	Pa1+	imore Md.
Important: any Injury ance.		21. Signatura of Funarai Sarvica Lican	saa 🧷	MA	22. Nama and Addra		191/9/90	Dale	Inote Ma.
impo any li	1	01.	.//	111.	Connelly	FuneralH	Ome of E	ssex	
	-	23a. Part1. Enter the disaasa, or compshock, or heart failure. List only	1 Come	lly	300 Mage	Ave. Bal	itmore M	d. 2122	1
		shock, or haart failura. List only	ne causa on aach lina.	a daath.	or antar tha moda or dyl	ng, such as cardiad	or raspiratory arr	ast,	Approximat Interval Bet Onsal and I
ysician Iedical	-1								Offisal and I
aminer ,		Immadiata Causa (Final disaasa or condition rasulting in daath)	a. Hypoxia						2 mont
7		,	Du	a to (or as a co	onsaquanca of):				
ALI.	Ē		b. Alveolar	Consol	Lidation				2 mont
北州	Exan	Saquantially list conditions,	Du	a to (or as a co	onsaquanca of):				
3.0	E 1	Saquantially list conditions, it any, leading to immediata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants	Pneumonia	a					2 mont
o pos as the	edicai	that Initiated avants rasulting in death) Last	Dua	a to (or as a co	onsequance of):				
0 6	-		d						
or us	and		d						
be a fe	SIC	Part II. Other significant conditions co	entributing to death but n	ot rasulting in	tha undarfying causa gi	van in Part I.	23b. Dld 16	bacco use con	tribute to the cause
ed by the attendin detached for use	Physician/N						1 🗆 Y	es 2 No	3 Probably 4
58 1	à							, ,	
been sig	Completed						24a. Was a perfor		24b. Wara autopsy f availabla prior t complation of c
	E P								ot death?
e 2 s	5						1 □ Y	as 2 No	1□Yas 2
page 2	5					00 01 10	M (Ob 1 1	na l	
page 2	-	25. Was casa rafarred to medical axaminar?				26. Placa of Dea	ath (Check only or	(a)	
page 2	To Be	axaminar? 1 □ Yas 2 No	Hospital: Impatiant	2 ER/Out	patient 3 DOA	har:	loma 5 ☐ Rasid		ar (Specify)
page 2	To Be	axaminar? 1 ☐ Yas 2 No 27. Mannar of Death	Hospital: Inpatiant 28a. Data of Injury (Month, Day Yo	28b. Ti	Datient 3L DOA	har: 4 Nursing H		anca 6 Otha	
page 2	To Be	axaminar? 1	28a. Data of Injury (Month, Day Yo	28b. Ti	ma of 28c. Inju	har: 4 Nursing H	loma 5 Rasida	anca 6 Otha	
page 2	To Be	axaminar? 1 □ Yas 2 ▼ No 27. Mannar of Death 1 ■ Natural 5 □ Pending	28a. Data of Injury (Month, Day Yo	ear) 28b. Ti	ma of 28c. Inju	har: 4□ Nursing H ny at rk?	loma 5 ☐ Raside 28d. Dascribe h	anca 6 Other	
Irector: After this certificate has n by the funeral director, page 2	To Be	axaminar? 1 Yas 2 No 27. Mannar of Death 1 Natural 5 Pending Invastigation 2 Accidant Invastigation 3 Suicida 6 Could not be	28a. Data of Injury (Month, Day Ye	ear) 28b. Ti	ma of JOA 28c. Injury Wo	har: 4□ Nursing H ny at rk?	loma 5 ☐ Raside 28d. Dascribe h	anca 6 Other	be
Irector: After this certificate has n by the funeral director, page 2	Certification: To Be	axaminar? 1	28a. Data of Injury (Month, Day Yo	- At homa, fari Spacify) ny knowledga, amination and	ma of Ama of Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Mar	nar: 4 □ Nursing H ry at rk? I Yas 2 □ No ma, data and place	loma 5 ☐ Rasidi 28d. Dascribe hi 28f. Location (S City or Town	anca 6 Otha ow injury occurre treat and Number n, Stata) ausa(s) and mai	er or Aural Routa Num
Irector: After this certificate has n by the funeral director, page 2	ledical Certification: To Be	axaminar? 1	28a. Data of Injury (Month, Day You 28a. Place of Injury building, atc. (street of miner: On the basis of axi	- At homa, fari Spacify) ny knowledga, amination and	ma of Ama of Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Mar	har: 4□ Nursing H ry at rk? IYas 2□ No ma, data and place ppinion, daath occu	28d. Dascribe h	anca 6 Otha ow injury occurrent treat and Number of, Stata) ausa(s) and mai ata and placa, s	er or Aural Routa Num
Irector: After this certificate has n by the funeral director, page 2	ledical Certification: To Be	axaminar? 1	28a. Data of Injury (Month, Day You 28a. Place of Injury building, atc. (street of miner: On the basis of axi	- At homa, fari Spacify) ny knowledga, amination and	ma of Mark Mark Mark Mark Mark Mark Mark Mark	har: 4 Nursing H ry at rk? I Yas 2 No ma, data and place opinion, daath occu sa number	28d. Dascribe h	anca 6 Otha ow injury occurrent treat and Number of, Stata) ausa(s) and mai ata and placa, s	er or Rural Routa Num nnar as stated. nnd dua to tha causa(s
be Funeral Director: After this certificate has pletely filled in by the funeral director, page 2	Medical Certification: To Be	axaminar? 1	28a. Data of Injury (Month, Day You building, atc. (Saysician: To the best of mand manner stated	ear) 28b. Ti In In At homa, fan Spacify) ny knowledga, amination and	ma of what is a constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of	har: 4 Nursing H ry at rk? I Yas 2 No ma, data and place opinion, daath occu sa number	28d. Dascribe h	anca 6 Otha ow injury occurrent treat and Number of, Stata) ausa(s) and mai ata and placa, s	er or Rural Routa Num nnar as stated. nnd dua to tha causa(s
Irector: After this certificate has n by the funeral director, page 2	Medical Certification: To Be	axaminar? 1	28a. Data of Injury (Month, Day You building, atc. (street) of the best of manner stated completed cause of death	28b. Ti Inj - At homa, farr Spacify) ny knowledga, amination and	ma of luny M 28c. Injury M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	har: 4 Nursing H ry at rk? Yas 2 No ma, data and place appinion, daath occu sa number	loma 5 Rasidi 28d. Dascribe hi 28f. Location (S City or Town and due to the c rred at the time, d	anca 6 Otha ow injury occurre treat and Number n, Stata) ausa(s) and mai ata and placa, s	er or Aural Routa Num nnar as stated. ind dua to tha causa(s (Month, Day, Year)
Irector: After this certificate has n by the funeral director, page 2	Medical Certification: 10 Be	axaminar? 1 Yas 2 No 27. Mannar of Death 1 Natural 5 Pending Invastigation 3 Suicida 4 Homicida 29a. Certifiar (Check only one) 29b. Signatura and titia of certifiar 20b. Nama and addrass of person who combined 27 Pending Invastigation 6 Could not be datamined	28a. Date of Injury (Month, Day You building, atc. (3 yelclan: To the best of miner: On the basis of axiand mannar stated completed Causa of death a — Gupta 9	28b. Ti Inj - At homa, farr Spacify) ny knowledga, amination and d.	ma of what is a constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of the constraint of	har: 4 Nursing H ry at rk? Yas 2 No ma, data and place appinion, daath occu sa number	loma 5 Rasidi 28d. Dascribe hi 28f. Location (S City or Town and due to the c rred at the time, d	anca 6 Otha ow injury occurre treat and Number n, Stata) ausa(s) and mai ata and placa, s	er or Aural Routa Num nnar as stated. ind dua to tha causa(s (Month, Day, Year)
Irector: After this certificate has n by the funeral director, page 2	medical Certification: To Be	axaminar? 1	28a. Date of Injury (Month, Day You building, atc. (3) sicilan: To the best of miner: On the basis of axiand manner stated a—Gupta 9	28b. Ti Inj - At homa, farr Spacify) ny knowledga, amination and d.	ma of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manag	har: 4 Nursing H ry at rk? Yas 2 No ma, data and place appinion, daath occu sa number	loma 5 Rasidi 28d. Dascribe hi 28f. Location (S City or Town and due to the c rred at the time, d	anca 6 Otha ow injury occurre treat and Number n, Stata) ausa(s) and mai ata and placa, s	er or Aural Routa Num nnar as stated. ind dua to tha causa(s (Month, Day, Year)

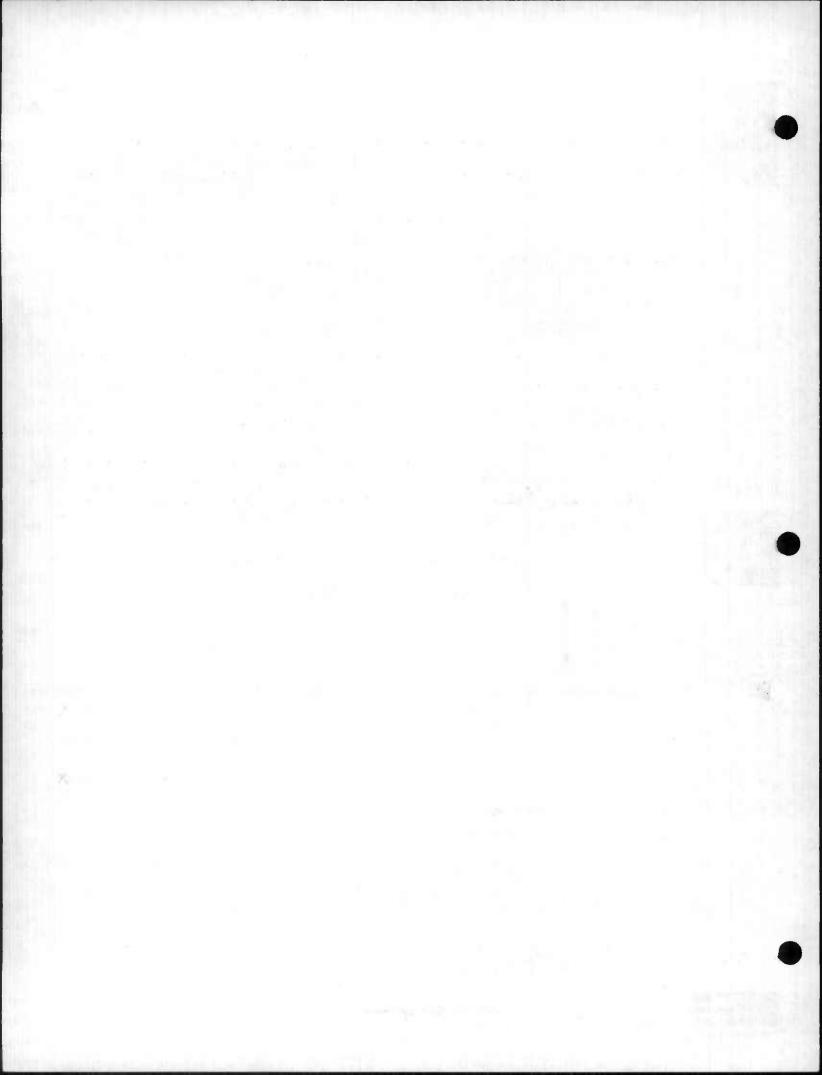
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey 2,1998 **Physician** Month 152 AM M. Robinson Jan /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner University of Maryland Hospital Baltimore NA 7. Age (In yrs. last birthday) If Under 1 Year Months Deys If Under 24 Hrs. Hours Min. 5. Social Security Number Dete of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** 1 □ M 229-58-7314 Director 11-17-43 VA Usuel Residence of Decedent with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f show Examiner must be notified at 1 Yes 2 □ No MD Director NA Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2535 Garrett Avenue 21218 Peges 1 and 2 should be filed within 72 hours after death neart of Heatle and Mental Hygiene.
Intel if item 27 is marked other than "natural, or items 23 and it items 27 is marked other than "natural, or other traumatic event, it is not a fire in man. Funeral USA 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispento Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. Yes 2 No f Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐No Specify: by 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Seamstress Johns Hopkins Hosp 12th Grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Herman Henry Harris Margaret Russell 19a. Informent's Name/Retetionship (Type, Print) 19b. Maiting Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2535 Garrett Avenue Baltimore, Maryland Margaret Lewis 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Department of important: If it eny injury or o 1 Buriel 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) Voshell Mem. Gardens 01-07-98 Dundalk, Md. 21. Signature of Funerel Service Ligano 22. Name end Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel 30 hours Intralerebra disease or condition resulting in deeth) Examine Heart Disease Examiner Hypertensive Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? o 3 □ Probably 4 Unknown 1 Yes 2 No ۵ signed l Records, þ 24b. Were autopsy findings eveitable prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? page 2 1 ☐ Yes 2 No 1 Yes 2 No Vital Hospital or Attending Physician: 24 hours efter death. Funeral Diractor: After this certificately filled in by the funeral director. Be 25. Wes case referred to medical 26. Ptece of Deeth (Check only one) Other: 4 Nursing Home 5 Restdence 8 Other (Specify) 1 Apatient 2 ER/Outpetient 3 DOA Certification: To 1 es 2 No Division of 28e. Dete of Injury (Month, Dey Yeer) 27. Manner of Deeth 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending Investigation Naturet 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homlcide • Funeral Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner as steted.

2 Madical Exeminer: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner stated. edicai 29e. Certifier To the Hosp within 24 ho To the Fune completely f 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) January 2, 1998 MF 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) Chellar 22 South Greene Street MD Vavid 31. Dete filed (Month, Dey, Yeer) 1998 32. Registrer's Signeture

State Registrar

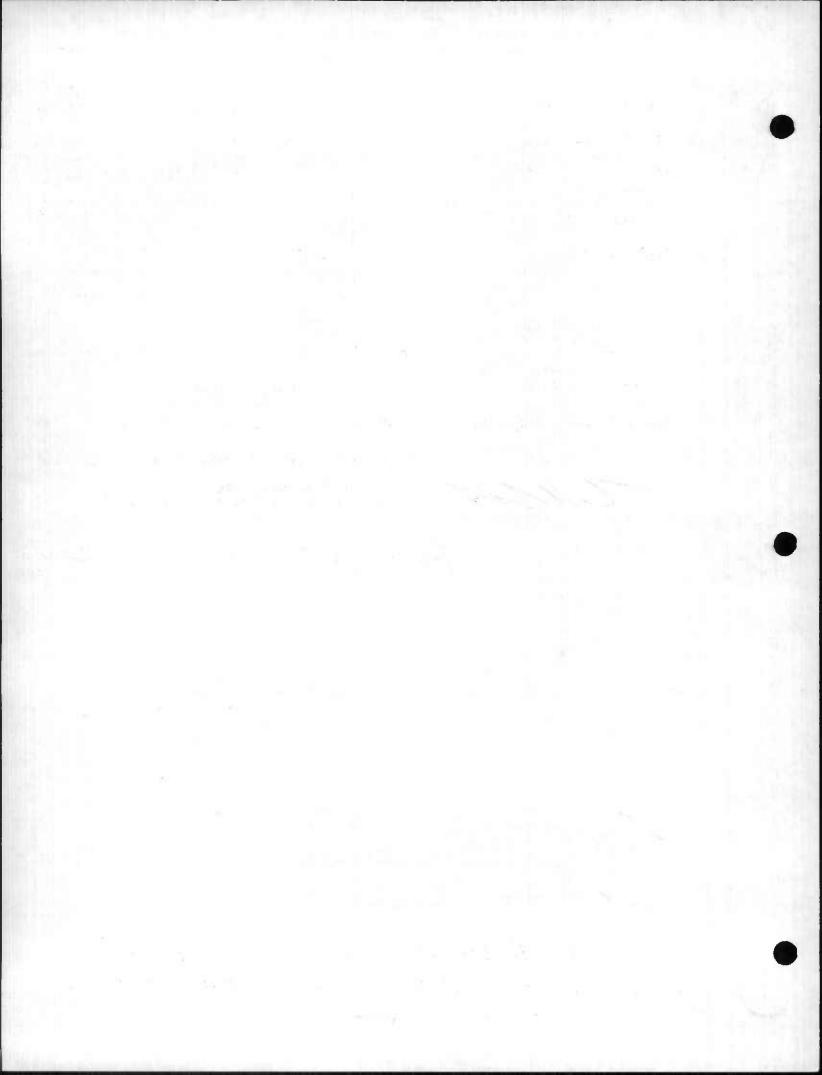


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Mildred J. Roh 1998 January 1:05 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 11202 Cedar Lane Kingsville Baltimore 5. Sociel Security Number If Under 1 Year if Under 24 Hrs. Birthpiece (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) **Funeral** 1 M 2 F 79 213-78-3690 Yrs. Director June 16, 1918 Maryland Usuei Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified 1 Yes 2 No Director Maryland Baltimore Kingsville the 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 11202 Cedar Lane 21087 U.S.A. items 23a death Funeral 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Reca - American Indien, Bieck, White, etc. 11. Maritei Stetus 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 8 1 ☐ Yes 2 No Specify: White b 3 X Widowed 4 □ Divorced "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry marked other than Eiementery/Secondery (0-12) Coilege (1-4or 5+) 8th grade Homemaker Own Home permit. Peges 1 and 2 should be file Deportment of Health and Mentel Hy Important: If Item 27 is marked other any Injury or other traumatic event, 9068. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Charles Petr Mary Mares 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Janice Martin (daughter) 11202 Cedar Lane, Kingsville, MD 20a. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete Most Holy Redeemer Cem. 1/10/98 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility
Schimuner Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or hear feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical tmmediate Ceuse (Finel covernema 3 Monlles disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner physician end s the burial-transit that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of) P.O. Box 68760. Physician/Medical Due to (or es e consequence of) ettending ŏ Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were eutopsy findings evalleble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? peen page 2 : certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. Be 25. Wes cese referred to medical exeminer? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Pesidence 6 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Medical Certification: After 1 Neture 5 Pending efter death. 1 Yes 2 No investigation 2 Accident 3 Suicide 6 Could not be 28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide within 24 hours e To the Funeral C Tertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner stated. 29a. Certifier To the 29b. Signeture end title of certifier 29c. License number 29d, Date signed (Month, Day, Year) sten Blud Batto, Md JAN 09 1998 32. Registrer's Signeture

Gruha Davidson

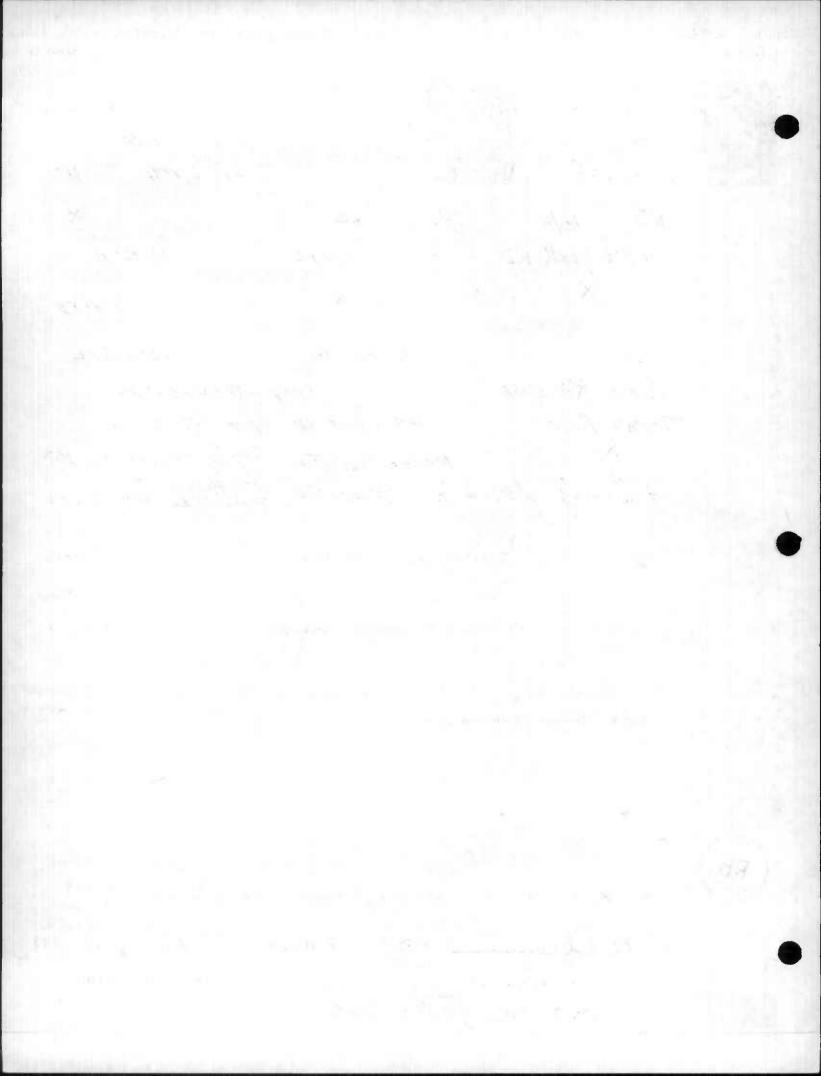
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

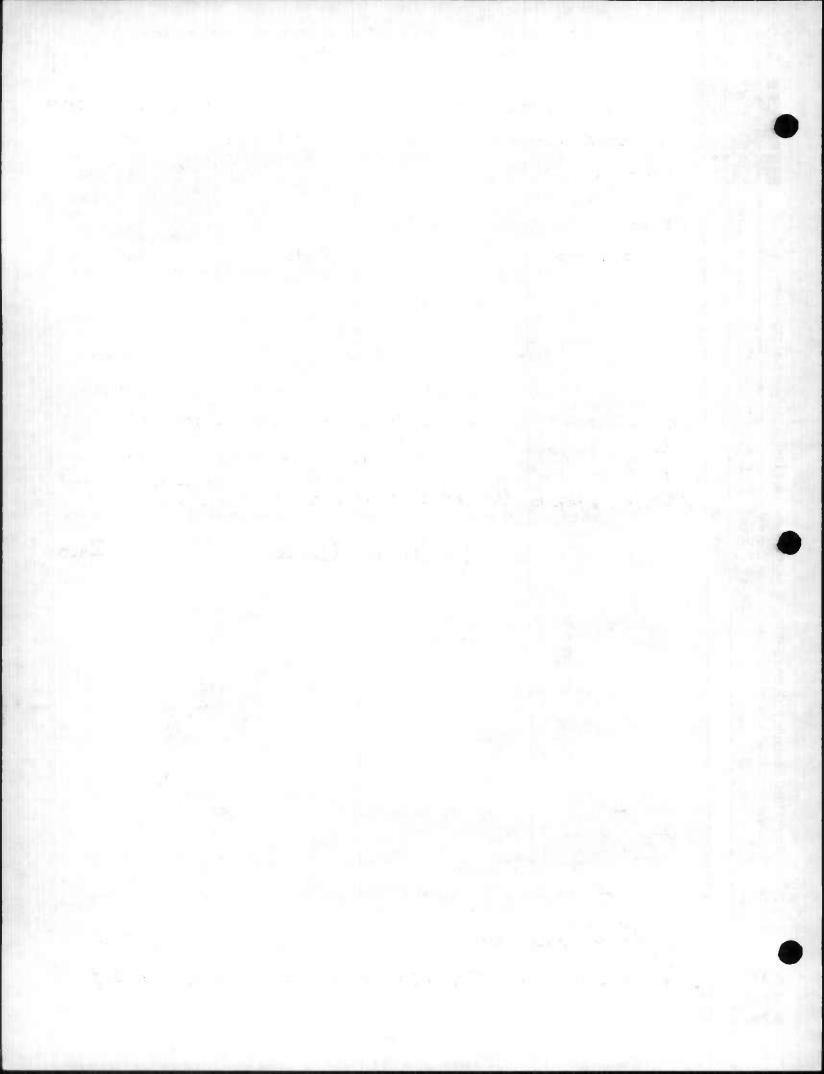
State of Maryland / Department of Health and Mental Hygiene 8 0 3 3 0

					Certific	cate of	Death	F	Reg. No.		
St	_	1. Decedent's Nema (First, Middla, Las	st)		1, 1410			2. Date of Dee		Yeer 3.	Time of Death
Physician /Medical	_	RITA	m.	R	OSE			JANUAR		998	440pm
Examiner		la. Facility Neme (If not institution, give	street end number)				4b. City, Town, or L	ocation of Deeth	4c. County	of Death	
		GOOD JAM	HOSP.				DALTI	MORE	N/	17	
eral ctor		5. Social Sacurity Number B 6. S 225 - 18 - 2799 1 Usual Residence of Decedent	ax 7. Age ☐ M 200 F	(In yrs. les	yrs.	rider 1 Year ths Days		8. Data of Birth (Month, De)	Year) 193/	9. Birthplace Country)	(State or Foreign
	-	10a. Stete 10b. County		10c. City,	Town or Location					10d. I	Inside City Limits
Į,	5	MD. N/	7	BA	JIME	RE					Yes 2 No
by Funeral Director	5	10e. Street end Number			10	. Zip Coda			10g. Citizen of \	What Country?	
<u>e</u>	3	4706 VOKK	RD.			2/2	2/2		·U-	SIA	•
Funeral		11. Maritel Status	12. Wes Decedent Ev Armed Forces?	ver in U,S.	13. Was D	ecedant of I	Hispanic Origin? (Spoen, Mexican, Puerto	pecify Yas or No-	14. Rac	e - American li ck, White, etc.	ndien,
þ		1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:)		s 20 No			Specify		TE
Completed		15. Decedent's Ed (Specify only highest gre	ucation de completed)		16e. Decedent's	Usual Occu	pation during most of wor	kina	16b. Kind of B	usiness/Industr	у
npleted	1	Elemantery/Secondary (0-12)	College (1-4or 5+)	. /	1	during most of worked)	9		. //	
S	5	10			HOME	MAH	EL			U HOM.	E
Be Comp	5	17. Fether's Name (First, Middle, Last)	- 1/-				18. Mother's Nem	/		111	
2		HUAM KRO	EPKA					-ABEN			
To	-	19a. Informent's Neme/Ralationship (1	ype, Print)			Irass (Stree	t and Number or Ru				10)
	-	THOMAS KOSE 20e. Method of Disposition		20h Ple	4706 ce of Disposition	Vame of	PP. DA	Dete N	20c. Location -		State
		1 ☐ Buriel 2 ☐ Cremation 3 ☐		CON	netary, cremetory		ice)	THU 5			. 45
	-	4 Donetion 5 Other (Specify		INE	= TRO (REMA	ess of Fecility	1998	BAIN	0. 20.	TID.
once.		21. Signature el Editural Servica Licen	see Ale l	2 0.	22. Nam	end Addr	EII 28	729 HUC	SEN ST		
		1) wound	Strain	-/1	UKI	HUN	J-H. B	ACTIMO	LE, M		1224
		23a. Part1. Enter the diseesa, or comp shock, or heart failure. List only	plications that caused to one ceuse on each line	he deeth. 3.	Do not enter the	mode of dy	ing, such es cardiec	or respiretory er	rest,	Inte	proximete erval Between set end Deeth
n ai	1	Immediate Ceuse (Final									Set end Deeth
er		disease or condition resulting in death)	a INTE	STIN	IAL 18	CHEN	ALA			2	DAYS
ě	5				es e c <i>on</i> sequence	of):					
Examiner			b. SEP.		es e consequence	i ath				12	DAYS
Exa		Sequentielly list conditions, if eny, leeding to immadiete cause. Enter Underlying Cause (Disease or injury									
edical		that initiated evants			E HEAD		ALLURE			CNI	COMN
95		resulting In deeth) Lest		. (0.		0.7.					
			d			_				1	
SCI	ī	Part II. Other eignificant conditione co	entributing to death but	not rasult	ing In the underly	Ing cause gi	iven in Pert I.	23b. Dld t	obacco use co	ntribute to the	cause of death?
Physician/								101	ree 2□No	3 Probabl	y 4 Unknow
by		SICK SINU	s syndr	ome	-						
									en eutopsy med?	aveileb	outopsy findings ble prior to
pleted	-									of deet	etion of cause h?
Completed								101	as 25No	1 □ Ya	s 2 No
Be		25. Was case referred to medical axeminer?					26. Placa of Dea	th (Check only o	na)		
To Be		1 ☐ Yes 255 No	Hospitel: pulnpatian	t 2 🗆 El	R/Outpatient 3E	DOA Ot	ther: 4 Nursing H	ome 5 Resid	ence 6 Oth	er (Specify)	
- 5		27. Mannar of Deeth 1 Maturel 5 ☐ Pending	28a. Data of Injury (Month, Dey	Year) 2	8b. Time of Injury	28c. Inju	ury et ork?	28d. Dascribe h	ow Injury occur	red	
1		2 Accidant Investigation			М	1	Yas 2□No				10 PM
5.18		3 ☐ Suicide 6 ☐ Could not be datarminad	28e. Plece of Injur building, etc.	y - At hom (Specify)	e, farm, street, fe	ctory, offica		28f. Location (5 City or Tow	itreet end Numb n, Stete)	per or Rural Ro	ute Nymber,
1/8		ton								1	
ical		(Check only 2 Medical Exam	valcian: To the best of liner: On the basis of e	xaminatio	edge, deeth occu n end/or Invastiga	rred et tha t	ima, deta end place, opinion, death occur	end due to tha d	ause(s) end me	enner as mater and due to tha	d. cause(s)
Med		one)	end menner state	ed.							
-	1	29b. Signeture end title of certifier	4		HD	290. Licen	sa number		29d. Dete signe		
		, all	ann		-(1)	r	11389		Jenua	ry 4"	1998
	3	30. Neme end addrass of person who o	completed causa of dae	eth (Itam 2	3a) (Type, Print)						
		JIHAD	ALHARIRI	- 1	- ar	G-0	DOD SA	MARITA	n Ho	SPITA	L.
State	3	31. Date filed (Month, Day, Year)	32. Registrer	Signatu	9	2.00					F



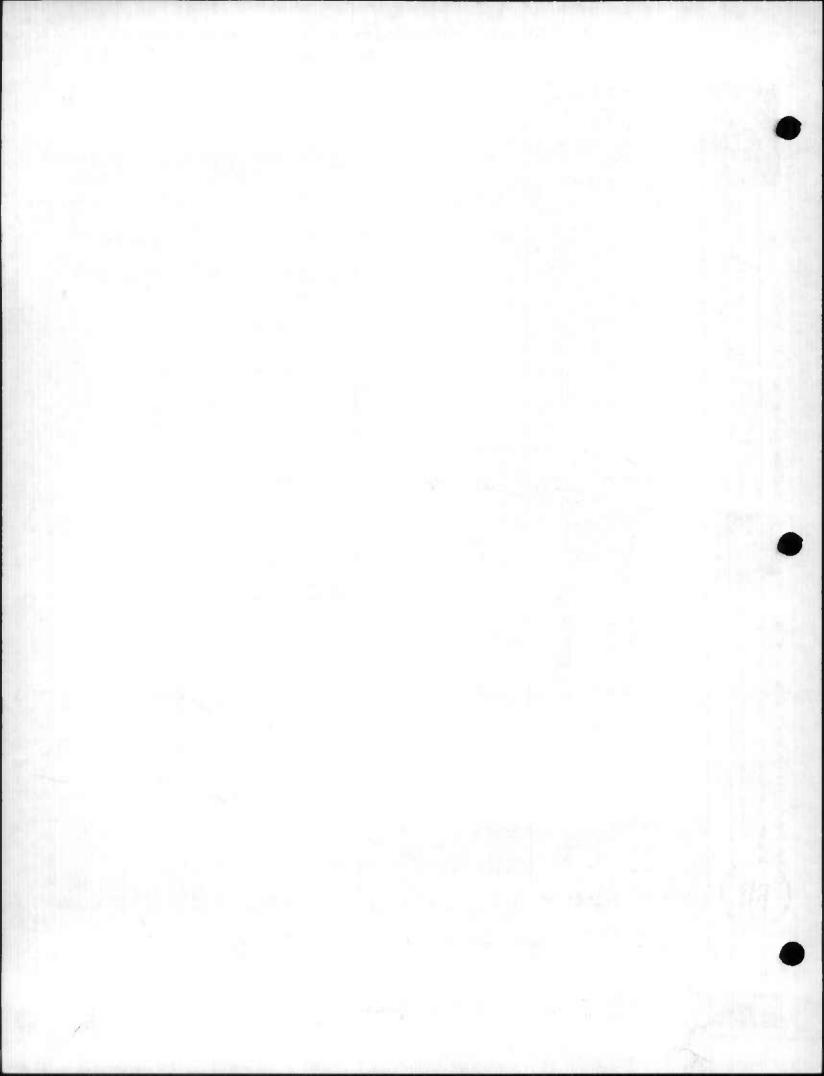
State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Ner	me (First, Middle, I	Last)				of Dea		2. Date of Deat	ng. No.	Miles	3. Time of Dea
Physici Medi/	_	E	dmund Fra	ancis Swo	boda					January	7, 199	8 Yeer	7:30A
Examir		4e. Fecility Name	(If not institution, g	give street and num	ber)			4b. Cit	y, Town, or L	ocation of Death	4c. County		
		420 D	unkirk Ro	bac					Baltin	more		Balti	imore
unerai irector		5. Social Security 219-32-	7660	. Sex 7 1 1 2	7. Age (In yrs. 61	. last birthday, Yrs.			nder 24 Hrs. urs Min.	8. Date of Birth (Month, Day, May 17, 1	936	9. Birthpl Count Mary I	lace (State or Foi try) and
ž		Usual Residence	10b. County		10c. C	ity, Town or L	ocation					10	0d. tnside City Lir
f show	0	Manuelana	Dalle			-						1	1 ☐ Yes 24
28a-f si notified	Director	Marylance 10e. Street and No		more		Baltimo	10f. Zip Co	de		10	Og. Citizen of W	Vhat Coun	^/
23e or	erai Di		nkirk Roa					212			Į	JSA	
ral', or items Examiner in	by Funeral		rried 2)(1)(Married 4 Divorced	12. Was Deced Armed Ford XXI Yes 2 If Yes, Give Year or Det	ces? 2 ☐ No		If Yes, specify		c Origin? (Sp xlcen, Puerto ecify:	pecify Yes or No- Pican, etc.)	Biac	e - America ek, White, e Whi	etc.
natu dra	Be Completed	(Spe	15. Decedent's ecify only highest	Education grade completed)		(Give	edent's Usuai O	one dunna	most of worl	king	16b. Kind of Bu	siness/Ind	lustry
5	фш	Elementery/Sec		College (1-	4or 5+)		DO NOT use re	etired)					
other than	S	47 Fathada Maria	/First Adidalla Co	4		E	ngineer	1.0.1		460 . 450 . 4		eleph	one
Dò	Be	17. Fether's Name		St)				18. 8		ne (First, Middle, N			
marked matic e	10		lilliam		Sw	oboda			Ruby			Sheet	
± 5			Name/Relationship		Car					ral Route Number,			
m 27 her t		Norman C		`	Son				Raiti	more, Ma			
If Item or othe		20a. Method of Dis		☐Removal from St		cemetery, cre	oosition (Name of ematory or other	place)		Date	20c. Location -	City or To	wn, State
Important: If I any Injury or once.		4 Donation	5 ☐ Other (Spec	cify)	L	orraine	e Park	Cemet	ery 1	/10/98	Baltimo	ore,	Marylan
sician edical		immediate Cause		mplications that car ly one cause on each	0								Onset and Dea
miner	ner	disease or conditi resulting in death)	on	a	1-1	ncreo		Car	ncer				Zym
	edical Examiner		onditions, mme diate lerlying r injury ts	a b c	Due to (1101-	equence of):	Car	ncer				Zym
ng physician and es the buriel-transit	Medical	Sequentially list c if any, leading to I cause. Enter Und Cause (Disease of that inflated even	onditions, mme diate lerlying r injury ts	a	Due to (or as a conse	equence of):	Car	ncer				Zym
ng physician and es the buriel-transit	Medical	sequentially list of it any, leading to 1 cause. Enter Und Cause (Disease othat initiated even resulting In death)	onditions, mmediate lerlying f injury ts Last	a	Due to (c	or as a conse	equence of): equence of):			23b. Dtd tol	bacco uaa con	ntribute to	Zuzen
by the attending physician and ached for use es the bunel-transit	Physician/Medical	sequentially list of it any, leading to 1 cause. Enter Und Cause (Disease othat initiated even resulting In death)	onditions, mmediate lerlying f injury ts Last		Due to (c	or as a conse	equence of): equence of):			23b. Dtd tol	1	ntribute to	Zizyon,
is been signed by the attending physician and 2 should be datached for use es the buriel-transit	by Physician/Medical	sequentially list of it any, leading to 1 cause. Enter Und Cause (Disease othat initiated even resulting In death)	onditions, mmediate lerlying f injury ts Last		Due to (c	or as a conse	equence of): equence of):				autopsy	3 Prob	the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the c
ate has been signed by the attending physician and page 2 should be datached for use es the bunel-transit	by Physician/Medical	sequentially list of it any, leading to 1 cause. Enter Und Cause (Disease othat initiated even resulting In death)	onditions, mmediate lerlying f injury ts Last		Due to (c	or as a conse	equence of): equence of):			1 ☐ Ye	n autopsy	3 Prob	the cause of de lably 4 Universe autopsy findialiable prior to mojetion of caus
ate has been signed by the attending physician and page 2 should be datached for use es the bunel-transit	Physician/Medical	resulting In death) Sequentially list c if any, leading to 1 cause. Enter Und Cause (Disease o that initiated even resulting In death) Part II. Other algn.	onditions, mmediate lerlying r injury ts 'Last	contributing to dea	Due to (c	or as a conse	equence of): equence of):	e given in i	Pert I.	1 Ve	n autopsy ned?	3 Prob	the cause of de cably 4 Unit of the cause of de cably 4 Unit of the cause of de cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau
After this certificate has been signed by the attending physician and funaral director, page 2 should be datached for use es the bunel-transit	To Be Completed by Physician/Medical	Sequentially list of if any, leading to cause. Enter Und Cause Enter Und Cause (Disease o that initiated even resulting In death) Part II. Other algn 25. Was case reference or carminer? 1 Yes 2 27. Magner of Dee 12 Chartural	onditions, mmediate lerlying r injury is Last	Hospitel: 1 In In In In In In In In In In In In In	Due to (c	or as a conse	equence of): equence of): equence of): underlying ceuse ent 3 DOA of 28c.	e given in i	Place of Dea	1 Ye 24a. Wes ar perform 1 Ye th (Check only one	n autopsy ned?	24b. We ava con of c	the cause of de lably 4 Unk ore autopsy findinilable prior to impletion of causileath?
ector. After this certificate has been signed by the attending physician and by the funaral director, page 2 should be datached for use es the bunel-transit	Be Completed by Physician/Medical	resulting In death) Sequentially list contained in a cause. Enter Und Cause (Disease on that initiated even resulting In death) Part II. Other algn. 25. Was case referexaminer? 1	onditions, mmediate lerlying rinjury is Last	Hospitel: 1 In In In In In In In In In In In In In	Due to (continue t	or as a consector as	equence of): equence of): equence of): underlying ceuse ent 3 DOA of 28c.	26. I Other: 4[fnjury at Work? 1 □ Yes	Place of Dea	1 ☐ Ye 24a. Wes ar perform 1 ☐ Ye th (Check only one)	n autopsy red? s 2 No noce 6 Other winjury occurrence and Number	3 Prob 24b. We ava corror of corror of corror (Specify ed	the cause of de sably 4 Unk ore autopsy findinilable prior to moletion of cause feath?
ector. After this certificate has been signed by the attending physician and by the funaral director, page 2 should be datached for use es the bunel-transit	Certification: To Be Completed by Physician/Medical	Sequentially list of any, leading to a cause. Enter Und Cause. Enter Und Cause. Enter Und Cause. Enter Und Cause. Enter Und Cause (Disease or that initiated even resulting In death) Part II. Other algn 25. Was case refe examiner? 1	onditions, mmediate lerlying r injury is Last ificant conditions ificant conditions orred to medical no th Could not determine	Hospitel: 1 In In In In In In In In In In In In In	Due to (c) Due to (c) Due to (c) Ath but not resident 2 [Injury, Day Year) of Injury - At h.g., etc. (Special est of my known is of examina	or as a consector as	equence of): equence of): equence of): equence of): underlying ceuse ent 3 DOA of 28c. M treet, factory, off	26. Other: 4 fnjury at Work? 1 Yes	Place of Dea	24a. Wes ar perform 1 Ye th (Check only one persone	n autopsy ned? s 2 No a) nce 6 Other winjury occurry, State)	3 Prob 24b. We ava cor of c 1 C ar (Specify red	the cause of de lably 4 Unk ore autopsy findiniable prior to inpletion of causileath? Poute Number, ated.
ector. After this certificate has been signed by the attending physician and by the funaral director, page 2 should be datached for use es the bunel-transit	To Be Completed by Physician/Medical	Sequentially list of any, leading to I cause. Enter Und Cause. Enter Und Cause (Disease ot hat initiated even resulting in death) Part II. Other algn 25. Was case refe examiner? 1	onditions, mmediate lerlying r injury is Last If cant conditions If cant conditions If cant conditions If cant conditions If cant conditions If cant conditions If cant conditions	Hospitel: 1 In In In In In In In In In In In In In	Due to (c) Due to (c) Due to (c) Ath but not resident 2 [Injury, Day Year) of Injury - At h.g., etc. (Special est of my known is of examina	or as a consector as	equence of): equence of): equence of): underlying cause ent 3 DOA of 28c. M treet, factory, off th occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occ	26. Other: 4 fnjury at Work? 1 Yes lice	Place of Dea	24a. Wes ar perform 1 Ye th (Check only one) 28d. Describe ho 28f. Location (Str. City or Town)	n autopsy ned? s 2 No a) nce 6 Other winjury occurry, State)	3 Prob 24b. We ava cor of cor of cor of cor of cor of cor of cor of cor of cor of cor of cor of cor or Rural cor or Rural cor or Rural cor or Rural cor or Rural cor or cor or cor or cor or cor cor or cor c	the cause of desably 4 Unk ore autopsy findialiable prior to mpletion of cause death? If Route Number, ated. the cause(s)
After this certificate has been signed by the attending physician and funaral director, page 2 should be datached for use es the bunel-transit	edical Certification: To Be Completed by Physician/Medical	Sequentially list c if any, leading to I cause. Enter Und Cause Enter Und Cause (Disease ot hat initiated even resulting in death) Part II. Other algn 25. Was case refe examiner? 1	onditions, mmediate lerlying r injury is Last Ifficant conditions Ifficant conditions Ifficant conditions Ifficant conditions Ifficant conditions Ifficant conditions Ifficant conditions Ifficant conditions Ifficant conditions Ifficant conditions	Hospitel: 1 In In In In In In In In In In In In In	Due to (continue to the total patient 2 [Injury, Day Year) of Injury - At hg, etc. (Special of my known of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of examinating of exa	or as a consector as	equence of): equence of): equence of): underlying cause ent 3 DOA of 28c. M treet, factory, off th occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occurred at the occ	26. Other: 4 fnjury at Work? 1 Yes lice	Place of Dea Nursing Ho	24a. Wes ar perform 1 Ye th (Check only one) 28d. Describe ho 28f. Location (Str. City or Town)	n autopsy ned? s 2 No no 6 Other winjury occurred and Number (, State)	3 Prob 24b. We ava cor of cor of cor of cor of cor of cor of cor of cor of cor of cor of cor of cor or Rural cor or Rural cor or Rural cor or Rural cor or Rural cor or cor or cor or cor or cor cor or cor c	the cause of desably 4 Unk ore autopsy findialiable prior to mpletion of cause death? If Route Number, ated. the cause(s)



State of Maryland / Department of Health and Mental Hygiene 8

Physician Medical Examiner As. Facility Name (iff not institution, give street end number) 3800 W. Belvedere Ave. Apt. 604 Baltimore As. Facility Name (iff not institution, give street end number) 3800 W. Belvedere Ave. Apt. 604 Baltimore N/A			1 Decodent's Name (First Middle 1	get)					2. Date of Dea	Ma		3. Time of Dea
44. Freshly kname first kniesteds, give same and number of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the	Physician		1. Decedent's Name (First, Middle, L Ronald		Smit	h			Month	OBay	1 9 0 2	
3800 W Belvedere Ave. Apt. 604 Social Security Number 1. Special Security Number 1. Maria Share 1. Special Security Number 1. Special Security Number 1. Special Security Number 1. Special Security Number 1. Special Security Number 1. Special Security Number 1. Special Security Number 1. Special Security Number 1. Special Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Securi						11		4b City Town or				11.50
\$ 5.00 Security Minimates \$ 1.00 Security Mi	Examiner	1				604						
10.5 State 10.5 County 10.5 State 10.5 County 10.5 State 10.5 St	Funeral Director	4	5. Social Security Number 6.		ge (In yrs. las	st birthday)		ear If Under 24 Hrs.			-	placa (Stata or Fo
1 1. Martial Status 3	,				140.00							
1 1. Martial Status 3	show and										1	
1 1. Martial Status 3	Poto	2		/ A	В	altim						
1 1. Martial Status 3	10 P	5		- 1 A					1			ntry?
10 10 10 10 10 10 10 10	s 23	0				40 144						and Indian
15. Decaderin's Education 16a. Decaderin's Usual Coccupation 16a. Decaderin's Usual Coccupation 16b. Rived of BusinessAndoustry 16b.	0 5		1 Never Married 2 Married	Armed Forces? 1 Yes 24	?		-	T	o Rican, atc.)	8	Biack, White,	etc.
Figure Part College (1-dot 5+) Disabled Disab	atura per	3	15. Decadent's I	Education		16a. Decede	nt's Usual Oc	ecupation		16b. Kind of	Business/In	dustry
1. Father's Name (First, Medde, Later) 1. Mother's Name (First, Medde, Lat	n n	2			54)	(Giva ki	ind of work do O NOT use re	one during most of wor ntired)	rking			
18. Mother's Name (First, Micdite, Maskins Summers)	## 10	5	11	College (1-401)	517	Di	sable	ed			N/A	
Mrs.June Smith Garnett 2013 Hillenwood Rd.Baltimore, Md. 21239 2026 Method of Disposition 1 Can Method of Disposition 1 Carreting of Ceremation 3 Removal from State 2026 Recent of Disposition 2036 Recent of Disposition 2036 Recent of Disposition 21 Signature of Floraging 2036 Recent of Disposition 22 Name and Address of Facility 22 Name and Address of Facility 22 Name and Address of Facility 22 Name and Address of Facility 23 Name and Address of Facility 23 Name and Address of Facility 24 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 25 Name and Address of Facility 26 Name of Address of Facility 26 Name of Address of Facility 27 Name of Address of Facility 27 Name of Address of Facility 28 Name and Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Address of Facility 28 Name of Ad	vent vent											
Mrs.June Smith Garnett 2013 Hiller Wood Rd. Baltimore, Md. 21239 20e. Method of Disposition 20e. Method of Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 4 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 5 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 Disposition 6 D	arke To	2	Luther Rober	t Smith				Eva	Marie	St	ewart	
A support of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature of Pipspasition 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Signature 1. Sign	0 2		19a. Informant's Name/Relationship	(Type, Print)		19b. Mailing	Address (St	reet and Number or Ru	iral Route Number	, City or To	wn, State, Zip	Code)
1.0 Carmation 3 Removal from State Arbutus Memorial Pk. 1998 Balto.Md. 1998 B	CV L	M	Irs.June Smith	Garnett					.Baltim	ore,	Md. 2	1239
Arbutus Memorial Pk. 31998 Balto.Md. 21. Signature of Pknyal Service Licensee 22. Name and Address of Facility 23. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, including in death. Immediate Cause (Final disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, including in death. Immediate Cause (Final disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, including in death. Immediate Cause (Final disease, or complications are consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 24a. Were an sutoppy performed? 24a. Were an sutoppy performed? 24a. Were an sutoppy and of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of death of		2		Demonstrate Co.	20b. Piac			f	Date			
23a. Part I. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Immediate Cause (Final disease or conditions resulting in death). Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of t	Int: I								1998	Balt.	o.Md	
23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Immediate Cause (Final disease or conditions resulting in deeth) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of a consequence of): 25c. Was as a success of injury that instituted events of the consequence of): 25c. Was as a success of injury performed? 25c. Was as a success of consequence of): 25c. Was as a success of injury performed? 25c. Was as a success of injury performed? 25c. Was as a success of injury performed? 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury performed? 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was as a success of injury of the consequence of): 25c. Was an autory of the consequence of): 25c. Was an autory of the consequence of): 25c. Vas and of the	inju	9	21. Signature of Funeral Service Lice	ensee	1 (drass of Facility				
23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, infrared Between Chise shock, or heart flature. List only one cause on each line. WYO WHAT ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AND ALL STATES AN	E e g		1 alent I	ut	1	270	T- a d					
Conset and Described and Described Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part II. 29a. Did to modified to medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Conset and Described Part III. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part II. 29b. Did tobacco use contribute to the cause of contribute to the cause of conditions contributed to medical examination and/or investigation. 29c. Value case referred to medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 29c. Cartifier (Check only one) 2		+	23a Part1 Enter the disease or co	molications that caused	d the death						rid.ZI	
Immediate Cause (Final deases or conditions conditions conditions as a consequence of):			shock, or heart failure. List onl	y one cause on each li	ne.			ay g, cast do sate	or recognition,			Interval Between
Due to (or as a consequence of): Continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue o	_		Immediate Cause (Final	1	nV	160						Onsot and Doa
Due to (or as a consequence of): Due to (or as a consequence of):	_		disaasa or condition	/	1/ :/		63 1 11	11	ITAM	77	ON I	
The control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the co			resulting in deeth)	a	10	CAD!	DIAL	- 1	FARE	771	CXC	
The control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the control property of the co	- A		resulting in deeth)	a	Due to (or e	es a conseque	1)//(L ence of):	- 11	FAR	770	CXC	
Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	niner		resulting in deeth)	a	Due to (or e	es a conseque	DIAL ence of):	- It	FAR	DIS	LXC	
Part II. Other algnificant conditions contributing to death but not rasulting in the undaritying cause given in Part I. Part III. Other algnificant conditions contributing to death but not rasulting in the undaritying cause given in Part I. Part III. Other algnificant conditions contribute to the cause of completion of cause of completion of cause of completion of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of	end Il-transit xaminer			a	Cé	DR.		or It	FARE	DIS	LXC	
Part II. Other significant conditions contributing to death but not rasulting in the undarfying cause given in Part I. Part III. Other significant conditions contributing to death but not rasulting in the undarfying cause given in Part I. Part III. Other significant conditions contribute to the cause of completion of cause of completion of cause of completion of cause of completion of cause of completion of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of			Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	a	Cé	DR.		- IN	FARE	DUS	CXC	
Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause			Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	a	Due to (or a	2 conseque	enca of):	- It	FAR	DIS	OXJ	
Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of caus	ng physicia t as the bur Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	a	Due to (or a	2 conseque	enca of):	- It	FAR	DUS	OXJ .	
24a. Was an autopsy performed? 24a. Was an autopsy performed? 24b. Were autopsy find available prior to completion of cause of death? 25. Was case referred to medical examiner? 1 Yes 2 No	ng physicia t as the bur Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	a	Due to (or a	2 conseque	enca of):	- It	FAR	DIS	OXJ	
24a. Was an autopsy performed? 24b. Were autopsy find available prior to completion of cause of death? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Wanner of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 25c. Value of Death (Check only one) 26d. Describe how injury occurred one injury occurred one injury one) 26d. Describe how injury occurred one injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Injury one of Inju	ng physicia n as the bur Medical		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		Due to (or a	as a conseque	enca of):	APTERS	PAP	DUS obacco use	OXJ contribute to	o the cause of d
See a see referred to medical examiner? 1 Yes 2 No	by the ettending physicia ached for usa as the bur ached for usa as the bur ached for usa as the bur ached for usa as the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		Due to (or a	as a conseque	enca of):	DETER	23b. Did to			
25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Injury at Work? 26. Caliform of Number or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Numb	igned by the ettending physicial be detached for use as the bur bur by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		Due to (or a	as a conseque	enca of):	a given in Part I.	23b. Did to		o 3□Pro	bably 4 🗆 Uni
25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Was case referred to medical examiner? 27. Manner of Death 1	igned by the ettending physicial be detached for use as the but be detached for use as the but by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		Due to (or a	as a conseque	enca of):	a given in Part I.	1 0 V	es 2 No	0 3 □ Pro	bably 4 Unl
25. Was case referred to medical examiner? 1	igned by the ettending physicial be detached for use as the but be detached for use as the but by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		Due to (or a	as a conseque	enca of):	APTER	1 0 V	es 2 No	24b. W	bebly 4 Uni
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	has been signed by the ettending physicia je 2 should be detached for use as the bur mpleted by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		Due to (or a	as a conseque	enca of):	e given in Part I.	24a. Was a perfori	n autopsy	24b. W	bebly 4 Universe autopsy find railable prior to mpletion of caus death?
27. Manner of Death 1 Natural 2 Accident 3 Sulcide 4 Homicide 28a. Date of Injury 28b. Time of Injury 3	has been signed by the ettending physicia je 2 should be detached for usa as the bur mpleted by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions		Due to (or a	as a conseque	enca of):		24a. Was a perform	n autopsymed?	24b. W	dere autopsy findivallable prior to impletion of caus death?
2 Accident 3 Sulcide 4 Homicide 2 Cartifriar (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year)	is carificate has been signed by the ettending physicia director, page 2 should be detached for use as the bur of Decorporate by Physician/Medical To Be Completed by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Was case referred to medical examiner?	contributing to death b	Due to (or a	as a conseque	enca of): ence of): darlying cause	28. Place of Dec	24a. Was a perform	n autopsy med?	24b. W av co of	bebly 4 Uniter autopsy findicallable prior to impletion of caus death?
29a. Cartifiar (Check only one) 29a. Cartifiar (Check only one) 29b. Signature and title of certifier CN 29c. Licansa number 29c. Licansa number 29d. Date signed (Month, Day, Year)	his certificate has been signed by the ettending physicia director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificant conditions 25. Was case referred to medical examiner? 1 Yes 2 No	contributing to death b	Due to (or a	as a conseque ing in the und	enca of): ence of): darlying cause	28. Place of Dea Other: 4 \(\text{Nursing H}	24a. Was a performant of the Check only or lome 5 & Reside	n autopsymed?	24b. W av co of	tere autopsy findicallable prior to impletion of caus death?
29a. Cartiflar (Check only one) 29a. Cartiflar (Check only one) 29b. Signature and title of certifier (Check only one) 29c. Licansa number 29c. Licansa number 29d. Date signed (Month, Day, Year)	his certificate has been signed by the ettending physicia idirector, page 2 should be detached for use as the bur director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last 25. Was case referred to medical examiner? 1 Yes 2 No. 27. Manner of Death 12 Natural 5 Pending investigation.	Hospital: 1 Inpatie 28a. Date of inju	Due to (or a	as a conseque ing in the und	enca of): ence of): darlying cause	28. Place of Dea Other: 4 □ Nursing H injury at Work?	24a. Was a performant of the Check only or lome 5 & Reside	n autopsymed?	24b. W av co of	bebly 4 Universe autopsy findinaliable prior to impletion of caus death?
29a. Cartiflar (Check only one) 29a. Cartiflar (Check only one) 29b. Signature and title of certifier (Check only one) 29c. Licansa number 29c. Licansa number 29d. Date signed (Month, Day, Year)	his certificate has been signed by the ettending physicia idirector, page 2 should be detached for use as the bur director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 12 Natural 5 Pending investigation of Could not conditions.	Hospital: 1 Inpatie 28a. Date of inju (Month, De	Due to (or a Due to (or a put not rasulti put 2 EF	as a conseque ing in the und R/Outpatient 18b. Time of Injury	enca of): ence of): darlying cause 3 □ DOA 28c.	28. Place of Der Other: 4□ Nursing H injury at Work? 1□ Yes 2□ No	24a. Was a performant (Check only or lome 5 A Residue 28d. Describe house 28f. Location (S	n autopsymed? ss 2 No	24b. W av co of 1[bebly 4 Unit
29c. Licansa number 29d. Date signed (Month, Day, Year) 29c. Licansa number 29d. Date signed (Month, Day, Year)	his certificate has been signed by the ettending physicia at director, page 2 should be detached for use as the bur director, page 2 should be detached for use as the bur To Be Completed by Physician/Medical	F	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 12 Natural 5 Pending investigation of Could not conditions.	Hospital: 1 Inpatie 28a. Date of inju (Month, De	Due to (or a Due to (or a put not rasulti put 2 EF	as a conseque ing in the und R/Outpatient 18b. Time of Injury	enca of): ence of): darlying cause 3 □ DOA 28c.	28. Place of Der Other: 4□ Nursing H injury at Work? 1□ Yes 2□ No	24a. Was a performant (Check only or lome 5 A Residue 28d. Describe house 28f. Location (S	n autopsymed? ss 2 No	24b. W av co of 1[bebly 4 Universe autopsy findicallable prior to impletion of caus death? Yes 227No.
30. Name end address of person who completed exists of death (Item 23a) (Type, Print)	In Director: After this certificate has been signed by the ettending physicial and inch the funeral director, page 2 should be detached for use as the burner of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formul	F 2	Sequentially list conditions, from any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last 25. Was case referred to medical examiner? 1 Yes 2 No. 27. Manner of Death 1 Natural 5 Pending investigating Suicide 4 Homicide Homicide Pendical Examiner 29a. Cartifiar Check only 2 Medical Examiner	Hospital: 1 Inpatie 28a. Date of inju (Month, De) 28e. Place of Injuiding, et	Due to (or a Due to (or a put not resulti put not resulti put 2 EF put y Year) 2 put y Year) 2 put of my knowled examination	as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as	ance of): adarlying cause all DOA 28c. I	28. Place of Der Other: 4 Nursing H injury at Work? 1 Yes 2 No ice e time, date and place	24a. Was a performance of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	n autopsymed? es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No es 2 No	24b. W av co of 1 [Other (Special coursed)	bebly 4 Uniter autopsy findicallable prior to impletion of caus death? Yes 227No.
30. Neme end address of person who completed ourse of doubt (Item 23a) (Type, Print)	The Artification for After this certificate has been signed by the ettending physician person mind in the functal director, page 2 should be detached for use as the burdered mind in the formal person mind in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural investigate Natural Natural investigate Hospital: 1 Inpatie 28a. Date of inju (Month, De) 28e. Place of Injuiding, et	Due to (or a Due to (or a put not resulti put not resulti put 2 EF put y Year) 2 put y Year) 2 put of my knowled examination	as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as	ance of): alarlying cause Bac I M Document at the stigation, in n	28. Place of Dec Other: 4 Nursing H injury at Work? 1 Yes 2 No ice e time, date and place ny opinion, death occur	24a. Was a perform	n autopsymed? es 2 Money es 2 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca	24b. W av co of 1[Other (Specificurred) menner as s a, end due to	bebly 4 University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University Uni	
The control of the completed extra of death (flam 23a) (Type, Print)	The Artification for After this certificate has been signed by the ettending physician person mind in the functal director, page 2 should be detached for use as the burdered mind in the formal person mind in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal person in the formal	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural investigate Natural Natural investigate Hospital: 1 Inpatie 28a. Date of inju (Month, De) 28e. Place of Injuiding, et	Due to (or a Due to (or a put not resulti put not resulti put 2 EF put y Year) 2 put y Year) 2 put of my knowled examination	as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as a conseque as	ance of): alarlying cause Bac I M Document at the stigation, in n	28. Place of Dec Other: 4 Nursing H injury at Work? 1 Yes 2 No ice e time, date and place ny opinion, death occur	24a. Was a perform	n autopsymed? es 2 Money es 2 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca	24b. W av co of 1[Other (Specificurred) menner as s a, end due to	bebly 4 University of the ceuse(s)	
	The condition for: After this certificate has been signed by the ettending physicial person mised in the funeral director, page 2 should be detached for use as the burded of the formal person mised in the formal person mised in the formal person for the formal person person for the formal person for the formal person for the formal person for the formal person for the formal person for the formal person for the formal physician for the formal person for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal physician for the formal ph	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sequentially list conditions, from y leading to immediate cause (Disease or Injury that initiated events resulting in death) Last 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigated 1 Pending in	Hospital: 1 Inpatie 28a. Date of inju (Month, De) 28e. Place of Inju building, et hysician: To the best of and manner sta	Due to (or a Due to (or a put not resulti put not resulti put 2 DEF put y Yeer) 2 put y Yeer) 2 put y Yeer) 2 put y Yeer) 3 put of my knowled sexamination ated.	as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a c	ance of): alarlying cause alarlying cause Back I M at, factory, off cocurred at the stigation, in n 29c. Lic	28. Place of Dec Other: 4 Nursing H injury at Work? 1 Yes 2 No ice e time, date and place ny opinion, death occur	24a. Was a perform	n autopsymed? es 2 Money es 2 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 8 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca 9 Money enca	24b. W av co of 1[Other (Specificurred) menner as s a, end due to	bebly 4 Uniter autopsy findinaliable prior to impletion of caus death? Yes 227No. The proof of the prior to impletion of caus death? Yes 227No. The proof of the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in the prior to implet in



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Item: 5 per F.H. G-755 1/26/98 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death JAN, **Physician** BERNARD /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner CHURCH HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 10/25/1914 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country)
 MD 5. Speial Security Number Sex 1 M 2 □ F **Funeral** Deys Hours 83 Yrs 212-03-3637 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director MD BALTIMORE Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 122 N. LINWOOD AVE. 21224 II.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 (X) Yes 2 □ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 M Married 1 ☐ Yes XXNo Specify: Specify: WHITE by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) MACHANIC AMERICAN CAN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) ANDREW STYLC CECELIA BUBCZYK 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BERTHA STYLE/WIFE 122 N. LINWOOD AVE. BALTIMORE, MD 21224 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State ST. STANISLAUS CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 1/9/98 BALTIMORE, MD Depart Depart Import any in 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
MORAN-ASHTON-DABROWSKI FUNERAL HOME, INC. 3000 E. BALTIMORE ST. BALTIMORE, MD 21224 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heer tailure. List only one cause on each line. Immediate Cause (Finel NEUMONIA disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown PARKINSON 24b. Were autopsy findings evailable prior to completion of ceuse of deeth? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ☑ No 1 Yes 2 No 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 27. Mennef of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work?

Physician /Medical Examiner physician and the buriel-transit

6

therms 23a

6

marked

Maryland 21215-0020

limore

Box 68760

P.O.

Records,

Division of Vital

Hospital or Attending Physician:

this After thi

after death. Director: Aft

To the Hospital or within 24 hours aft To the Funeral Di completaly filled in

1 Netural 2 Accident 3 Suicide

4 ☐ Homicide

5 Pending investigation 6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29b. Signeture end title of certifier

28f. Location (Street and Number or Rural Route Number, City or Town, State)

no

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) LEMI. MD. CHUNCH HOSPITAL, BALT-MD. 21231

29c. License number 29d. Date signed (*Month, Dey, Year*)

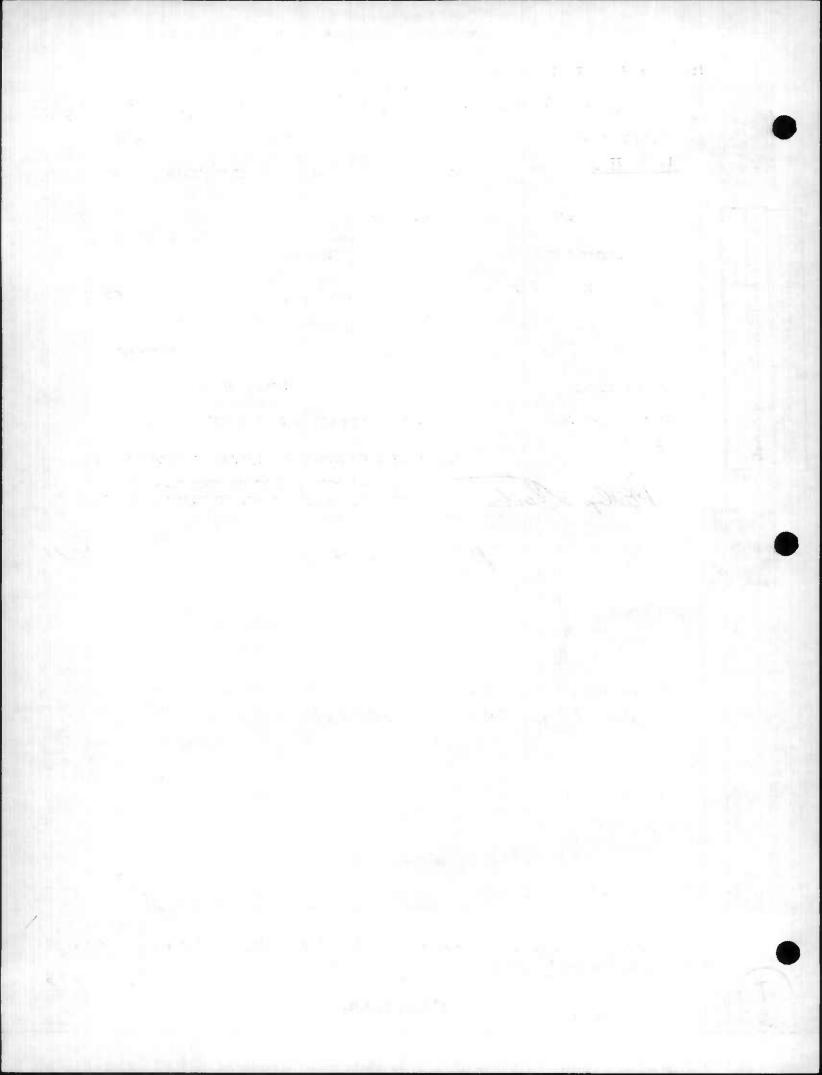
D 173 2 2 JAN. 5, (998

31. Date filed (Month, Dey, Year) State

Medical

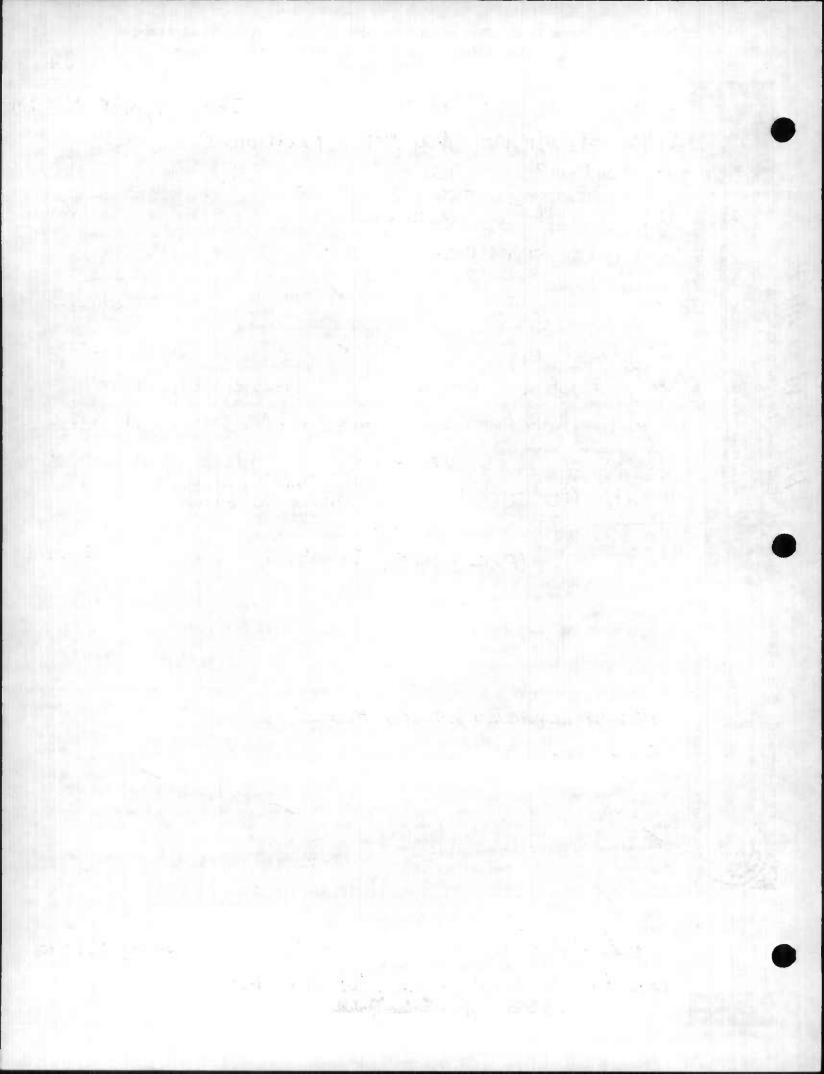
32. Regist is Signature

Registrar **DHMH 16 Rev 6/95**



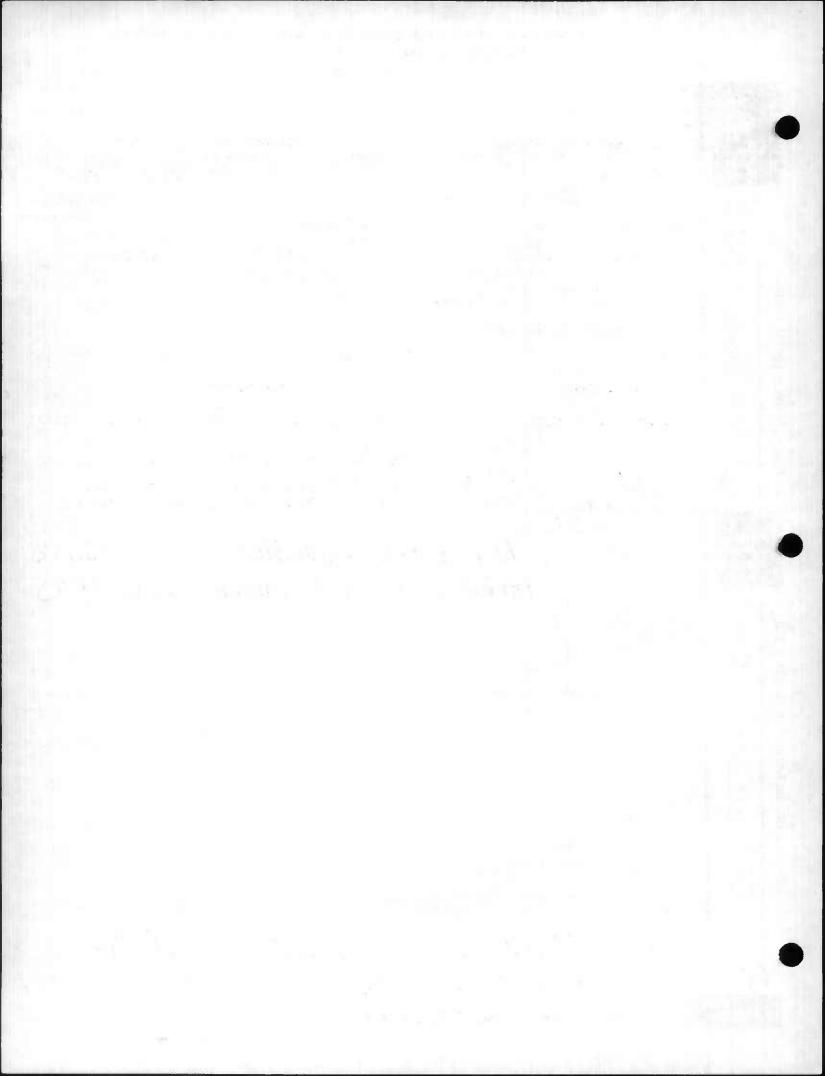
Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Tima of Death JAN **Physician** 6:20 PM Smith litton ebrew /Medical 4b. City, Town, or Location of Death 4s Fecility Name (If not Institution, give street end number) Examiner Mic nac NSQ. 1+ lmon If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Yrs. 6. Sex Birthplace (State or Foreign Country) Social Security Number **Funeral** Days 10 M 20 F Months 218-10-3172 Usual Residence of Decedent Director with the Maryland 10d. Inside City Limits 10a. Stete 10b. County 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiene. The important: if them 27 is arrefed other than "naturel; or frems 23a or 23a-f show any injury or other traumetic event, its Mearast Exertines man be notified as 1 Yes 2 No Baltimore Ma Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Heights 21215 3829 ark Funeral Was Decedent Ever in U.S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: 14. Rece - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cyban, Mexican, Puerto Rican, etc.) 11. Marital Status Bleck, White, etc. 1 Never Merried 2 Married FEBREW SMIT 1□ Yes 2₩ No Specify: by 3 ₩Widowed 4 Divorced Black Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) abover Bethlehem Stee 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Smith Washington 13 missie scorge a 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Baltimore 3829 Park Hughts Ave Md nicce HINTON/ Willie Mac 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 W Burial 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn wood awn. 22. Name end Address of Facility William C March 21. Signature of Funeral Service Licensee Funeral Home-West 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Baltimore 21215 **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) 2 months Corepra Examiner Examiner law requires that the death certificate be executed attending physician end for use as the bunal-tran Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 ☐ Unknown REQUIRING DIABLETES by 24b. Were autopsy findings available prior to completion of cause of death? been sign 24e. Wes an autopsy performed? Completed Glavicoma 9 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 3□ DOA 1 ☐ Inpatient 2 ☐ ER/Outpetlent 27. Manner of Death 28a. Date of tnjury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 1 DNatural 5 Pending 1 Yes 2 No investigation 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hour Hospi Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted. 29a. Certifier edicai (Check only one) within 2 To the 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 000

State Registrar 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		1. Decedant's Nama (First, Middla, L.	ast)	-1111		250		E 1/10 E	2. Data of De		Mar.	3. Tima of Dea
ysiciar Medica		Russell W. Sh	ank						Janua	ry 1.	1998	7:45
viedica Kamine		4a. Fecility Nema (If not institution, gi	iva street and numbe	ar)			- 2	4b. City, Town, or		4	-	
		626 South Maco	n Street					Baltim	ore Cit	у	N/A	
eral				Age (In yrs.	last birthday)	If Unda	1 Yeer Days	If Under 24 Hrs Hours Min.	8. Data of Bi	th V Year)	9. Birthple	ace (Stata or Fo
ctor		215-12-2644	1₩ 2□ F	74	Yrs.		,-	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	April	20,1923	Mar	yland
_	-	Usual Residance of Decedant 10a. Stata 10b. County		10c. City	y, Town or Lo	ocation					10	d. Insida City Li
a de	ō		27 / 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7.1.	611			1.0	XXYas 2
He let	Director	Maryland 10e. Street and Number	N/A			10f. Zip		more Cit	У	10g. Citizen of	What Count	0/2
4		626 South Macon	Stroot			101. 24	Oodu	21224		United		•
Examiner must be notified at	Funeral	11. Marital Status	12. Was Daceda	nt Evar in U.	S. 13	Was Dece	dant of H		necify Yes or No		e - Amarica	
in in	틸	1 □ Never Merried 2 ☑ Marriad	Armed Force	s? TNo		If Yas, spe	cify Cubi	lispanic Origin? (S en, Mexican, Puan	o Rican, atc.)	Ble	ck, White, a	
Sept.	þ	3 ☐ Widowed 4 ☐ Divorcad	If Yas, Giva Yaar or Data	s1943-	45	1 Yas	2XNo	Specify:		Specif	w. Whi	te
odical Exp		15. Dacedant's E	ducation		16a. Dece	dant's Usu	al Occup	pation		16b. Kind of B	usinass/ind	ustry
Medical	Completed	(Specify only highest gr Elementary/Secondary (0-12)	rada complated) College (1-4c	or 5+)	(Give	DO NOT u	rk dona sa ratire	during most of wo d)	king			
2	E O	9 Years	Conogo (1-40	,, 54,	st	eelwo	rker			Steel	Indu	stry
	Be	17. Fathar's Nama (First, Middle, Las	(1)					18. Mother's Nar	ne (First, Middla	, Maiden Suman	na)	
	2	George H. Shank						Carrie	M. Tra	су		
traumatic		19a. Informant's Name/Ralationship				-		and Number or Re				
other tr		Dolores H. Shan	K/Wlie	1			-	on Stree		imore, M		
or of		20a. Mathod of Disposition 1 Buriai 2 □ Cremation 3 [☐ Removal from Sta	ta 20b. P	lace of Dispo amatary, crai	osition (Nai matory or c	na of othar plac	ca)	Data	20c. Location	- City or Tov	vn, Stata
injury o		4 □ Donetion 5 □ Other (Speci						ery 1/5/	1998	Baltin	nore,	Marylan
any injury once.		21. Signature of Fuheral Service Lice	risee	0	2	2. Nama ar	Addre	ss of Fecility Funeral	Home o	f Dundal	k. In	C.
a 0		ON poda	200					Ave. D				222
		23a. Part1. Entar tha discrete, or conshock, or heart fail.	polications that caus	ad the deeth	n. Do not an	tar tha mod	le of dvir	an auch an acadia	or receireton, e	rrast	1	Approximata
cian ical iner		Immediata Causa (Final disaasa or condition resulting in death)	· Mc					_				Onset and Dea
ical iner	Examiner	disaasa or condition resulting in death)	· Mc	Due to (o		al quanca of):		farchi				Onset and Dea
ical iner	들	disaasa or condition	e. Mc B. Affre c.	Due to (o	rdi lerot	quanca of):	in	_				Onset and Dea
ical iner	edical Examin	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents	e. Mc	Due to (o	ras a consecutive of as a consecutive of	quanca of):	in	_				Onset and Dea
ical iner	edical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents rasulting in daath) Lest	c	Due to (or	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of):	in	farcti	on Scelai		18c	Sinul Skar
ical iner	edical Examin	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents	c	Due to (or	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of):	in	farcti	SCerfa 1	r Dise	A&	Onset and Deal I'n U! Sparset and Deal I'n U! Sparset and Deal I'n U! The Cause of deal I'm U!
ical iner	Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents rasulting in daath) Lest	c	Due to (or	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of):	in	farcti	SCerfa 1	D'Sc	A&	Onset and Deal I'n U! Sparset and Deal I'n U! Sparset and Deal I'n U! The Cause of deal I'm U!
be deteched for unit and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents rasulting in daath) Lest	c	Due to (or	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of):	in	farcti	Scefal 23b. Did 1 =	D'Sc	ontribute to 3 Prob	Conset and Dear
be deteched for unit and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents rasulting in daath) Lest	c	Due to (or	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of):	in	farcti	Scefal 23b. Did 1 =	tobacco use co	ontribute to 3 Prob	Conset and Dear
be deteched for unit and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents rasulting in daath) Lest	c	Due to (or	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of):	in	farcti	Scefal 23b. Did 1 =	tobacco uae co	ontribute to 3 Prob	the cause of deably 4 United autopsy findilable prior to pletion of cause
page 2 should be deteched for unit of the strainfirm it.	Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Disaasa or injury that initiated avents resulting in death) Lest Part II. Other significant conditions.	c	Due to (or	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of):	in	farcti	SCelal 23b. Did 1 24a. Was perfe	tobacco uae co Yes 2 No an autopsy omed? Yas 2 No	ontribute to 3 Prob	the cause of dably 4 Unit liable prior to appletion of cause eath?
director, page 2 should be deteched for united than it in the strainfarm it in the strainfarm it is good to be seen and the strainfarm is seen and the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as the strainfarm is seen as t	be Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiata causa. Entar Undartying Causa (Disaasa or injury that initiated avents rasulting in death) Lest Part II. Other significant conditions	contributing to death	Due to (or Dua to (or but not rast	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of): quanca of): quanca of): quanca of):	I'M OX cause give	farchi diova.	23b. Did 1 = 24a. Was perfe	tobacco uae co Yes 2 No an autopsy omed? Yas 2 No	ontribute to 3 Probe 24b. Wai eve con of d	the cause of deably 4 Unk ra autopsy findii liable prior to pletting of cause eath?
id director, page 2 should be deteched for us as the organization in the organization in the complete of the Development of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of the Complete of th	to be Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents rasulting in daath) Lest Part II. Other significant conditions are supported by the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditi	c	Due to (or Dua to (or but not rast	ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consecutive ras a consec	quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca	CAV	farchi diova	23b. Did 1 = 24a. Was perfet 1 = ath (Check only lome 5 \(\bar{\text{Res}} \) Res	tobacco uae co Yes 2 No an autopsy med? Yas 2 No	ontribute to 3 Probe 24b. Was eve com of d 1	the cause of deably 4 Unk ra autopsy findii liable prior to pletting of cause eath?
the funeral director, page 2 should be deteched for unitary and director, page 2 should be deteched for unitary and the formulation and the physician and the formulation and the physician and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulatio	to be Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Disaasa or injury that initiated avents resulting in death) Lest Part II. Other significant conditional axaminar? 1 Yas 2 No 27. Mannar of Death 1 Natural 5 Pending Invastigation	Hospital: 1 Inpa	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	ras a consector as a	quanca of): quanca of): quanca of): quanca of): quanca of): dual to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	cause give	farchi diova.	23b. Did 1 = 24a. Was performent to the Check only. Iome 5 Resi = 28d. Dascribe	lobacco uae co Yes 2 No an autopsy primed? Yas 2 No ona) dence 6 Oth how injury occur	ontribute to 3 Prob 24b. Wai eve com of d 1 mar (Specify,	the cause of dealing to the cause of dealing to the cause of dealing to the cause of dealing to the cause of the cause of the cause of dealing to the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of th
the funeral director, page 2 should be deteched for unitary and director, page 2 should be deteched for unitary and the formulation and the physician and the formulation and the physician and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulatio	to be Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaasa or Injury that initiated avents rasulting in death) Lest Part II. Other significant conditions 25. Was case referred to medical axaminar? 1 □ Yas 2 ☑ No 27. Manner of Death 1 ☑ Natural 5 □ Pending	Hospital: 1 Inpa 28a. Data of Ir (Month, I	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	ras a consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary series and consecuting in the unitary	quanca of): quanca of): quanca of): quanca of): quanca of): dual to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	cause give	farchi diova	23b. Did 1 = 24a. Was performent to the Check only. Iome 5 Resi = 28d. Dascribe	tobacco uae co Yes 2 No an autopsy med? Yas 2 No ona) dence 6 Oth how injury occur Street and Numb	ontribute to 3 Prob 24b. Wai eve com of d 1 mar (Specify,	the cause of deably 4 Unk reautopsy findir liable prior to repletion of cause eath? Yas 2 No
the funeral director, page 2 should be deteched for unitary and director, page 2 should be deteched for unitary and the formulation and the physician and the formulation and the physician and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulatio	Certification: 10 be Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents rasulting in death) Lest Part II. Other significant conditions aximinar? 1	Hospital: 1 Inpe	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to	ras a consector as a	quanca of): 1 (quanca of): quanca of): quanca of): quanca of): 4 (quanca	cause give	farchi diova. diova.	23b. Did 1 = 24a. Was perfet 1 = 28d. Dascribe 28f. Location (City or To	tobacco use co Yes 2 No an autopsy ormed? Yas 2 No ona) dence 6 Oth how injury occur Street and Number, Stata	ontribute to 3 Probe 24b. Wai eve com of d 1 nar (Specify, rred ber or Rural	the cause of deably 4 United liable prior to appletion of cause eath? Yas 2 No
the funeral director, page 2 should be deteched for unitary and director, page 2 should be deteched for unitary and the formulation and the physician and the formulation and the physician and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulatio	Certification: 10 be Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Disaasa or injury that initiated avents rasulting in death) Lest Part II. Other significant conditional axaminar? 1 Yas 2 No 27. Mannar of Death 1 Natural S Pending Invastigation 1 Natural	Hospital: 1 Inpa 28a. Data of Ir (Month, I) 28a. Place of building, hyelclan: To the basis	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to	ras a consecuting in the uniting ind	quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanc	cause give ause	farchidiova. diova. an In Part I. 26. Place of Deriar: 4 Nursing Harry at K? Yas 2 No	23b. Did 1 24a. Was perfit 1 28d. Dascribe 28f. Location (City or To	tobacco uae co Yes 2 No an autopsy omed? Yas 2 No ona) dence 6 Ott how injury occur Street and Number win, Stata)	ontribute to 3 Prob 24b. Wale ever com of d 1 D mar (Specify, rred ber or Rural	the cause of deably 4 University 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10
the funeral director, page 2 should be deteched for unitary and director, page 2 should be deteched for unitary and the formulation and the physician and the formulation and the physician and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulatio	ledical Certification: 10 Be Completed by Physician/Medical Examin	Saquantially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Disassa or injury that initiated avents rasulting in daath) Lest Part II. Other significant conditions 25. Was case rafarred to medical axaminar? 1	Hospital: 1 Inpe 28a. Data of Ir (Month, London) 28a. Place of building,	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to	ras a consecuting in the uniting ind	quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanc	cause give ause	farchi diova. diova. yan In Part I. 26. Place of Dei nar: 4 Nursing H yat k? Yas 2 No	23b. Did 1 24a. Was perfit 1 28d. Dascribe 28f. Location (City or To	tobacco use co Yes 2 No an autopsy omed? Yas 2 No ona) dence 6 Oth how injury occur Street and Numb wn, Stata) causa(s) and m data and placa,	ontribute to 3 Probe 24b. Wall eve com of d 1 har (Specify, rred ber or Rural annar as sta and dua to	the cause of deably 4 Unk reautopsy findiliable prior to inpletion of causeath? Yas 2 No Route Number, ated. the cause(s)
pletely filled in by the funeral director, page 2 should be deteched for unit or the consistent it.	ledical Certification: 10 Be Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Disaasa or injury that initiated avents rasulting in death) Lest Part II. Other significant conditional axaminar? 1 Yas 2 No 27. Mannar of Death 1 Natural S Pending Invastigation 1 Natural	Hospital: 1 Inpa 28a. Data of Ir (Month, I) 28a. Place of building, hyelclan: To the basis	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to	ras a consecuting in the uniting ind	quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanc	DA Oth DA Oth 28c. Injur Wor 1 y, offica at tha tir, in my o	farchi diova. diova. van In Part I. 26. Place of Dei nar: 4 Nursing H y at k? Yas 2 No ma, data and place pinion, daath occur a number	23b. Did 1 24a. Was perfit 1 28d. Dascribe 28f. Location (City or To	tobacco uae co Yes 2 No an autopsy omed? Yas 2 No ona) dence 6 Ott how injury occur Street and Number win, Stata)	ontribute to 3 Probe 24b. Wall eve com of d 1 har (Specify, rred ber or Rural annar as sta and dua to	the cause of de ably 4 Unk ra autopsy finding islable prior to appletion of cause eath? Yas 2 No Route Number, ated. the cause(s)
the funeral director, page 2 should be deteched for unitary and director, page 2 should be deteched for unitary and the formulation and the physician and the formulation and the physician and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulation and the formulatio	ledical Certification: 10 Be Completed by Physician/Medical Examin	disaasa or condition resulting in death) Saquantially list conditions, if any, leading to immadiate causa. Entar Underlying Causa (Disaasa or injury that initiated avents rasulting in death) Lest Part II. Other significant conditions 25. Was case rafarred to medical axaminar? 1	Hospital: 1 Inpa 28a. Data of Ir (Month, I) 28a. Place of building, hyelclan: To the basis	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	ras a consecution as a consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecution in the unitary series and consecuti	quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanca of): quanc	DA Othorse give the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of	farchi diova. diova. van In Part I. 26. Place of Dei nar: 4 Nursing H y at k? Yas 2 No ma, data and place pinion, daath occur a number	23b. Did 1 24a. Was perfet 24a. Was perfet 24a. Dascribe 28d. Dascribe 28f. Location (City or To	tobacco uae co Yes 2 No an autopsy med? Yas 2 No ona) dence 6 Oth how injury occur Street and Numb wn, Stata) causa(s) and m data and placa, 29d. Date signs	ontribute to 3 Probe 24b. Was eve com of d 1 har (Specify, rred ber or Rural annar as sta and dua to	the cause of deably 4 Unk tra autopsy findiliable prior to inpletion of causeath? Yas 2 No Routa Number, ated. tha causa(s) Day, Yaar)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Death

					Certifica	te of	Death		Re	g. No. 9	U	1336
		1. Decedent's Neme (First, Middle, L.	nst)						2. Date of Death Month	Dey	Year	3. Time of Death
,	Physician /Medical	Mary Thelma Spend	e						January			9:45 PM
W I	Examiner	4a Facility Name (If not institution, gi					4b. City, To		cation of Death	4c. County		3.13.11
		2117 Chapel Valle	y Lane				Timo	nium		Balt	imor	e Co.
F	uneral			e (In yrs. last birt	Months	r 1 Year Deys	If Under Hours	24 Hrs. Min.	8. Date of Birth (Month, Dey,			lece (Stete or Foreign
	rector	220-14-1318 Usuel Residence of Decedent	1□M 212 F	71	rs.							imore, Md.
yland	MON 11	10e. Stete 10b. County		10c. City, Town	or Location						1	Od. Inside City Limits
death with the Maryland	ate not	Maryland Baltimo	re Co.	Timo	oi i m							1 ☐ Yes 25 No
the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	be notified Director	10e. Street end Number				p Code			10	g. Citizen of V	Vhet Cour	itry?
th N	23a ai E	2117 Chapel Valle	y Lane		2	1093	-2964			United	Stat	es
989	froc must froc must Funeral I	11. Marital Status	12. Wes Decedent Armed Forces?	Ever In U,S.	13. Was Dece	dent of I	Hispanic Orl	gin? (Spe	cify Yes or No- Rican, etc.)	14. Raci		an Indian,
21215-0020 d within 72 hours after giena.	by F	1 Never Merried 2 Married 3 5 Widowed 4 Divorced	1 ☐ Yes 2X I If Yes, Give Year or Dates:	No	1 ☐ Yes						Whi	
5-0 72 h	ner than "natural", nt, the Meolcal Exa Completed by	15. Decedent's E (Specify only highest gi	ducation ade completed)	16e.	Decedent's Usu (Give kind of w	el Occup	petion durina mos	t of workin	10	6b. Kind of Bu	siness/Ind	dustry
Pariginal Paris	npi mpi	Elementery/Secondary (0-12)	College (1-4or 5	5+)	life. DO NOT	ise retire	id)					
d 212 filed with Hygiena.	Co	12	n/a	As	sembly	Lin				Elect		CS
be filed	ave a	17. Father's Neme (First, Middle, Las	"				18. Mothe	ers Neme	(First, Middle, M	laiden Sumam	Θ)	
Maryland d 2 should be file th and Mental Hy	merke To	Vincent Speranza							Nardizz:			
Aar 2 she	Tale True	19a. Informent's Neme/Reletionship							Route Number,			
e, N 1 and Haalth	m 27 her t	Mr. Lonnie R. Spe	nce (Son)					Lane	Timon			
Pages Pent of P	F P P	20e. Method of Disposition 1 Burlel 2 □ Cremetion 3 [Removel from State	cemeter	Disposition (Ne v, cremetory or	other ple	ice)	1	Dete 2	20c. Location -	City or 10	wn, stete
		4 Donetion 5 Other (Special	-	Garden	ns of Fa							Maryland
Balti permit.	Important: any Injury once.	21. Signeture of Funerel Servica Lica	A- Ja	'n	22. Neme e	na Adare	ess of Fecili	Nuc				ome, Inc. Md.21204
		23a. Pert1. Enter the disease of conshock, or heart failure. List only	plicetions the caused	the deeth. Do n	ot enter the mo	de of dyi	ing, such es	cardiac o	r respiratory arre	et,	1	Approximate Interval Between
Phys	sician	STOCK, OF HOUR HANDE. CISCOTT									1	Onset and Deeth
	edical	Immediate Cause (Finet disease or condition	Meta	stud 11	1(01	w	ng	nia	MI	nich		8mo
Exa	miner	resulting in deeth)	8/ /2/	Due to (or es e o	onsequence of	:),,		
77	e e											
cute	ransit Examiner	Sequentially list conditions,	D	Due to (or es e c	onsequenca of	:						
00		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury										
68760,	edical	that initiated events resulting in deeth) Lest	0.	Due to (or as a c	onsequence of)							
E 100	22/2	CEEL TO BE A SECOND	d								i	
Š O	d by the annual lateched for the Physician/											
0 8	y the ched	Pert ff. Other significant conditions	contributing to deeth b	ut not resulting In	the underlying	cause gi	ven in Pert i	l.				the cause of death?
ecords, P.O.	o signed by the a lid be datached if d by Physic								1 T Ye	8 25 No	3 Pro	bably 4 Unknown
rds,	cate has been signed, page 2 should be d								24e. Wes er	eutopsy	24b. W	ere eutopsy findings
Record e law require	should leted								pertorm	1ed?	CO	alleble prior to mpletion of cause deeth?
	s has ige 2								1□ Ye	s 2 No		Yes 2 No
	s certificate ha director, page To Be Com	25 Whe care referred to medical					00 Dise	-1024			1	1165 250 140
	certific irector	25. Was case referred to medical exeminer? 1 Yes 2 No	Hospitel:	a□ = D/O		Ot Ot	her		(Check only one		(C)	5.1
of Vita Physician:	ral dire	27. Menner of Deeth	1 Inpatie					ursing Hon	28d. Describe ho	nca 8 □Oth w Injury occur		<i>y</i>)
On ding	After fune fune fune	Naturel 5 Pending	(Month, De	y Year) Ir	njury M	28c. Inju Wo 1 [rk?]Yes 2□	No				
DIVISION or Attanding after death.	Director: After this in by the funeral d ertification To	3 ☐ Suicide 6 ☐ Could not !	OB Diago of Ini	ury - At home, fei	m, street, facto	rv. office		2	28f. Location (Str	reet and Numb	er or Rure	al Route Number,
Div A	al Director: Aftert led in by the funer Certification	4 Homicide	building, ef	c. (Specity)					City or Town	, Stete)		
spita nours	Funeral staly filled dical Ce	29a. Certifier 1 Certifying P	nysician: To the best of	of my knowledge,	deeth occurred	at the ti	me, dete en	d plece, e	nd due to the ca	use(s) and ma	nner es s	tated.
To the Hospital within 24 hours	To the Funeral Director: After thi completely filled in by the funeral Medical Certification		miner: On the besis of end menner st	exemination end								
To th	To the comple	290. Signature and title of cartifier	7/1/	1 -	25	c. Licen	se number	n	29	d. Date signe	d (Month,	Dey, Year)
		Michard	7:40	KILL.	(00)	1	36	181	4	1/8	119	0
1	D	30 Mame and address of person who	oghypieted oxigle of d	ooth Chari (2)a) (Type Print)) /.	-60	2/	7	mil	-	
		Michard L,	4415/19	130	50	50	M	150	11755	504	100	05017
1447	State	31. Dete filed (Month, Day, Year)	OO 32 Rodstr	er's Signature	70.10							
	Registrar	JAN 0 9 19	198	a Davidson	Managas							

DHMH 16 Rev 6/95

SERVICE OF STREET The first of the profit was trained for the WE SHOULD THE STATE OF THE STATE OF The property of the second

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death January 8,1998 11:30 AM Lila Aumelia Sheppard 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Sunrise Of Towson Towson Baltimore If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth 6/23/1918 9. Birthplace (State or Foreign Months 10 M 20 F Days Hours Virginia 79 Yrs. 216-05-9763 Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Timonium MD. Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21093 2135 Chapel Valley Lane USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yea or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 X Widowed 4 □ Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Secretary Clerical 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Lila Cox Oliver Shriner 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant'a Name/Relationship (Type, Print) 2135 Chapel Valley Lane, Timonium, MD. Maravene Loeschke (daughter) 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 1/12/1998 Timonium, MD. Dulaney Valley 4 ☐ Donetion 5 ☐ Other (Specify) Carroll2. Name and Address of Facility Ruck Towson Funeral Home, Inc. 21. Signature of Funeral Service Licansee Dennis C. 1050 York Rd. Towson, MD. a 23a. Pert1. Enter the disease, or complications that it used the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock and failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final disease or condition resulting In death) 6_mins. CARDIOPULMONARY ARREST mos. METASTATIC BREAST CARCINOMA Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2000 3 Probably 4 Unknown 1 Yes PERIPHERAL VASCULAR DISEASE 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one)

Physician /Medical Examiner

Examiner

Physician/Medical

by

Completed

Be

Certification: To

1 Yes 2 No

27. Manner of Death

1 Natural

2 Accident

3 Sulcide

29a. Certifier

4 Homicide

Physician

/Medical

Director

Funeral

þ

Completed

Examiner

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner mast be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Heelth and Mental Hygiene. Important: If them 27 Is marked other than "natural", or item any injury or other traumetic event, the Medical Examines, once.

with the Marylend

death

Maryland 21215-0020

Baltimore,

Box 68760

Division of Vital Records, P.O.

Seu

certificate or Attending Physician: funeral director, After this e Hospital or Attending n 24 hours efter deeth. he Funeral Director: Afte

Medical completely To the Within 2

Registrar

(Check only one) 29b. Signature and title of cartifier

LAWRENCE SCHARF,

5 Pending

investigation 6 ☐ Could not be determined

28a. Date of Injury (Month, Day Year)

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

1 ☐ Yes

29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, State)

2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated.

D43173

29d. Date signed (Month, Day, Year) 1/8/98

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print)

21204 7605 Osler Drive Towson, MD

JAN 0 9 1998

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

2411 man 使作品 5. 11.15 D.15 The period of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of th The back to progress of \$10000 etke verse universe par for the verse was distance in the first of the

State of Maryland / Department of Health and Mental Hygiene 8

					Cer	tifica	te of	Death			Reg. No.		
Physic		1. Decedent's Neme (First, Middle, La. JOHN J. S	IBIGA	SR.						2. Date of De Month	Day	1998 1998	3. Tima of Death
/Medi Examii		4e. Fecility Neme (If not institution, giv.)	CENT	ER		4b. City, Town	n, or Loc	ation of Deat	4c. Cour	nty of Deeth	
Funeral Director		Social Security Number 6. S			last birthday) Yrs.		er 1 Year		4 Hrs. Min.	8. Deta of Bir (Month, De Aug.	th, 71935	9. Birth	plece (Stets or Foreign office) Sachusett
aryland show	7	Usual Rasidence of Decedent 10e. Stete 10b. County	- 2 2	10c. City	y, Town or Lo		3						0d. inside City Limits
Ne M	ecto	Maryland Carr	OTT		Hamps	1				1			7.7-1.10 2 1 1 1 1 1
th with t	ai Director	4616 Warpath D	r.			101. 2	ip Coda	21074	4		10g. Citizen o	A .	ntry?
72 hours efter deeth with the Maryland natural', or frams 23a or 28a-f show 3 cal Examiner must be nothred at	by Funeral	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forces 1 Wes 2 If If Yas, Giva Yeer or Oafes	Evar in U, No 2-195	is. 13. y		edent of I ecify Cub 2 No	Hispenic Originan, Mexicen, I	n? (Spec Puerto R	cify Yas or No Ricen, etc.)	Spec	lace - Amark lieck, Whita, cify: Wh:	
n 72 hours "natural", edical Ex	ted	15. Decedent's Ec	lucation		16a. Deced	ent's Us	uel Occup	oation during most o	of workin	a	16b. Kind of	Business/in	dustry
should be filed within of Mentel Hygiene. marked other than " imatic event, the Men	Completed	Elementary/Secondary (0-12)	6 Coilege (1-4or	5+)	Maint			during most of differences of the chr			Self	Emp	Loyed
filed Thygi other ent, b	Be C	17. Fether's Nema (First, Middle, Last)						18. Mother	s Neme	(First, Middle	Meiden Sum	ame)	
Aentel Aentel rked o	To B	Joseph F. Sibi	ga					Lor	rrai	ine			
		19e. Informant's Neme/Reletionship (Elizabeth F. Si		vife	4 . 4	-	,				er, City or Tow		
permit. Pages 1 and 2 Department of Health s Important: If few 27 is any Injury or other tra		20e. Mathod of Disposition 1		0	Plece of Dispo emetary, cren yland	natory or	other ple		em.	Jan.	206 Locatio 0win 13.19	igs M	wp. Stete LIIS, Md.
permit. Departments any Inju		21. Signeture of Funeral Service Licen	Shalt		E.C.	Name (Kha	rdt	Funer	ral	Chape	el	. Md	21102
Physician /Medical Examiner		23a. Pert1. Enter the disease, or com shock, or haert failure. List only Immediate Cause (Finei disease or condition resulting in death)	olications that ceuse one ceuse on each l	E CHI		BSTA	ucill					8	Approximete Interval Between Onset and Deeth MINUTES
certificate be executed ding physician and ise as the buriel-transit	/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Lest	b		r es a conseq								
- 63	cian												
het the od by th detach	/ Physician	Pert II. Other significant conditions of	ontributing fo death t	out not resi	ulting in fhe ur	derlying	cause gi	ven in Pert I.			tobacco use Yss 2□ No		the cause of death? bably 4 🗆 Unknown
hes been s the 2 should	Completed by										an eutopsy ormed?	ev co of	ere eutopsy findings alleble prior to mpletion of cause death?
	Bec	25. Was cese referred to medical						26. Plece o	of Deeth	(Check only	one)		
5 00	P C	exeminer? 1 Yes 2 No 27. Menner of Death 1 Naturel 5 Pending investigation	28e. Dete of Inju (Month, De		ER/Outpatien 28b. Time of fnjury	t 3 🗆 🛭	28c. Inju Wo		2		dence 8 00		(v)
To the the part of Attending Ph within 24 hours eiter death To the Pareral Dispetor: After thi completely illed in by the funeral	Certification:	2 Accident 3 Suicide 6 Could not be determined	28e. Plece of In	jury - At ho tc. (Specify	ome, ferm, stre					8f. Location (City or To	Street and Nu wn, Stete)	mber or Run	si Route Number,
Phone Phone letely fill	edical	29e. Certifier (Check only one)	ysician: To the best ninar: On the basis of end menner st	of axaminat	wledge, deeth tion end/or inv	occurre	d et the th	me, dete end opinion, death	plece, e	nd due to the d et the time,	ceuse(s) end dete and plec	menner es s e, and due t	tated. the cause(s)
within To the Comple	Me	29b. Signatura and the of certifiar				2		sa number		T	29d. Dete sig	ned (Month,	Dey, Year)
->-0		▶ DISrole	an MI)			12	7114	+	9	JANUA	Ry 8	, 1998 ER
		30. Name and eddress of person who	/	- 6	23e) (Type, I	Print)		VETZA	MS	APFAIR	s MEDIC	on COUT	ER
		Georgina (7	rolean					10 No	HTP	GREENE	STREET,	SAUTMO	te, Myund 21;
Sta		31. Dete filed (Month, Dey, Year)		rer's Signe	ture	400							

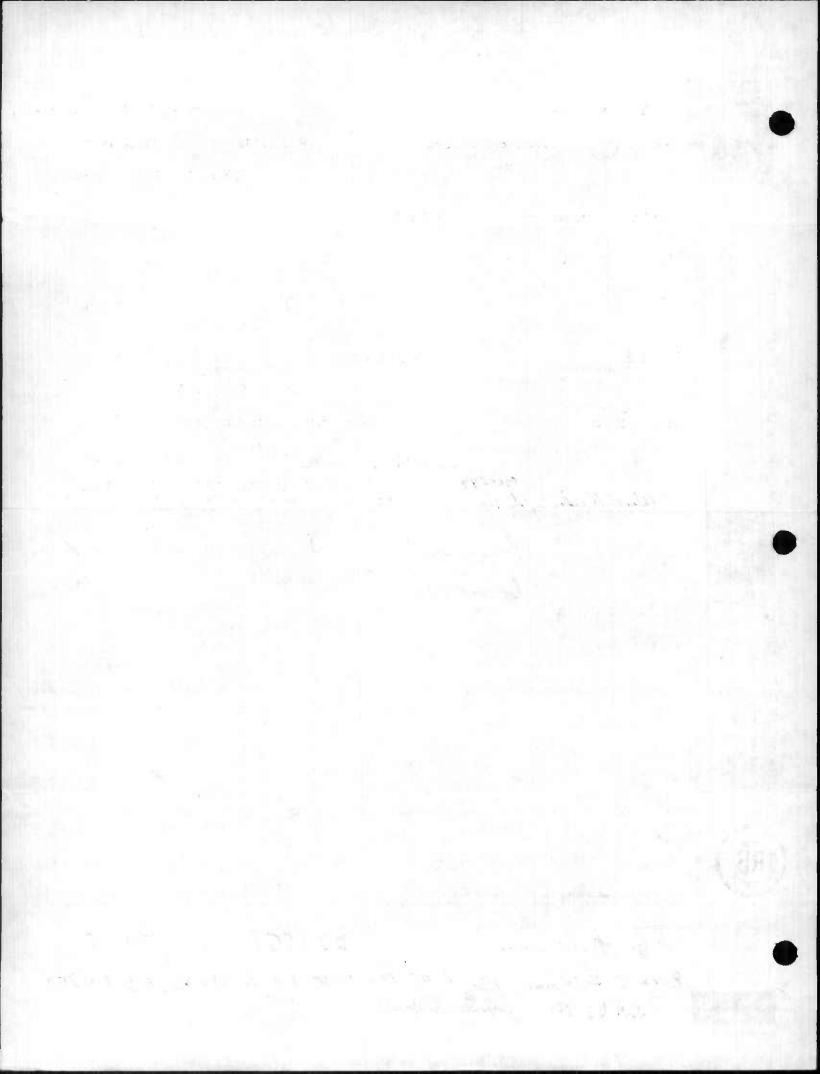
1 1 1 5 1 1 7 2 g to an Eurise transfer mark and the marking built or a sig-AND DOUGH YES with the said of the form the The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s and the second framework the

State of Maryland / Department of Health and Mental Hygiene R 00339

						Cer	tificate	of De	ath		Reg. No.	00	
Physician /Medical Examiner	7	Fecility Nama (If not institution	give str		de)		4b. C		Dete of December 13.3	ket 7 ath 4c. Count		3. Time of Death 5:40 pm
uneral	5	Cromwell Cente. Social Sacurity Number	6. Sax		derca		If Under 1		Parkv Undar 24 Hrs			Baltim	
Pirector		216-28-1107	1 🗆 N	1 2 € F	84	Yrs.	Months [Days H	ours Min.		Dey, Year) 10,1913		ece (Stete or Foreign try) Virginia
M ==		Usuel Residence of Decedent Oa. State 10b. County			10c. City,	Town or Lo	cation				_	10	Od. Insida City Limits
28a-f show notified at rector		Md. Balt	imor	e		E	ssex						1 ☐ Yes Z No
at be notified	1	Oa. Street end Number 1012 N. Marly	ı Av	е.			10f. Zip Co		1221		10g. Citizen of		try?
"natural", or items 23s or 28s-f sho tolcal Examiner must be notified at leted by Funeral Director	•	Marital Status Never Married 2 Marri Widowed 4 Divorced		Was Decedent E Armed Forces? 1 ☐ Yes 2 ₹ N If Yes, Give Year or Dates:			Vas Deceder I Yes, specify		nic Origin? (S lexican, Puer pecify:	Specify Yas or Note Rican, etc.)	lo- 14. Re- Bla Specia	ce - Amarica ck, White, e y: Wh	
important: it is a 27 is marked other than "nature any Injury or other traumatic event, the Maxical I once. To Be Completed		15. Decedent (Specify only highes	e Educat	ion om <i>pleted)</i>		16a. Deced	lent's Usuel (Occupation	g most of wo	rking	16b. Kind of B	usiness/Ind	lustry
To Be Comp		Elementery/Secondery (0-12)		Coilege (1-4or 5-	+)		ewife	retired)			own	home	
Be C	1	11th 7. Father's Neme (First, Middle, I	ast)					18.	Mother's Na	me (First, Midd	le, Meiden Sumer		
To E		William :	Lamb						S	ue Weld	on		
raum		19e. Informant's Name/Relationsh			-)+		_				ber, City or Town		Code)
the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the character of the ch	2	Charlotte Har. Oe. Method of Disposition	15/	aaugnter				-	Ave.	Dete Dete	re Md. 2		an State
Jury or o		1 □ Buriel 2 □ Cremetion 4 □ Donetion 5 □ Other (Sp		novel from State			sition (Neme netory or othe Cemet		1/10		Baltin		
Physician Medical Examiner		mmediate Ceuse (Finel disease or condition esulting in death) Sequentially list conditions, eny, leading to immediate ause. Enter Underlying Jeuse (Disease or injury hat Initiated avents aulting in death) Lesf	b. – c. – d. –		Due to (or a	s e conseques e conseques a conseques	uenca of): uenca of): uence of):						37
Phys	1	ert II. Other significant condition		uting to death bu	t not rasulti	ng in the un	iderlying cau:	se given in	Pert I.				the cause of death?
Completed by	-	Be	M							24e. We	s en eutopsy formed?	eva	re eutopsy findings ileble prior to npletion of causa leeth?
Somp										1	Yes 2 No	1 🗆	Yes 2 No
Be Be	2	5. Wes case referred to medical exeminer?	Usa	-14-1				1	Piece of De	eth (Check only	one)		
ed in by the funeral din Certification: To	2	1 Yas 2 No 7. Menner of Deeth 1 Naturel 5 Pending 2 Accident investig 3 Suicida 6 Could n	etion ot be	pitai: 1 ☐ Inpatier 28e. Dete of Injun (Month, Dey 28e. Placa of Inju	Yeer) 2	8b. Time of Injury	М	. Injury et Work? 1 ☐ Yas		28d. Describe	sidenca 6 Ott	red	
Certi		4 Homicide determi	ied	building, etc.	(Specify)		,,,				own, Stete)		
dical	2	9a. Certifier 1 CertifyIng (Check only one)	Phyalci xaminer	an: To the best of On the basis of end manner stet	examinetio	edge, deeth n end/or inv	occurred et t estigetion, in	the time, do my oplnio	ete end place n, deeth occu	a, and due to the urred et the time	e ceuse(s) end m , dete end placa,	enner es ste and due to	eted. the ceuse(s)
Me Me	2	9b. Signature end fitle of certifier	1/				29c. L	icense nur			29d. Deta signe	/	Day, Year)
1	_			luce		3		U	1102	2	1-9-	98	
7		M. ICWALOW	314	eleted cause of de	eth (Item 2) YHA	ROI	M M	e .	SAUTU	My	1-9-		
State Registrar	3	1. Date filed (Month, Day, Year) JAN 0919	98	32 Registra	Signetur	- Pands	se_						

State of Maryland / Department of Health and Mental Hygiene O O O I. O

.1.1	_	1. Decedent's Neme (First, Middle, La	st)	FIF	2 3	cate of		2. Dete of Deet			3. Time of Deeth
sician edical	-	BETTY SELTZER						January	2, 199	Yeer 98	10:25 A.M
miner	-	le. Fecility Neme (if not institution, giv	re street end number)				4b. City, Town, or I		4c. County		
	Į.	Hebrew Home Of G	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				Rockvil			tgomer	у
ral or		5. Social Security Number 6. S 101-24-0276 Usuel Residence of Decedent	Sex 7. Ag	96 (In yrs. le		Jnder 1 Year nths Deys		8. Dete of Birth (Month, Dey, Sept. 1	Year) 5, 190	9. Birthpled Country 1 Rus	ce (Stete or Foreign
		10e. State 10b. County		10c. City	, Town or Locatio	n				10d	. Inside City Limits
ģ		Maryland Montgom	ery	Roo	ckville						1 ☑ Yes 2 ☐ No
Director		10e. Street end Number			10	of. Zip Code		10	0g. Ckizen of V	Whet Country	17
la		6121 Montrose Roa	d			20852			U.S.	Α.	
by Funeral		11. Marital Stetus 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 1			Decedent of F , specify Cub es 212 No	Hispenic Origin? (S en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		e - American ck, White, etc : : : Whit).
2		15. Decedent's Ed	ducation		16e. Decedent's	Usuel Occup	petion		16b. Kind of Bu		
Completed		(Specify only highest gra	completed) College (1-4or !	i+)			during most of wor	king	0		
		12 Years 7. Fether's Name (First, Middle, Last)			Homemak	er	18. Mother's Nan	ne (First, Middle, M	Own]		
To Be		(Unknown) (Un	known)					(Unknown			
1		19e. Informent's Neme/Reletionship (Type, Print)		19b. Mailing Ad	dress (Street	t end Number or Ru		J	Stete, Zip Co	ode)
		Stuart Emden, Gra	ndson		8121 Ta	mar Dr	ive, Colu	umbia Mar	yland	21045	
	2	20e. Method of Disposition RABuriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify		COI	ece of Disposition metery, cremetor nt Leban	y or other ple	1/05/	1998	delphi		
		21. Signeture of Funeral Service Licer Was-G-Karley	1500 MOOSY		STEI	ne end Addre N HEBR	ess of Fecility REW MEMOR LL STREET	IAL FUNER	RAL HOM	E, INC	
n al er		23a. Pent1. Enter the disease, or com shock, or heart feilure. List only immediate Cause (Finel disease or condition resulting in deeth)	e. Preu	- m	1					In O	pproximete tetervel Between inset and Deeth
al Examiner		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury het initiated events	D		es e consequenc	,					
Physician/Medical		resulting In deeth) Lest	d	Due to (or e	as e consequenc	e of):					
sicia	F	ert II. Other significant conditions of	ontributing to death be	ut not result	ting in the underly	ring cause giv	ven in Pert I.	23b. Did to	bacco use con	ntribute to th	ne cause of death?
by Phy								1 🗆 Ye	2 No	3 Probab	oly 4 ☐ Unknown
Completed								24e. Wes er perform	n eutopsy ned?	evaile	autopsy findings oble prior to eletion of cause eth?
Con								1□ Ye	s 2 2 No	1 🗆 Y	'es 2□ No
Be		5. Wes case referred to medical exeminer?	Mi			la:		th (Check only one	9)		
10	-	1 ☐ Yes 250 No 7. Menner of Deeth	Hospitel: 1 Inpatie			J DOA		ome 5 Reside			
tlon	2	1 Neturel 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not be		Year)	28b. Time of Injury V	28c. Injui Wor	ry et rk? I Yes 2 □ No	28d. Describe ho	w injury occurr	ed	
0 0		4 Homicide	building, etc	: (Specify)				281, Location (Str. City or Town,	, State)		
Certification	-	No Cartina and a second		f my knowl	ledge, deeth occu	rred at the tire	me, dete end plece	end due to the ce	use(s) end me	nner es stete	ed. e ceuse(s)
edical		3.0)	Niner: On the basis of end menner ste	examinetic ted.							5 55 55 55
-		(Uneck only 2 Medical Exam	ilner : On the basis of	examinetic		29c. Licens	se number	29	d. Dete signed		
edical	2	9b. Signeture end title of certifier	iner: On the basis of end menner ste	ited.		29c. Licens	se number 2 3 95 8	7	d. Dete signed	(Month, De	y, Year)
edical	3	one) 2 Medical Exam	end menner ste	eeth (Item 2		29c. Licens	se number	7	d. Dete signed	(Month, De	y, Year)



State of Maryland / Department of Health and Mental Hygierie ? Certificate of Death 2. Dete of Death 1. Decedant's Name (First, Middle, Last) 3. Time of Deeth **Physician** JANUARY 7 CLEVELAND ARMSTEAD THOMPSON 1998 11:20PM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 19606 SPOOK HTLL ROAD FREELAND, MD BALTIMORE COUNTY 7. Age (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth APRIL 13,1915 9. Birthplece (Stete or Fo **Funeral** 10 M 20 F Deys 218-07-2695 82 Yrs. Director Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23a or 28a-f show mer must be nutfied at 1 Yes 2 No Director MARYLAND BALTIMORE FREELAND 10e. Street end Number 10f Zip Code 10g. Citizen of What Country? 19606 SPOOK HILL ROAD 21053 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. "netural", or item 1 Never Married 2 Married Specify: WHITE Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced nd 2 should be filed within 72 hou aith end Mental Hygiene. 27 Is marked other than "natural r traumatic event, me Madical E. 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) AUTOMOTIVE REPAIR OWNER- OPERATOR 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Pages 1 end 2 should be fill ment of Health end Mental Hant: If Item 27 is marked oth ury or other traumatic even Be HOWARD WORINGTON THOMPSON **ESTELLA** IDA McFALL 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rurel Route Number, City or Town, State, Zip Code) KATHRYN REBECCA THOMPSON/ WIFE 19606 SPOOK HILL ROAD, FREELAND, MD 21053 20e. Mathod of Disposition

1 Burial 2 Cremation 3 Removal from State 20b. Plece of Disposition (Name of cemetery, crametory or other p Jan. 12, 20c. Location - City or Town, State permit. Page Department of Important: If any injury or once. DULANEY VALLEY MEMORIAL TIMONIUM, MD 4 Donetion 5 Other (Specify) 1998 Victor Lengrand) 1 LEMMON FUNERAL HOME TOF DULANEY VALLEY, INC. 23e. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each lina. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting In death) Examiner Examiner Sequentielly list conditions, if eny, leeding to immediate ceusa. Enter Underlying Ceuse (Disease or injury that initiated events resulting in daath) Lest Due to (or es e consequence of) Box.68760 Physician/Medical Due to (or es e consequence of): Pert II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? P.0. 1 Yes 2 No 3 Probably 4 Unknown Records. by ate has been significant pege 2 should be Completed 24a. Wes an eutopsy performed? 24b. Ware autopsy findings evaileble prior to completion of cause of death? 1 Yes 2 14 1 ☐ Yes 2 ☐ No Vital Be 25. Was case referred to madical examiner? 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Pesidence 6 Other (Specify) 1 Yes 2 No Certification: To of 27. Manner of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury et Work? After Division or Attending 1 Natural 5 Pending 1 Yes 2 No Investigation 2 Accident efter death Director: 6 Could not be datarmined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicide within 24 hours e To the Funeral D completely filled Hospital 1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, deta end plece, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the causa(s) end menner sleted. Medicai 29e. Cartifiar (Check only one) \$ 29b. Signature end title of certifier 29c. License number 30. Nama and address of parson who completed causa of daath (Item 23a) (Type, Print)

111 MT. CARMEL ROAD, SUITE 500, PARKTON, MD 21120

DHMH 16 Rev 6/95

State Registrar RICHARD HABERSACK, M.D.

IAN 09 1998

31. Dete filed (Month, Day, Year)

terffeet so Arrord - Dan en heer alle Arath out the Paramet of Arath desired and any of the little group displayment of the Street and Tong and Tong and are in Section 1989.

strate and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	TO A LEW LOND OF THE		
Company that is more than the programme of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t		Server August	
	THU CASE DATE OF		
Language Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t		Manual Sales	317
THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE			
			fall 1

Pleas

	Print in Black Income of Maryland / Department						glble.	342	
	Cer	tificate o	f Death		Re	g. No.			
Last)					2. Dete of Deet Month	h Day	Year	3. Tima of E	Deeth
EAN	TROLL			JF	NUARY	7.	1998	8:15	PI
give street end number) Medical Center			4b. City, Town, or Location of Death TOWSOR			4c. County of Deeth Baltimore			
5. Sex 1□ M 2X F	7. Age (In yrs. lest birthday) 51 Yrs.	If Under 1 Yes Months Day	r If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Aug. 13, 1946 Ma				9. Birthp Coun Mar	nplece (Stete or Foreign intry) LYLand	

Funeral Director

Physician

/Medical

Examiner

t. Decedent's Neme (First, Middle

4a Fecility Name (If not institution,

LINDA

the Maryland

I? Is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at death permit. Peges 1 and 2 should be filed within 72 hours effer a Deperment of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or her any injury or other traumatic event, the Mexical Examine once.

altimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner ettending physician and for use as the bunal-tran signed by 8 Completed paga 2 should certificata has Be P luneral Certification: s after death. filled in by 24 hours

The law requires that the death certificate be execu

or Attanding Physician:

Hospital

Division of Vital Records, P.O. Box 68760,

Saint Joseph 5. Sociel Security Number 218-44-0271 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location Baltimore Baltimore Maryland Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 8642 Saxon Circle 21236 Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?

1 Yes 2 No
If Yes, Give
Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Status 1 Never Married 2 Married 1 Yes 2 XNo Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12th grade 18. Mother's Name (First, Middle, Melden Sumeme) 17. Father's Name (First, Middle, Last) Be George Elmer Dieter Doris Mae Wolfe 19a. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Dale O. Troll 8642 Saxon Circle, Baltimore, MD 21236 (husband) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete 1 1 Buriel 2 ☐ Cremation 3 ☐ Removel from Gardens of Faith Cemetery 1/10/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Experal Service License 22. Name end Address of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD and in polications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, 21236 Immediate Cause (Final disease or condition resulting in deeth) HEPATIC ENCEPHALOPATHY Due to (or es a consequence of) NUTRITIONAL CIRRHOSIS Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or as e consequence of) PORTAL HYPERTENSION Physician/Medical Due to (or as a consequence of) d ALCOHOL ABUSE 23b. Did tobacco use contribute to the cause of death? Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yas 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? 1□ Yes 2□ No 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27 Menner of Death 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Natural 1 TYes 2 No 2 Accident

Medical within 2 To the State Registrar

29b. Signeture and title of certifier malle m. O

6 Could not be determined

3 ☐ Sulcide

29a. Certifie

4 Homicide

(Check only one)

31. Date filed (Month, Dey, Yeer)

JAN 09 1998

29c. License number D41410

Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end menner stated.

29d. Date signed (Month, Dey, Year)

281. Location (Street and Number or Rural Route Number, City or Town, State)

PM

10d. Inside City Limits

Approximata Onset and Deeth

2 DAYS

1 ☐ Yes MO No

1 Yes 2 No

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

JOGINDER MEHTA, M.D. 7620 YORK ROAD

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

TOWSON, MARYLAND 21204 32. Registrar's Signature

your Daydon-Hunnake

1.3027

WARL

District 1

Seam Jackson Head Control

BURELTHOUSE CHERHOETS

MATERIAL PROPERTY AND ADMINISTRATION OF THE PARTY AND ADMINIST

TELEVISION OF THE SECOND

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month RENA TURNER 12:05 P.N /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BON SECOURS HOSPITAL BALTIMORE 5. Social Security Number 7. Age (In yrs. last birthday) if Under 1 Yeer If Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** 10 M 20 F Deys Yrs. 212-26-7405 94 Director Dec. 26, 1903 Va. Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location must be notified at 10d. Inside City Limits Md. n/a Baltimore Director 1 Yes 2 □ No 10e. Street and Number 3200 Presbury Street 10f. Zip Code 10g. Citizen of What Country? 21216 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ♣☐ No II Yes, Give Year or Dates: Herns 11 Maritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. the Medical Examiner 1 ☐ Never Married 2 ☐ Married 21215-0020 6 1 ☐ Yes 2 ☐ No Specify: Specify: Black þ 3 Novidowed 4 □ Divorced "natural", Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiane. Elementery/Secondary (0-12) College (1-4or 5+) Proprietor/Restaurant Self-Employed 12th Grade 18. Mother's Name (First, Middle, Maiden Surname) unknown Maryland 17. Fether's Name (First, Middle, Last) 1 and 2 should be fill lealth and Mental H m 27 is marked oth James Wright Elizabeth 19a. Informant's Name/Relationship (Type, Print) niece 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 nent of Health a Lenora Wilson 3200 Presbury Street Baltimore, Md. 21216 other altimore, 20b. Place ol Disposition (Name of cametery, crematory or other place) 20a. Method ol Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 0 Department of Important: If any injury or once. Jan. 13 Nelson Co., Va. Family Lot 22. Name and Address of Fecility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Licensee Herbert E. natter 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. **Physiclan** /Medical Immediate Cause (Final HEART FAILURG · CONGESTIVE disease or condition resulting in death) Examiner Due to (or es e consequence ol): CARDIO MYO PATHY The law requires that the death cartificets be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of) DRONARY Box 68760. Physician/Medicai P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ABDOMINAL 24b. Were autopsy findings available prior to completion of cause ol death? Completed 24a. Wes an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No **Biyision of Vital** Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 10 1 Yes 2 No 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ HomicIde 1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date and plece, end due to the ceuse(s) and menner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a. Certifier Medical within To the 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dav. Year) mo P30272 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) BALTIMORE, MD.

HOSPITAL

Aulia Davidson Randelle

32. Registrer's Signature

DHMH 16 Rev 6/95

State

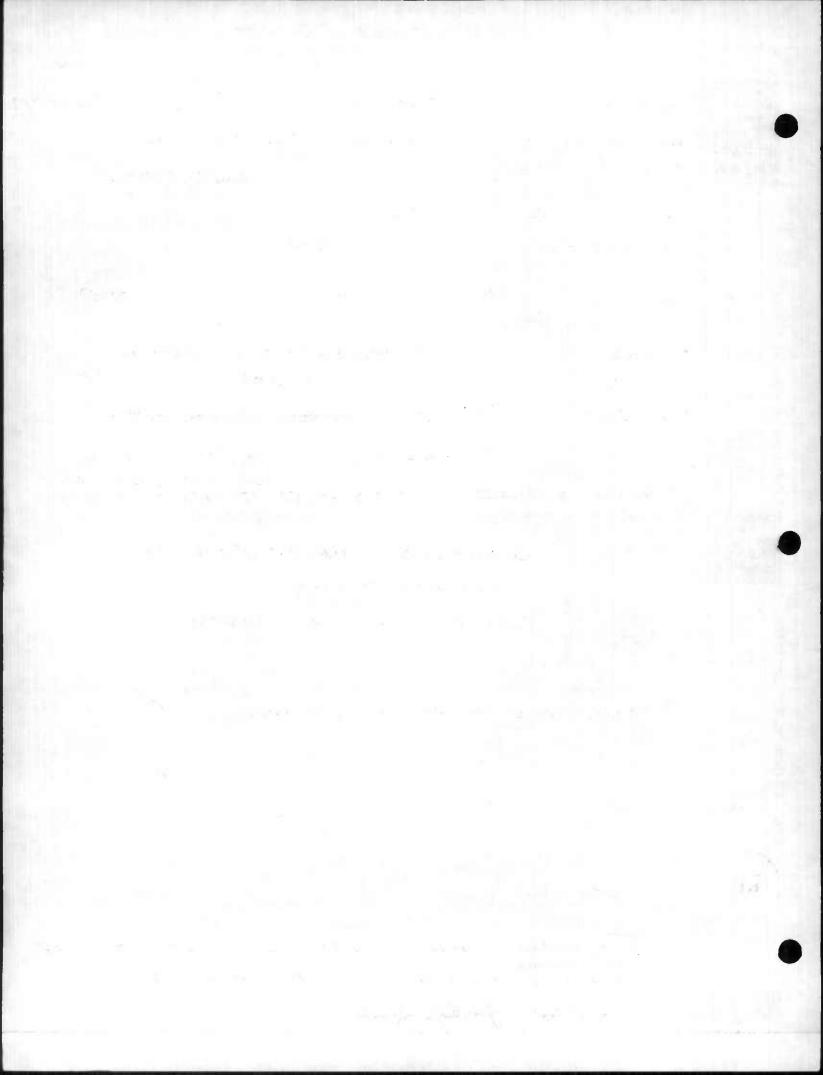
Registrar

BON

31. Date filed (Month, Day, Year)

SECOURS

JAN 09 1998



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death	Reg. No. 9	00344	1
	2. Date of Death Month Day	3. Time of I	De
	Tables Day		_

Physician
/Medical
Examiner

Funeral Director

with the Marylend d other than "natural", or itema 23a or 28a-f show event, the Medical Examiner must be notified at Directo Completed

Funeral

by

72 hours efter death se filed within 7 al Hygiene. Pages 1 end 2 should be finent of Heelth end Mental tint: If item 27 is marked of other Department of I-Important: If ite any Injury or ot once.

Maryland 21215-0020

altimore,

Box 68760

o.

9

Records,

Vita

Physician /Medical Examiner

and el-trensit death certificate be executed physician as the buriel-t 98 950 jo by the e law requires thet the peen 105

þ

Completed

Be

2

Certification:

edical

29a. Certifier

(Check only one)

29b. Signeture end title of cartifier

31. Date filed (Morth, Day, Yeer)

ö

Registrar

1 Decedent's Name (First Middle Last) ath JAMES L. TAYLOR JANUARY 04.1998 9:40 P 4b. City, Town, or Location of Death 4c. County of Death 4a Fecility Name (If not Institution, give street end number) JOHNS HOPKINS BAYVIEW OR BALTIMORE N/A If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Yeer) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) Days M 2□ F Months Hours Min Yrs. 208-10-4282 84 AUG 9,1913 PENNSYLVANIA Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 No BALTIMORE N/A 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Numbe 5606 TODD AVENUE 21206 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Marital Status Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: If Yes, Give Year or Dates: WW II Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementary/Secondary (0-12) CHIEF WARRANT OFFICER U.S.ARMY 3YRS 18. Mother's Name (First, Middle, Meiden Surname) 17. Fether's Name (First, Middle, Last) JAMES L. TAYLOR ALICE G. GILCHRIST 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Relationship (Type, Print) AUGUSTA TAYLOR (WIFE) 5606 TODD AVENUE-BALTIMORE, MD. 21206 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 1/15/98 FT. MYER, VA 4 ☐ Donation 5 ☐ Other (Specify) ARLINGTON NAT'L CEMETERY 22. Name and Address of Facility
HUBBARD FUNERAL HOME INC. 21. Signature of Funda Service Licer 4107 WILKENS AVENUE-BALITMORE, MD 21229 23a. Pert1. Enter the disease, or complications that content the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on faith line. Approximate Interval Between Onset end Deeth Immediate Ceuse (Final diseese or condition resulting In deeth) · MULTIPLE STAB AND CUTTING WOUNDS Due to (or es e consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequença of): Physician/Medicai Due to (or es a consequence of): 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown

25. Was case referred to medical examiner? XXYes 2□ No 1 ☐ Inpatient 2 🖾 ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 2015PM 1 Netural 5 ☐ Pending 1-4-98 Investigation 2 Accident 6 Could not be 3 Sulcide 4 Homicide

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) RESIDENCE

26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28c. Injury et Work?

24e. Wes en autopsy performed?

18 Yes

Sunstant & word Dubling -28f. Location (Street and Number or Rural Route Number, City or Town, State)

2 🗆 No

24b. Were autopsy findings available prior to

completion of cause of death?

19 Yes 2 No

5606 +000 Dur-BREELONE W

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and manner stated. 29d. Dete signed (Month, Day, Year) 29c. License number

Me

111 Penn Street, Baltimore, Maryland 21201

OCME

1 Yes No

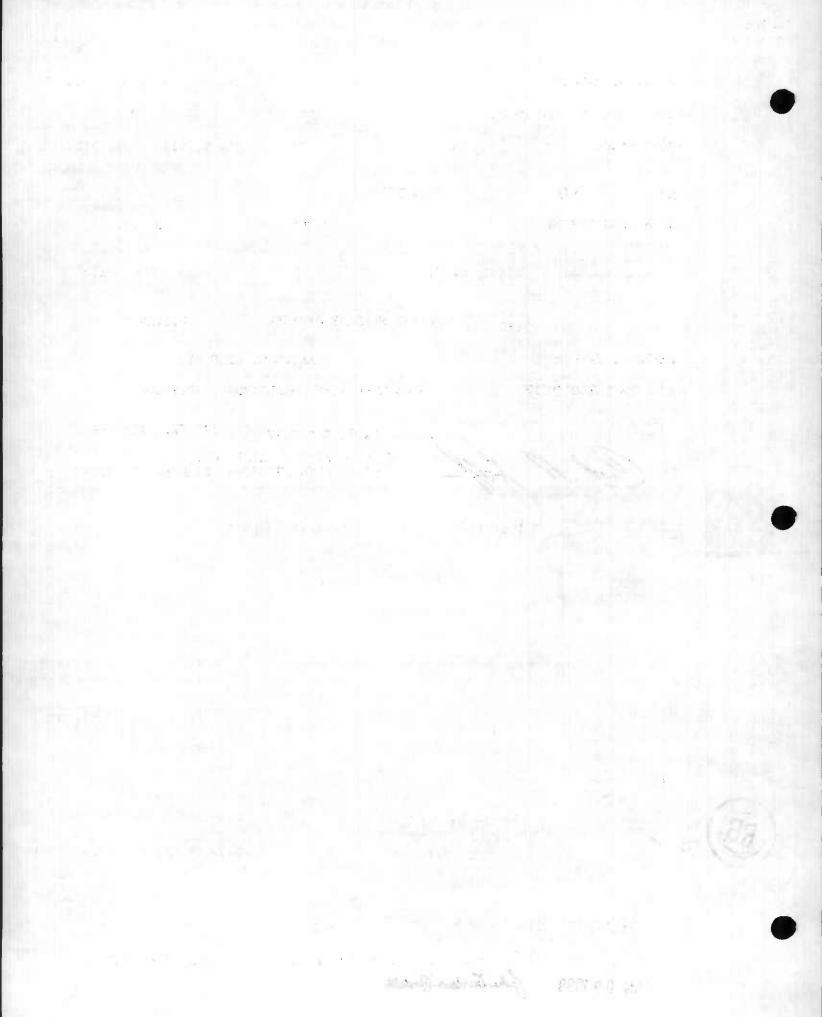
JANUARY 05, 1998

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) gang MAr KORELL

Registrar's Signature Devidson

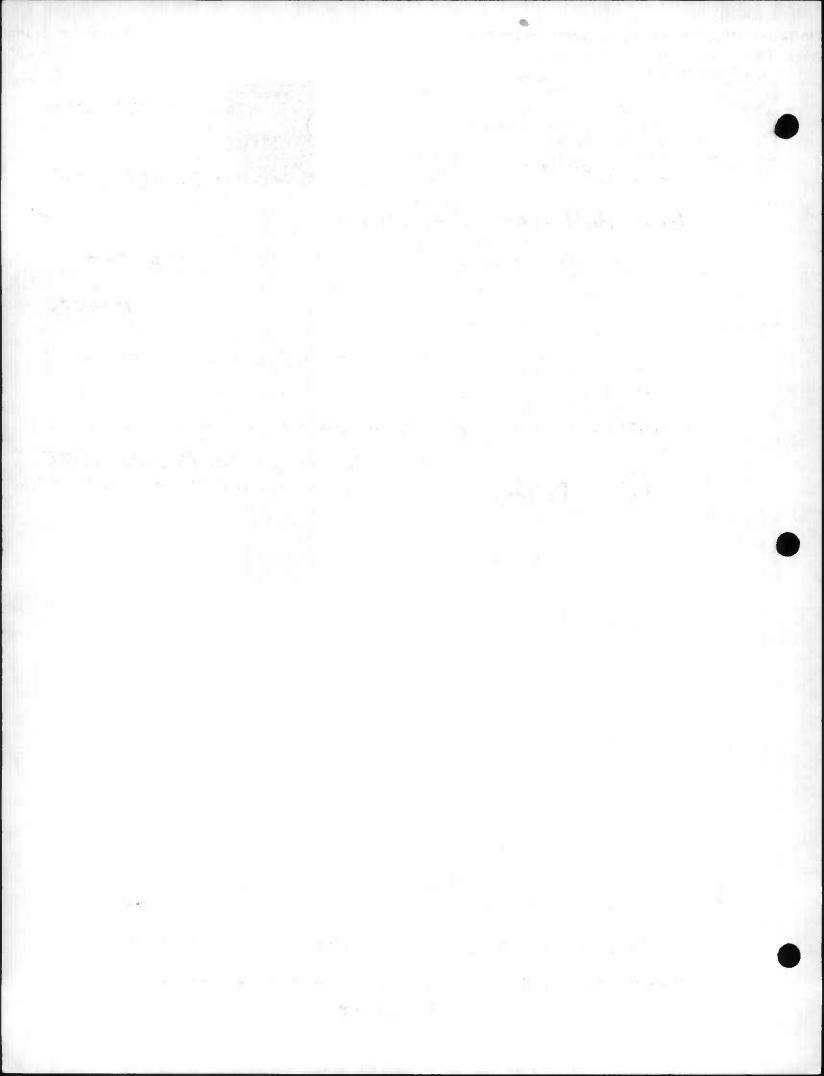
JAN 09 1998

Dumie



State of Maryland / Department of Health and Mental Hygiene

									Reg. No.			
	an	1. Decedant's Nama (First, Middla, Las	t) T		UBA			2. Data of D	Day	4.0	Yaar	Tima of Deal
/Medic	al	CHUKWUMA 4a. Facility Nama (ff not institution, give	1.	-1	UDA		4b. City, Town, o	JANUAR	1	/		40 PM
Examine		I-695 RAMP TO 43					BALTIM	DRE			of Death	
uneral rector		5. Social Security Number 3. 12-13-8183 Usual Rasidance of Decedant	7. A	ga (fn yrs. last 33	birthday) If Und Month:	lar 1 Yaar s Days		. (Month, L	Sirth Day, Year) 20,19	64	9. Birthplaca Gountry) Nige	(State or For
fahow	tor	10s. Stata 10b. County	nort		own or Location I Himor	rE						nside City Lir
1284	Funeral Director	10e. Street and Number	7.0			Ip Code			10g. Citiz	an of W	/hat Country?	
23a o	0	66 SPRINGT	THE C	NIRT			2123	4	NI	'QE	RIA	
E 5	iner	11. Marital Status	12. Was Decedant Armed Forces	Evar In U.S.	13. Was Dad		Hispanic Origin? (ban, Maxican, Pus			4. Alace	- Amarican In k, Whita, atc.	dlan,
	ρ	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 Yas 2 X If Yas, Giva Yaar or Datas:	No		21 No	Specify:	, , , , , , , , , , , , , , , , , , , ,		Specify:	01	cK
netr	Completed	15. Decedant's Edu (Specify only highast grad		1	8a. Decedant's Us (Giva kind of v	ual Occup vork dona	pation during most of w	orking	16b. Kln	d of Bus	sinass/industry	/
hen	Idm	Elamantary/Secondary (0-12)	College (1-4or	5+)					100	01		- 1.
ther the		17. Fathar's Nama (First, Middla, Last)	xyrs,	-	1470 51	ALES		eme (First, Midd				5 00
marked other than imatic event, the M	To Be	GODWIN		IIB	Δ			ONIA				CHI
le mari	F	19a. Informant's Name/Ralationship (T	ype, Print)	1	19b. Meiling Addra	ss (Street						
		VAM DERLEAM L	1BA (W	I FE) S	802 RA	DNO	R AVEN	UE BA	LTIHO	RF.	MD. J.	121
item 27 other to		20a. Mathod of Disposition		20b. Piace	802 RA of Disposition (Natary, crematory or	lama of	ica)	Data	20c. Loc	cation - (City or Town, S	Stata
Important: If any Injury or once.		1 Burial 2 □ Cramation 3 □ F 4 □ Donation 5 □ Other (Specify,	Ramoval from Stata)	STO	TOHNS	CAM	FTERV	1-17-98	OWE	ERI	Ri; I	IMC
Important: I any Injury o once.	1	21. Signature of Puneral Service Lipens	000	11	22. Nama	and Addra	ass of Facility H. B		TOF	1145	DALF	tomE
any l		M (N)	· lom	1	205	SPH	(H. 13)	eo wn	RIT	CALLA	~ 110	213
					2114	A A	1111					
		23a. Part1. Entar tha disaasa, or comp	lications that causa	id tha death. D	20 not antar tha m	O N a	FULTO Ing, such as cardi	ac or raspiratory	arrest,	()to	App	roximata
sician		23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only o	lications that causa na causa <i>on</i> aach l	id tha death. D	Do not antar tha mo	O N a	ng, such as cardi	ac or raspiratory	arrest,	i no	App	roximata rval Betwee
sician edical		shock, or haart failura. List only o	na causa <i>on</i> aach I	lina.	to not antar tha me	oda of dyl	ng, such as cardi	ac or raspiratory	arrest,		App	roximata rval Betwee
edical miner		shock, or haart failura. List only o	allications that causa ona causa on aach I	ina.	to not antar tha me	Oda of dyl	ng, such as cardi	ac or raspiratory	arrest,		App	roximata rval Betwee
edical miner	iner	shock, or haart failura. List only o Immediata Causa (Final diseasa or condition	na causa <i>on</i> aach I	ina.	UNUS	Oda of dyl	ng, such as cardi	ac or raspiratory	arrest,		App	roximata rval Betwee
edical miner	kaminer	shock, or haart failura. List only of Immediate Causa (Final diseasa or condition rasulting in death)	na causa <i>on</i> aach I	Due to (or es	UNUS	oda of dyli	ng, such as cardi	ac or raspiratory	arrest,		App	roximata rval Betwee
edical miner	al Examiner	shock, or haart failura. List only of Immediata Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Causa (Disease or Inijury	na causa <i>on</i> aach I	Due to (or es	On not antar tha mo	oda of dyli	ng, such as cardi	ac or raspiratory	arrest,		App	roximata rval Betwee
edical miner		shock, or haart failura. List only of Immediate Causa (Final diseasa or condition rasulting in death)	na causa <i>on</i> aach I	Due to (or es	On not antar tha mo	DNO (ng, such as cardi	ac or raspiratory	arrest,		App	roximata rval Betwee
edical miner transit the brial-transit the brial-transit the brial-transit the brial transit the brian transit the brian transit the brian transit the brian transit the brian transit the brian transit the brian transit transit the brian transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit transit t	edical	shock, or heart failure. List only of Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last	na causa <i>on</i> aach I	Due to (or es	onot antar tha mo	DNO (ng, such as cardi	ac or raspiratory	arrest,		App	roximata rval Betwee
edical mud modus brial-transit mod modus as the burial-transit	edical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last	a. MULT PL	Due to (or es Dua to (or es	o consequence of	f):	MP NS	ac or raspiratory	arrest,		App	roximata rval Betwee
edical mud modus brial-transit mod modus as the burial-transit	edical	shock, or heart failure. List only of Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last	a. MULT PL	Due to (or es Dua to (or es	o consequence of	f):	MP NS	S IOW AS	d tobacco	CID uee con	App Inta	roximate rval Between at and Deat
edical mud modus brial-transit mod modus as the burial-transit	Physician/Medical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last	a. MULT PL	Due to (or es Dua to (or es	o consequence of	f):	MP NS	S IOW AS	arrest,	CID uee con	App Intai	roximate roximate roximate and Deal at and Deal case of decause of
igned by the ettending physician and be detached for use as the bund-transit as	by Physician/Medical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last	a. MULT PL	Due to (or es Dua to (or es	o consequence of	f):	MP NS	S IOW AS	d tobacco	KID Jee con	App Inta	roximate roximate roximate at and Dea
igned by the ettending physician and be detached for use as the bund-transit as	by Physician/Medical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last	a. MULT PL	Due to (or es Dua to (or es	o consequence of	f):	MP NS	23b. Di	d tobacco	KID Jee con	tribute to the 3 Probably 24b. Ware et available complat	cause of d d Uni utopsy findi a prior to lion of cause
has been signed by the ettending physician and included to use as the bunal-transit and included to the physician and included to the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and included the physician and physician and included the physician and included the physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physician and physicia	by Physician/Medical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last	a. MULT PL	Due to (or es Dua to (or es	o consequence of	f):	MP NS	23b. Di	d tobacco u	Liee con	tribute to the 24b. Ware eravailable complat of death	roximate rival Between at and Dea at and Dea at and Dea at and Dea at and Dea at and Dea at and Dea at and Dea at and Dea at a prior to libon of ceus 1?
ate has been signed by the ettending physician and grappe 2 should be detached for use as the bunal-transit and grappe 2.	Completed by Physician/Medical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that Initiated avants rasulting in death) Last	a. MULT PL	Due to (or es Dua to (or es	o consequence of	f):	van in Part I.	23b. Di 24a. Wa	d tobacco u Yes 2X as an autops formad?	Liee con	tribute to the 24b. Ware eravailable complat of death	cause of de utopsy findia prior to tion of cause of the topsy findia prior to tion of cause of the topsy findia prior to tion of cause
certificate has been signed by the ettending physician and inector, page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the page 2 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use as the page 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detac	Be Completed by Physician/Medical	shock, or heart failure. List only of Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other eignificant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions	a. MULT PL	Due to (or es Dua to (or as Dua to (or as	o consequence of a consequence of g in the underlying	oda of dyl	van in Part I.	23b. Di 24a. Wa peth (Check only)	d tobacco u Yes 2X as an autops flormad? Yas 2 Vona)	Liee cont	tribute to the 3 Probably 24b. Ware et available compial of death	cause of de de de de de de de de de de de de de
his certificate has been signed by the ettending physician and II pour in director, page 2 should be detached for use as the bunal-transit II pour in the pour in the pour in the pour in the pour in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in	To Be Completed by Physician/Medical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that Initiated avants rasulting in death) Last Part II. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions	a. MULT PLA b	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es	onot antar tha management of a consequence of a consequence of g in the underlying	ODOA Official Odd	van In Part I. 26. Pleca of Dher:	23b. Di 24a. Wa pei (Check only Homa 5 🗆 Ra	d tobacco u Yes 2X as an autops flormad? Yas 2 ona) sidence 8	No No	tribute to the 3 Probably 24b. Ware et available complat of death	cause of d cause of d d Uni utopsy findi a prior to ibon of caus ?
his certificate has been signed by the ettending physician and II pour in director, page 2 should be detached for use as the bunal-transit II pour in the pour in the pour in the pour in the pour in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in	To Be Completed by Physician/Medical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that Initiated avants rasulting in death) Last Part II. Other significant conditions conditions conditions are significant conditions.	a. MUND PLA b c d Hospital: 1 □ Inpati 28a. Data of Inj. (Month, De.	Due to (or es Dua to (or es Dua to (or as Dua to (or as Dua to (or as Dua to (or as 2 EF/ 281 297 281	onot antar tha mo	DOA Office 28c. Injury	van In Part I. 26. Pleca of Dher:	23b. Di 24a. Wa pel 24a. Wa pel 24a. Wa 28d. Dasorlb	d tobacco u Yes 2X as an autops formad? Yas 2 ona) sidence 8 e how injury	No No No	tribute to the 3 Probably 24b. Ware et available complat of death 1 X Yas	cause of de de utopsy findia a prior to lion of cause of ADWAY.
his certificate has been signed by the ettending physician and II pour in director, page 2 should be detached for use as the bunal-transit II pour in the pour in the pour in the pour in the pour in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in	To Be Completed by Physician/Medical	Immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in death) Last Part II. Other eignificant conditions conditions conditions are sufficiently as a condition of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of th	a. MUND C. b. c. d. hospital: 1 Inpati	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es	consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a conseq	OOA Office Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	van In Part I. 26. Pleca of Dher: 4 Nursing ry at rk? 1 Yes 2 DNo	23b. Di 23b. Di 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a. Wa pel 10 24a.	d tobacco u Yes 2k as an autops flormad? Yas 2 ona) sidence 8 e how injury OF CAR (Straet and	No Sy Othan	tribute to the 3 Probably 24b. Ware et available complat of death	cause of de value of the cause of de value of de value of de value of the cause of de value of the cause of de value of the cause of de value of the cause of de value of the cause of de value of the cause of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de
his certificate has been signed by the ettending physician and II pour in director, page 2 should be detached for use as the bunal-transit II pour in the pour in the pour in the pour in the pour in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in the pour interests in	To Be Completed by Physician/Medical	shock, or haart failura. List only of immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in death) Last Part II. Other significant conditions conditions conditions are conditions. 25. Was case referred to medical exempinar? 1 Vas 2 No 1. Natural 5 Pending Investigation	b. c. d. Hospital: 1 Inpution Inputio	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es	e consequence of a consequence of a consequence of g in the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underlying of the underl	OOA Office Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	van In Part I. 26. Pleca of Dher: 4 Nursing ry at rk? 1 Yes 2 DNo	23b. Di 12 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel	d tobacco u Yes 2K as an autops formad? Yas 2 ona) sidence 8 e how injury OF CAR down. State)	No Sy No No No No No No No No No No No No No	tribute to the 3 Probably 24b. Ware eavailable complain of death 1 X Yas at (Specif RO) ad RRTUNU	cause of de value of the cause of de value of de value of de value of de value of the cause of de value of the cause of de value of the cause of de value of the cause of de value of the cause of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de
Director: After this cartificate has been signed by the ettending physician and bled in by the funeral director, page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the bunal-transit or page 2 should be detached for use as the bunal-transit or page 3 should be detached for use as the bunal-transit or page 3 should be detached for use as the bunal-transit or page 3 should be detached for use as the bunal-transit or page 3 should be detached for use as the bunal-transit or page 3 should be detached for use as the bunal-transit or page 3 should be detached for use as the bunal-transit or page 4 should be detached for use as the bunal-transit or page 4 should be detached for use as the bunal-transit or page 4 should be detached for use as the bunal-transit or page 4 should be detached for use as the bunal-transit or page 4 should be detached for use as the bunal-transit or page 4 should be detached for use as the bunal-transit or page 4 should be detached for use as the bunal-transit or page 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be detached for use 4 should be de	Certification: To Be Completed by Physician/Medical	shock, or heart failure. List only of immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other eignificant conditions conditions conditions are underlying in death. Last 25. Was case referred to medical examiner? 1	b. C. d. Hospital: 28a. Place of Inbuilding, al selian: To the best iner: On the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of th	Due to (or es Dua to (or es Dua to (or as	onot antar tha mo	OOA Ott	van in Part I. 26. Pleca of Dher: 4 Nursing ry at rk? 1 Yes 2 No	23b. Di 23b. Di 10 24a. Wa pei 10 25c. Dascrib DRIUM 28f. Location City or T 100 Ce., and dua to the	d tobacco u Yes 2X as an autops formad? Yas 2 ona) sidence 8 e how injury OF CAR (Straet and own, State) U 3 DF a causa(s)	No No No No No No No No No No No No No N	tribute to the 3 Probebly 24b. Ware eavailable complation of death 1 X Yas at (Specific O) ed RT (VIU) mar as stated.	cause of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value
ples Wiled in by the funeral director, page 2 should be detached for use as the bunal-transit of page 2.	ledical Certification: To Be Completed by Physician/Medical	Immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in death) Last Part II. Other significant conditions conditions conditions are underlying in death. Last 25. Was case referred to medical examinar? 1	a. MUC N PCC b	Due to (or es Dua to (or es Dua to (or as	onot antar tha minus on the more of the consequence of a consequence of a consequence of a consequence of a consequence of g in the underlying of the underlying of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of t	OOA Office or on, in my conduction, in my conduction of the initial or on, in my conduction of the initial or on, in my conduction or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial or one of the initial o	van In Part I. 26. Pleca of Dher: 4 Nursing ry at rk? 1 Yes 2 10 No	23b. Di 23b. Di 10 24a. Wa pei 10 25c. Dascrib DRIUM 28f. Location City or T 100 Ce., and dua to the	d tobacco u Yes 2X as an autops formad? Yas 2 ona) sidence 8 e how injury OF (A) (Straet and own, State) 4 3 DF a causa(s) a, data and	No No No No No No No No No No No No No N	ar (Specific) are or Fural Router or Rural Ro	cause of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value
ples Wiled in by the funeral director, page 2 should be detached for use as the bunal-transit of page 2.	ledical Certification: To Be Completed by Physician/Medical	shock, or heart failure. List only of immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other eignificant conditions conditions conditions are underlying in death. Last 25. Was case referred to medical examiner? 1	b. C. d. Hospital: 28a. Place of Inbuilding, al selian: To the best iner: On the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of th	Due to (or es Dua to (or es Dua to (or as	onot antar tha minus on the more of the consequence of a consequence of a consequence of a consequence of a consequence of g in the underlying of the underlying of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of t	OOA Office on the first on, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time	van In Part I. 26. Pleca of Dher: 4 Nursing ry at rk? 1 Yes 2 No	23b. Di 23b. Di 10 24a. Wa pei 10 25c. Dascrib DRIUM 28f. Location City or T 100 Ce., and dua to the	d tobacco u Yes 2X as an autops formad? Yas 2 ona) sidence 8 e how injury OF (A) (Straet and own, State) 4 3 DF a causa(s) a, data and	No No No No No No No No No No No No No N	tribute to the 3 Probebly 24b. Ware eavailable complation of death 1 X Yas at (Specific O) ed RT (VIU) mar as stated.	cause of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value of de value
ples Wiled in by the funeral director, page 2 should be detached for use as the bunal-transit of page 2.	Medical Certification: To Be Completed by Physician/Medical	shock, or heart failure. List only of immediate Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Part II. Other eignificant conditions conditions conditions are underlying in death. Last Part II. Other eignificant conditions conditions conditions conditions conditions conditions. 25. Was case referred to medical examinar? 1	ha causa on each I a. MUND II b. c. d. Hospital: 1 Inpati 28a. Place of In building, a sician: To tha best iner: On tha basis o and mannar st	Due to (or es Due to (or es Dua to (or as	consequence of a consequence of a consequence of a consequence of a consequence of g in the underlying g in the underlying of injury 300 M term, street, factor dge, daeth occurre and/or invastigation	OOA Office on the first on, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in my consequence of at the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time, in the time	van In Part I. 26. Pleca of Dher: 4 Nursing ry at rk? 1 Yes 2 10 No	23b. Di 23b. Di 10 24a. Wa pei 10 25c. Dascrib DRIUM 28f. Location City or T 100 Ce., and dua to the	d tobacco u Yes 2X as an autops formad? Yas 2 ona) sidence 8 e how injury OF (A) (Straet and own, State) 4 3 DF a causa(s) a, data and	No No No No No No No No No No No No No N	ar (Specific) are or Fural Router or Rural Ro	cause of de cause of de utopsy findir a prior to lion of ceuse 1? ADWAY Ita Number, Causa(s)
ples Wiled in by the funeral director, page 2 should be detached for use as the bunal-transit of page 2.	Medical Certification: To Be Completed by Physician/Medical	Immediate Causa (Final diseasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in death) Last Part II. Other significant conditions conditions conditions are underlying in death. Last 25. Was case referred to medical examinar? 1	the cause on each I a. MUND PL b	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es	consequence of a consequence of a consequence of a consequence of a consequence of g in the underlying g in the underlying of injury 300 M term, street, factor dge, daeth occurre and/or invastigation	OOA Office or of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of time of t	van In Part I. 26. Pleca of Dher: 4 Nursing ry at rk? 1) Yes 2 (Divio) ma, data and placopinion, daath occurs a number . M. E.	23b. Di. 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa pel 24a. Wa p	d tobacco u Yes 2K as an autops formad? Yas 2 Vona) sidence 8 se how injury OF (A) (Straet and own, State) 4 3 DF a causa(s) a, data and JANUA	No No No No No No No No No No No No No N	Applintal Ons Inflations at Important Pour Properties of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of the attention of	cause of dutopsy findia a prior to libration of cause? ADWAY Take Number, and Number, and Number, and Number, and Number, acausa(s)

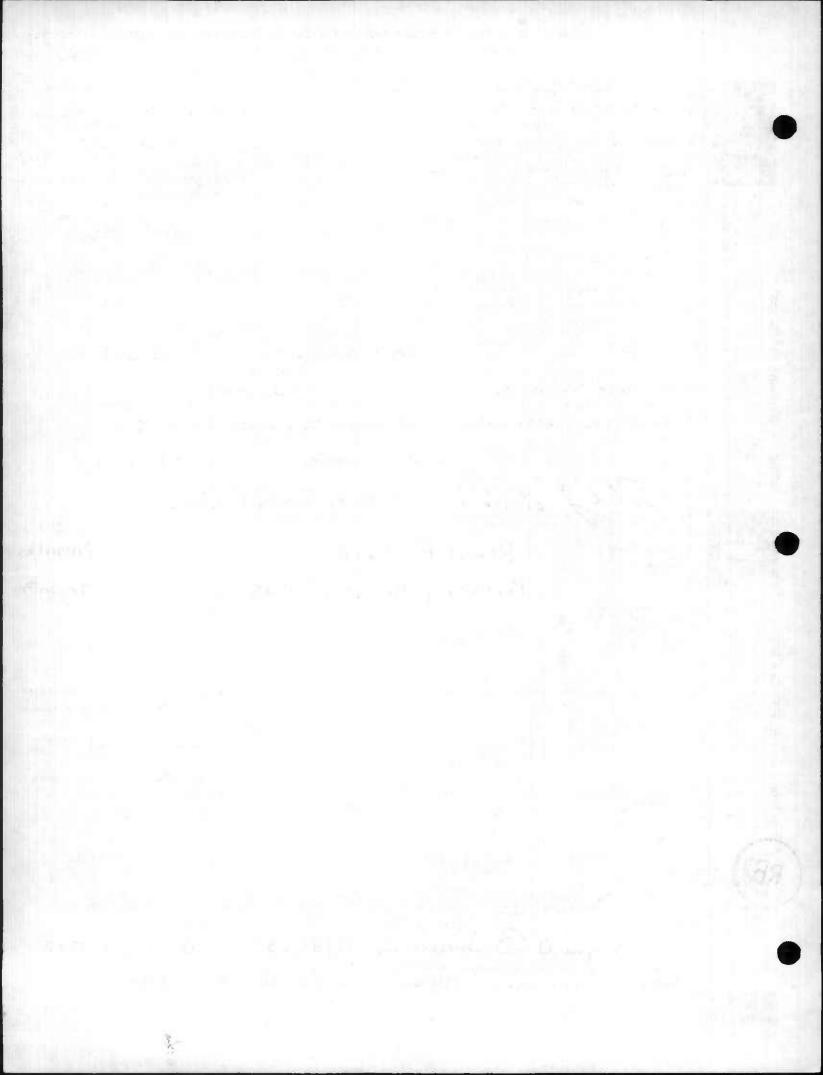


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** John Henry Woodson, Jr. January 6, 1998 8:25 pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Anne Arundel Medical Center Anne Arundel Annapolis If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 6. Sex 2 F 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 225-52-1266 56 Yrs Director Virginia Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner main be distilled at 1 ☐ Yes 2 No Director Anne Arundel Galesville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4865 Anchors Way 20765 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status 2 should be filed within 72 hours after and Mental Hygiene. Is marked other than "natural", or ite Yas 2 No
If Yes, Give
Year or Dates: 59-60 1 ☐ Never Married 2 Amarried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Service Consultant Automobile 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) John Henry Woodson, Sr. Ethel Lee Brown 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If item 27 Is m any Injury or other traum once. Patricia A. Woodson - Wife 4865 Anchors Way, Galesville, MD 20765 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Deta 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Woodfield Cemetery 1/10/98 Galesville, MD 22. Name and Address of Fecility Hardesty Funeral Home, P.A alre 12 Ridgely Avenue, Annapolis, MD 23a Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, above, or heart failing. List only one cause on each lina. Approximate Intervel Between Onset end Death **Physician** Renal Failure /Medicai Immediete Cause (Final diseese or condition rasulting In death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last 밁 burla physician the buria 8 Physician/Medical Due to (or as e consequence of) 88 981 ğ 23b. Did tobacco use contribute to the cause of death? 2 Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t d be detact 1 Yes 2 No 3 Probably 4 Unknown Vital Records, by 24a. Was an autopsy performed? 24b. Wera autopsy findings evelleble prior to Completed completion of cause of death? page 2 2NNO 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 SInpatient 2 ☐ ER/Outpatient 3 ☐ DOA ō 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending 15 Natural 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be detarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homicide edicai 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of cartifier 29c. License number Wayne O. Subaum my 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) Wayne D. Bierbaum 134 owensville Rd West RNCV MD Hegistrar's Signature 31. Data filed (Month, Day, Yaar) State JAN 09 1998

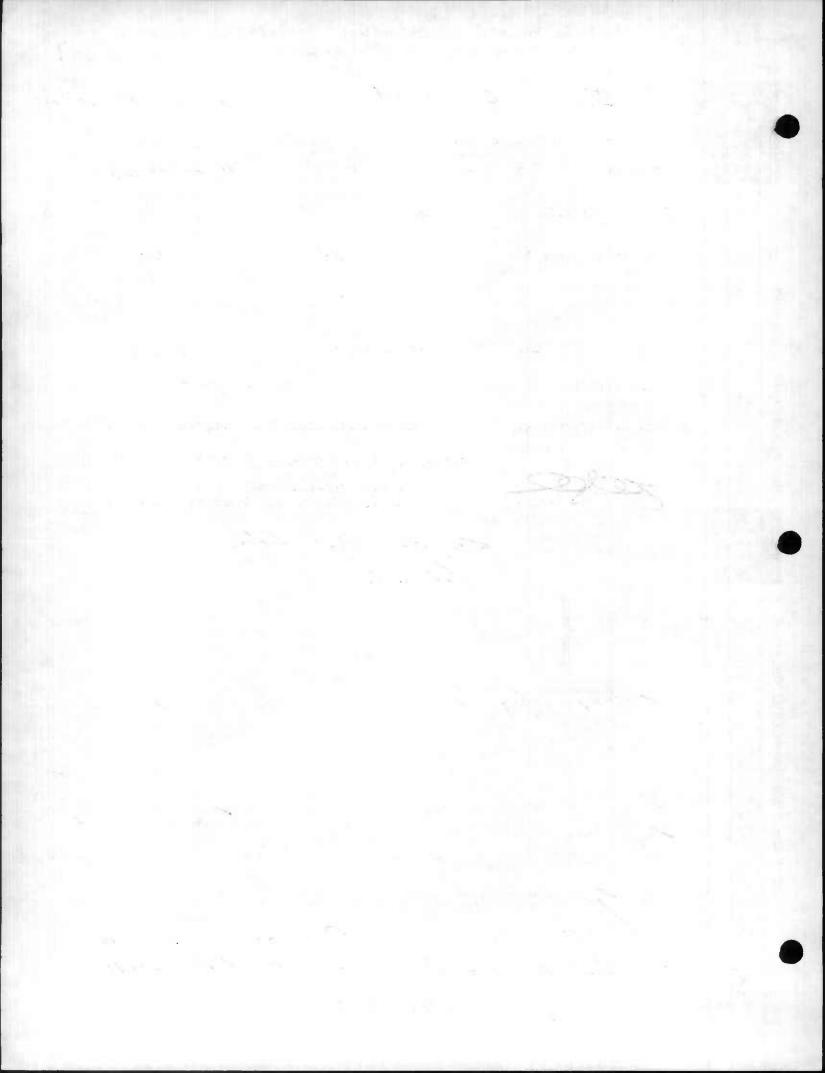
DHMH 16 Rav 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 0 3 1 7

Physicia /Medica	n	1. Decedent's Neme (First Middle, Las	st) E	LIEN	21		2. Dete of De Month	path Day	3. Time of Dea	
Incaice	_				,		/	_		
Examine	er	4a. Facility Name (If not institution, given 19033 Bri	e street end number) .ck Store Ro	1.		4b. City, Town, or L 21074	ocation of Deat	4c. County of D		
uneral irector	- 1	5. Social Security Number 6. S 217-38-3050 A		'In yrs. lest birthdey	Months Days	If Under 24 Hrs.	8. Date of Bir (Month, De	th 9.1	Birthplace (State or Fo. Country) rmany	
f ahow	tor	Usual Residence of Decedent 10a. State 10b. County MD Carro1		Oc. City, Town or L Hampste					10d. Inside City Li	
or 28a	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of What	Country?	
23.0	ral	19033 Brick Stor			210			USA		
	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1 Tes 2 No If Yes, Give Year or Dates:	er in U,S. 13.	Was Decedent of Hispanic Origin? (Specify Yes or Nit Yes, specify Cuban, Mexican, Puerto Rican, etc.) □ Yes 2 No Specify:				merican Indian, /hite, etc. White	
naturi fical i	peted	15. Decedent's Ed (Specify only highest gra	lucation	16a. Dec	edent's Usuel Occu	pation	kina	16b. Kind of Busine	ss/Industry	
than "	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		ce Clerk	during most of work	Cirig	Banking		
offher ent, t	Be Co	17. Father's Name (First, Middle, Lest)		OIII	ce oleik	18. Mother's Nam	ne (First, Middle	, Melden Sumeme)		
rked of	ToB	Herman Schmidt				Augus	ta Szem	kus		
auma auma		19a. Informant's Name/Relationship (7	Type, Print)	19b. Mai	ling Address (Stree	t end Number or Rui	ral Route Numb	er, City or Town, Stet	e, Zip Code)	
= 5		Barbara Lewis/Daug 20a. Method of Disposition 1 Burlal X Cremation 3 D 4 Donation 5 Other (Specify	Removel from State	20b. Place of Disp	033 Brick costion (Neme of emetory or other pla		. , Hamp	stead, MD 20c. Location - City		
Important: If it any injury or constant.		21. Signature of Fundary Toyloo Licentification of F1 23a. Part1. Enter the disease, or companion, or heart failure. List only	agle	I.	22. Name and Addr Jemmon Fu	ess of Fecility neral Homo onia Rd.,	e Timoni	8 Laurel, um, MD 210		
sician edical miner	8	xaminer	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	e y (or es a conse	,	/ Pair	645		
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	e to (or es a conse	equence of):					
A 10 10 10 10 10 10 10 10 10 10 10 10 10	100									
100	ysicia	Part II. Other eignificant conditions of			underlying cause g	ven in Pert I.				
igned by the energy be deteched for is	by Phy			not resulting In the	underlying cause g	ven In Pert I.	1 🗆	Yes 22 No 3	Probably 4 Uni	
ss been signed by the enemals 2 should be deteched for use	þ				underlying cause g	ven in Pert I.	1 🗆	Yes 22 No 3 ☐ an autopsy mmed? 24	Bb. Were eutopsy findinavallable prior to completion of caus of death?	
ss been signed by the enemals 2 should be deteched for use	Completed by	Zorensoz			underlying cause g		1 🗆	yes 2₽No 3□ an autopsy 24 yes 2₽No	Probably 4 Uni b. Were eutopsy findi available prior to completion of caus	
his certificate hes been signed by the effertal director, page 2 should be deteched for its	To Be Completed by	25. Wes case referred to medical examiner? 127. Wanner of Deeth 12. Netural 5 Pending	Hospital: 1 Inpatient 28a. Date of Injury (Month, Dey Y	2 □ ER/Outpatie	ent 3□ DOA Of Of 28c. Inju	28. Plece of Dee her: 4□ Nursing Ho	24a. Was perfe	yes 2₽No 3□ an autopsy 24 yes 2₽No	b. Were eutopsy findiavallable prior to completion of caus of death? 1 Yes 22 No	
ctor. After this certificate has been signed by the effection by the funeral director, page 2 should be deteched for as	To Be Completed by	25. Wes case referred to medical examiner? 10 Yes 2 \(\text{No} \) 27. Manner of Deeth 10 Netural 5 \(\text{Pending} \)	Hospital: 1 Inpatient 28a. Date of Injury (Month, Dey Y	2 ER/Outpatie	ent 3 DOA Of 28c. Inju	28. Plece of Dee her: 4 \(\to \text{Nursing Hirry at rk?} \)	24a. Was perfet 1 Lacetion (Check only) 28d. Describe 28f. Location (Yes 22No 3 Yes 22No one) denca 8 Other (Show Injury occurred	Probably 4 Unit b. Were eutopsy findificated by the prior to completion of causof death? 1 Yes 2 No	
ctor. After this certificate has been signed by the effection by the funeral director, page 2 should be deteched for as	Certification: To Be Completed by	25. Wes case referred to medical examiner? Yes 2 No 27. Manner of Deeth Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. Certifier Certifying Ph	Hospital: 1 Inpatient 28a. Date of Injury (Month, Dey Y) 28e. Place of Injury	2 ER/Outpatie 28b. Time (Injury) - At home, farm, s' Specify) ny knowledge, dee tamination and/or it	ent 3 DOA Of 28c. Inju M 1 Treet, factory, office	28. Plece of Dee her: 4 Nursing Horry at rry at rry?] Yes 2 No	24a. Was perfect the Check only. One Seathers 28d. Describe 28f. Location (City or To	Yes 22No 3 an autopsy 24 Yes 22No one) denca 8 Other (Show injury occurred Street and Number of twn, Stefe) ceuse(s) and menne	completion of cause of death? 1 Yes	
he Funeral Director: After this certificate hes been signed by the eitered plately filled in by the funeral director, page 2 should be deteched for se	ledical Certification: To Be Completed by	25. Wes case referred to medical examiner? 12 Yes 2 No 27. Manner of Deeth 12 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. Certifier Check only 2 Accident Exam	Hospital: 1 Inpatient 28a. Date of Injury (Month, Dey Y 28e. Place of Injury building, etc. (yelclan: To the best of miner: On the basis of ex	2 ER/Outpatie 28b. Time (Injury) - At home, farm, s' Specify) ny knowledge, dee tamination and/or it	ent 3 DOA Of 28c. Inju M 1 treet, factory, office	28. Plece of Dee her: 4 \(\to \) Nursing He ry at rk?] Yes 2 \(\to \) No me, date and placa, opinion, death occur	24a. Was perfect the Check only. th (Check only.) Demo SAResi 28d. Describe 28f. Location (City or To	Yes 22No 3 an autopsy 24 Yes 22No one) denca 8 Other (Show injury occurred Street and Number of twn, Stefe) ceuse(s) and menne	Probably 4 Unit bb. Were eutopsy findia available prior to completion of caus of death? 1 Yes 2 No Specify) r Rurel Route Number, r as stated, due to the cause(s)	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 050 A WILHELM ALBERT 01 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Johns Hopkins Geriatrics Center Paltimore
Under 24 Hrs. 8. Dete If Under 1 Year | Months Days 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Days Hours 100 M 2□ F Yrs. 95 213-07-0515 Feb. 28, 1902 Maryland Usuei Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2 √ No Baltimore Dundalk 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2648 Yorkway 21222 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Maritel Status 1 ☐ Never Married 2 ☐ Married I ☐ Yes 2 X No If Yes, Give 1 ☐ Yes 2 X No Specify: White res, Give Yeer or Dates: 3℃ Widowed 4 Divorced 16a. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Turn Supervisor UNK Steel Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) George Henry Wilhelm Grace Darling Jones 19a. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Thomas Wilhelm/ Son 1967 Planters Drive, Huddleston, Virginia 24104 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 20e. Method of Disposition Date 1 Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Meadowridge Memorial Park 1-8-1998 Elkridge, Howard County, Md. 21. Signeture of Funeral Service Licepa 22. Name end Address of Fecility Bradley-Ashton-Dabrowski-Matthews Funeral Home, Inc. 2134 Willow Spring Rd., Baltimore, Md 21222 23e. Pent1. Enter the disease, or complications that caused the definit. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each liquid. Approximete Intervel Between Onset and Deeth Immediete Ceuse (Finel diseese or condition resulting in deeth) Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Winknown 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work?

Hopkins Buyree Cir.

The law requires that the death certificete be executed Box 68760. o ۵. Records, of Vital Physician: Division or Attending Hospital

Physician

/Medical

Examiner

10a. Stete

Md.

Funeral

Director

r 28a-f show

Examiner must be r

"natural"

than

marked

of Haaith

f Item 27 i

Physician

/Medicai

burial-transit

the

88

signed by the attending to be deteched for use

page 2 has

funeral director,

2

completaly To the Within 2

certificate

this

daath.

eftar daati

24 hours

pue

physiciar

= 5 permit. Pege Department of Important: If any injury or

deeth

filed within 72 hours after

2 should be filed with and Mental Hygiene.

Peges 1 and 2 should

Maryland 21215-0020

Baltimore,

Directo

Funeral

by

Completed

Be

2

Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. þ Completed Be 25. Wes case referred to medical exeminer? 10 1 ☐ Yes 2 No 27. Menner of Death Certification: 5 Pending Investigation 1 Netural 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signature en 29c. License number 29d. Date signed (Month, Dey, Year)

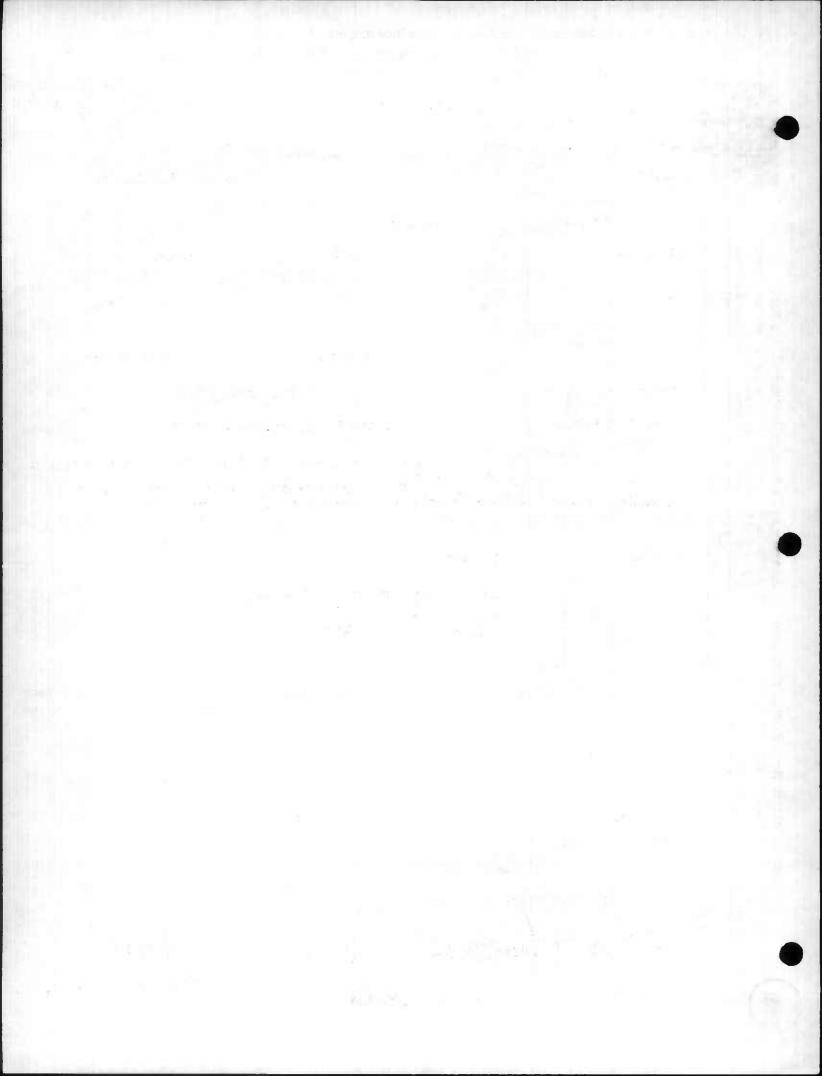
ed cause of deeth (Item 23e) (Type, Print)

State Registrar

30. Neme er

ohla 31. Date filed (Month, Day, Year)

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death RAYMON 300 4b. City, Town, or Location of Deeth , 1998 4a. Fecility Name (If not institution, give street end number) 4c. County of Deeth ST. AGNES HOSPITAL BALTIMORE H Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. 02/03/1929 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country)
 XY 1⊠M 2□ F 68 401-34-2189 Yrs. Usuel Residence of Decedent 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No BALTIMORE CATONSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 113 S. HILLTOP ROAD 21228 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married Specify: WHITE 1 ☐ Yes 2 No Specify: 3 □ Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 10 OWNER OPERATOR TRUCKING BUSINESS 17. Fethar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) WILLIAM WARD MARTHA ANN WARFORD 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) JUNE A. WARD / WIFE 113 S. HIILTOP ROAD CATONSVILLE, MD 21228 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete MAYS CHAPEL CEMETERY 1/10/98 TIMONIUM, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility 21. Signeture of Funerel Service Licenses STERLING ASHTON FUNERAL HOME, INC. and 736 EDMONDSON AVE. CATONSVILLE, MD 21228 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. Approximata Onset end Deeth Immediata Cause (Finel CARDIOGENIC disease or condition resulting in deeth) Renal Failure END STAGE Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseesa or Injury that Initiated evants resulting in deeth) Lest Due to (or es a consequence of) lephrosclerosis evere Due to (or es e consequence of) GENERALIZED ATHEROSCIEROSIS Pert II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☑ Probably 4 ☐ Unknown STAGE ISCHEMIC CARDIOMYODATHY 24b. Wara autopsy findings eveilable prior to 24a. Was en eutopsy performed? Sovere MITEAL AND TRICUSPID INSUFFICIENCY. completion of cause of death? Severe Emphysem A 1 ☐ Yes 2 No 1 Yes 2 No 25. Wes casa referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Deeth 28d. Describe how Injury occurred 28a. Data of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Naturel 2 ☐ Accident 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Physician /Medicai Examiner

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examinar must be notified at

Items 23a

"natural", or

d 2 should be filed within 7: th and Mental Hygiene. 7 Is marked other than "ny

permit. Pages 1 and 2.
Department of Health ar
important: If item 27 is
any injury or other trau

Director

Funeral

by

Completed

the Maryland

after

Baltimore, Maryland 21215-0020

Examiner

physician end Box 68760 signed by t Records, certificate Attending Physician: After Division death. Director: in 24 hou.
the Funeral Dir.
'ty filled in by 6 To the Fune

W

Armeno

Completed by Be

edical

Physician/Medical Certification: To

> State **legistrar**

TEX Cartifying Physician: To the best of my knowledge, deeth occurred et the time, data end pleca, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data end plece, end due to the cause(s) end manner steted. 29b. Signeture end title of certifier ATTENDING

29c. License number D16200 29d. Dete signed (Month, Dev. Year)

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

2. M.D. 720-C MAIDEN ChoiceLA.

32. Registra signature. Render CATONSVIlle, 21228 M. MACHIRAN

31. Dete filed (Month, Day, Year)

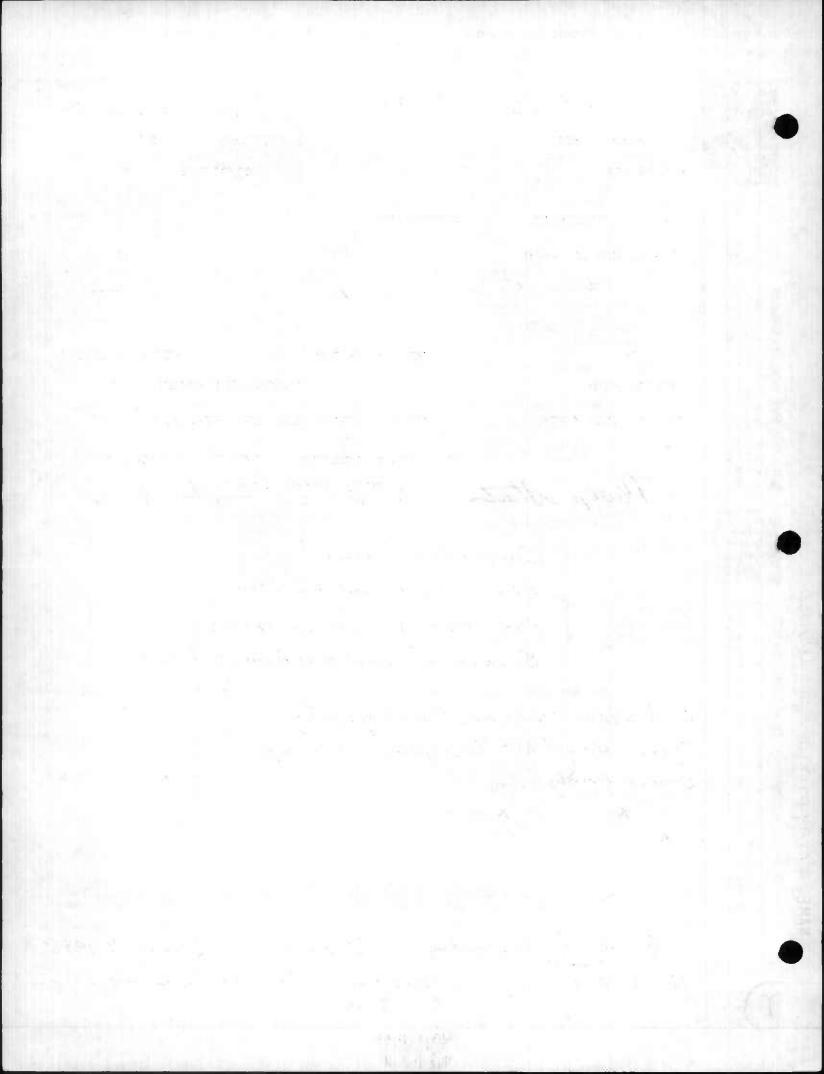
4 Homicide

(Check only one)

29a. Certifier

GAN 09 1998

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Time of Death 1 Decedent's Name (First Middle Last) Month 8, 5:30 AM January 1998 Ida E. Walter 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Stella Maris Hospice Baltimore Towson If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign 1 M 2 XF Days Hours Min 71 Yrs. 216-20-2119 Maryland March 7, 1926 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. tnside City Limits 1 X Yes 2 □ No Maryland N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21206 United States 4405 Frankford Avenue 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indian, Black, White, etc. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Secretary Social Security 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Joseph V. Walter Ida C. Beckman 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Ms. Rose L. Walter / Sister 4405 Frankford Avenue Baltimore, MD 21206 20a. Method of Disposition 20b. Place of Disposition (Neme of cametery, crematory or other place) Dete 20c. Location - City or Town, State 1 X Buriat 2 ☐ Cremation 3 ☐ Removal from State Most Holy Redeemer Cemetery 1/10/1998 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signature of Funeral Service bicensee Michael E. Canapp L'eonard J. Ruck, Inc. Michael 5305 Harford Road Baltimore, MD 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart failura. List only one cause on each line. Approximate Intervel Between Onsat and Death acute Cerebral fleuerrungs arteriors deute Hent Sirane tmmediate Cause (Final disease or condition rasulting In death) Sequentially tist conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? Part tt. Other eigntfloant conditions contributing to death but not resulting in the underlying cause given in Part t. 3 Probably 4 Unknown 1 □ Yee 2 □ No 24b. Were autopsy findings evailable prior to 24e. Wes an autopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminar?

Physician /Medical Examiner

Physician/Medical

ð

Completed

10

Certification:

Medicai

27. Manner of Beath

1 BNatural

2 Accidant

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signature end title of certifler

Physician

/Medical

Examiner

Funeral

Director

notified at

d 2 should be filed within 72 hours after death with the and Mental Hygiene.
7 Is marked other than "naturel", or frems 23s or it the matic event, it a Medical Examination must be g

permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 Is m any Injury or other treum pace.

altimore, Maryland 21215-0020

Directo

Funeral

þ

Completed

the Maryland

page 2

funeral aftar death.

Division of Vital Records, P.O.

or Attending Physician: 24 hours Hospital within 2

Registrar

Name and addrass of person who complated cause of death (Itam 23a) (Type, Print)

31. Date filed (Month, Day, Year) JAN 0 9 1998

5 Pending Investigation

6 Could not be determined

DATE21'60

28a. Data of Injury (Month, Day Year)

32. Registrar's Signature . lia Davidson-Randall

7402

Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

28e. Placa of Injury - At home, ferm, streat, factory, offica building, etc. (Specify)

26. Placa of Daath (Check only one)

Othar: 4 Nursing Home 5 Residenca 6 Other (Specify)

28d. Describe how injury occurred 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Streat and Number or Rural Route Number, City or Town, State)

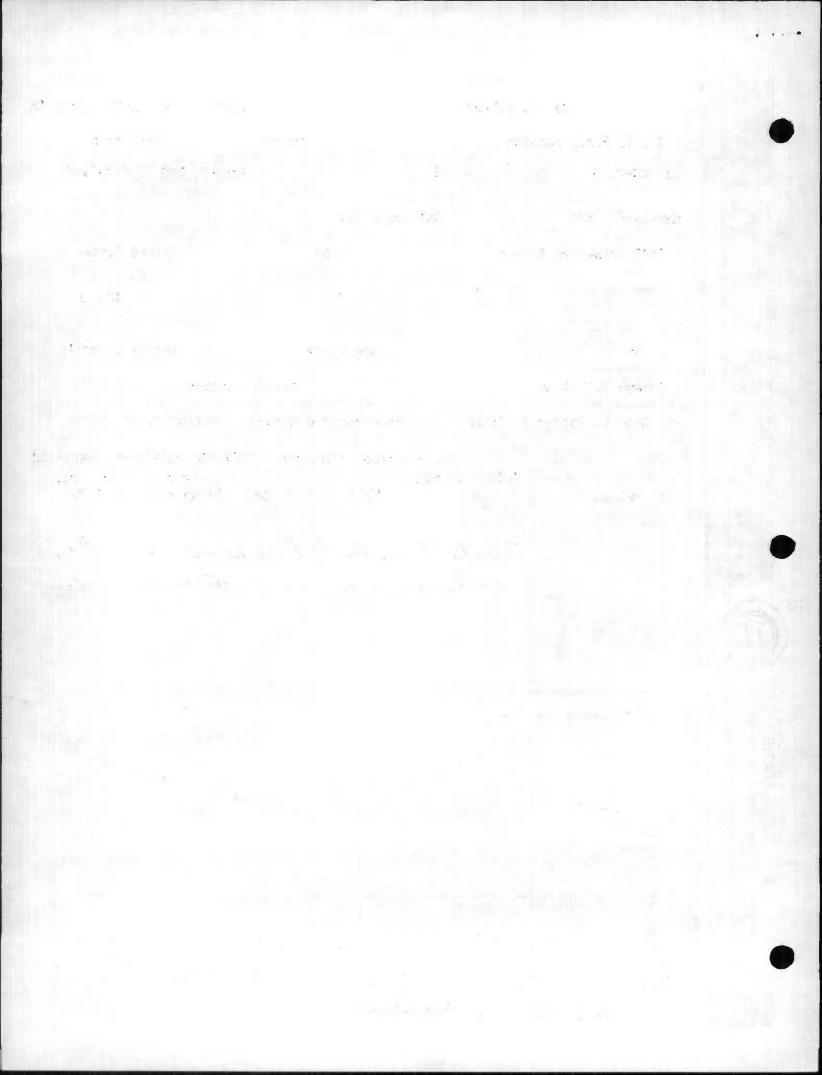
1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to tha causa(s) and manner as stated.

29c. License number

2 Medical Examiner: On the basis of examination end/or investigation, in my optnion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

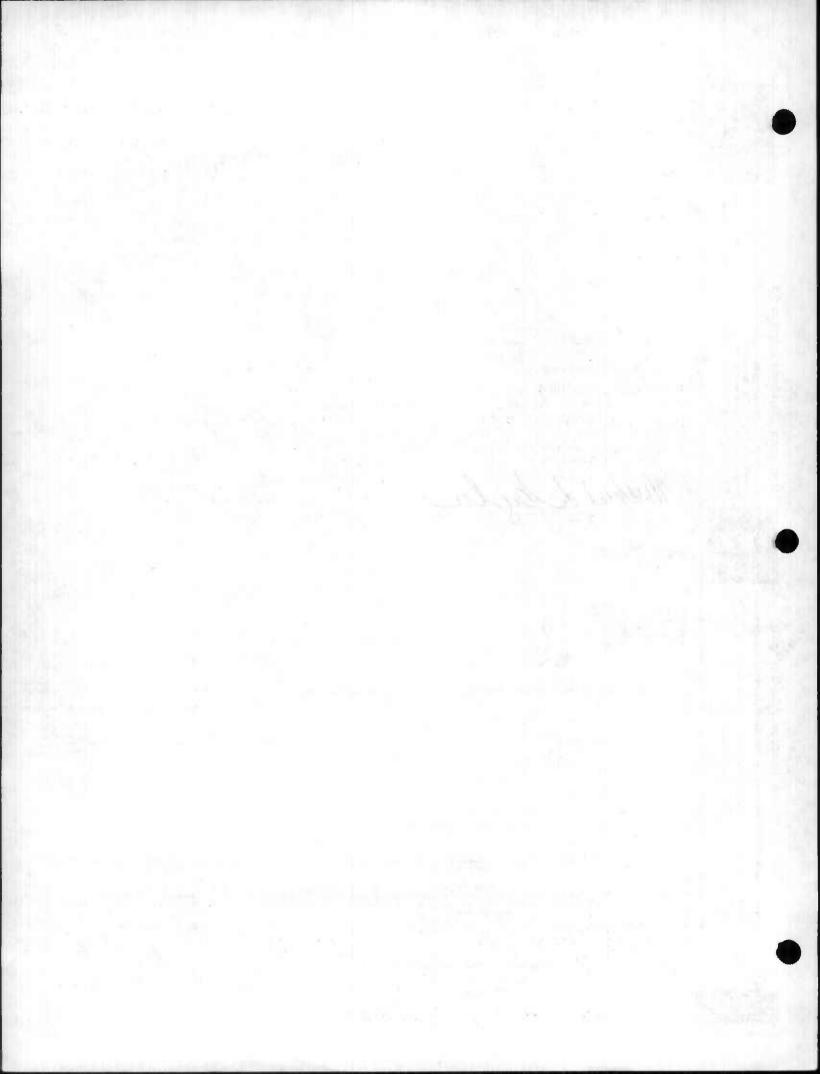
29d. Date signed (Month, Day, Year)

HARTORD PIAD BACT. MAD



State of Maryland / Department of Health and Mental Hygiene

1000		Decedent's Neme (First, Middle, La.	st)	Ce	ertificate of	Death	2. Dete of De	Reg. No.	3. Time	of Deet
Physician		WILLIAM E. WIN	NGOOD , J	R.			Month JANUARY	Dey	Yeer	0 A.
/Medical Examiner	-	4e. Fecility Neme (If not institution, giv				4b. City. Town, o	or Location of Deet			U A.
LAGITITICI	1	DOCTORS COMMUNIT				LANE		, , ,		E.C.
uneral	7	5. Social Security Number 6. S	ex 7. Age (In yrs. last birthday) If Under 1 Yea	r If Under 24 H	rs. 8. Date of Bir		NCE GEORGE 9. Birthplece (State	
rector	-	216 16 5482 Usuel Residence of Decedent	ØM 2□F 7	75 Yrs.	Months Deys	s Hours M	Jan.	28 , 1922	9. Birthplece (Stett Country) Marylan	d
Mod !		10e. Stete 10b. County		Oc. City, Town or L	ocation				10d. Inside	City Lin
r tiems 23a or 28a-f show finer must be notified at Funeral Director	3	Maryland Prince	George's	Bowie					1 (33.39	es 2
or 28	5	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Whet Country?	
23a	0	3310 Moreland Pla	ce		207	15		United	States	
or Items		11. Marital Status	12. Wes Decedent Eve Armed Forces?	er in U,S. 13.	Was Decadent of	Hispenic Origin?	(Specify Yes or No erto Rican, etc.)	- 14. Rac	e - American Indien, ck, White, etc.	
by by	2	1 Never Married Z Married 3 Widowed 4 Divorcad	1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes:	WWII	1□ Yes 2및 No		11021, 010.7		White	
it, the Medical Exe Completed by	3	15. Decedent's Ed (Specify only highest gre	lucation		adent's Usuel Occu	petion	Name .	16b. Kind of Bu	usiness/Industry	
Mes di	1	Elementery/Secondary (0-12)	College (1-4or 5+)	life.	adent's Usuel Occu e kind of work done DO NOT use retir	ed)	orking	Depart	ment of	
other than vent, the W	5	12		Logi	stics Sp	ecialist		Defens		
d oth		17. Fether's Neme (First, Middle, Lest)				18. Mother's N	eme (First, Middle,	Melden Surnem	10)	
matic eve	2	William E. Wingoo	d, Sr.			Laura	Hyle			
aum aum		19e. Informent's Neme/Reletionship (7	Type, Print)				Rurel Route Numb			
item 27 other tr	-	Dorothy A. Wingoo					Bowie Man	cyland 2	0715	
or oth	1	20e. Method of Disposition 1XMSurial 2 ☐ Cremetion 3 ☐	Removel from State	20b. Plece of Disp cemetery, cre	osition (Neme of emetory or other pl	ece)Jan. 5	1998	20c. Location -	City or Town, Stete	
ury c		4 ☐ Donation 5 ☐ Other (Specify			Park Cer			Balti	more Mary	lan
Important: If I any Injury or Once.		21. Signature of Funeral Servica Licen	500 / /	2	2. Name end Addr	ess of Fecility	unomal U			
F 2 9		Humul &	Mirks	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro			uneral Ho d. Bowie			
	1	23a. Pert1. Enter the diseese, or comp shock, or heert failure. List only	olication et caused the	e death. Do not er	iter the mode of dy	ing, such es cardi	ec or respiretory e	rest,	Approxim Intervel B	nete
sician		shock, of fleet failure. List only t	one course on each line.		. 1				Onset en	d Deet
edical		Immediete Ceuse (Finel diseese or condition	(1006	ection.	Na	AT I	11/11/10			
miner		resulting in death)	e. Du	e to (or es e conse	quence of):		ulure Umony netus	-		
ner			· ·	onic c	4	time re	Moury	disco	N	
Examiner		Sequentielly list conditions.	0.	e to (or es e conse			. 0			
		Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	Hu	urner		a. V	netus	tation		
as the bu		thet initiated events resulting in deeth) Lest	C. Due	e to (or es e conse		to sai				
						(0 roja	M			
for us			d							
sicilia de est	F	Pert II. Other significant conditions co	ntributing to death but n	ot resulting In the u	underlying cause g	iven in Pert i.	23b. Did	tobacco use cor	tribute to the cause	e of de
d by the ettend eteched for us Physician/							10	Ýes 2□ No	3 Probably 4	Unk
P S S							-			
should should leted								en eutopsy rmed?	24b. Were eutops: evelleble prio	y findin
SU D	-								completion of of death?	f cause
page Com							10,	res 200 No	1 □ Yes 2	No
rector, pag	2	25. Wes case referred to medical				26. Plece of D	eeth (Check only o			
		exeminer? 1 Yes 25 No	Hospitel:	2 ER/Outpetie	nt 3 DOA	har	Home 5 ☐ Resid		er (Specify)	
	2	7. Menner of Deeth	28a. Dete of Injury (Month, Day Ye	28b. Time o	of 28c. inju		1	now Injury occurr		
el Director: After led in by the funeral		Naturel 5 Pending investigation	(Monat, Day 16	gar) Injury		Yes 2 No				
ed in by the fu		3 Suicide 6 Could not be determined	28e. Plece of Injury building, etc. (5	- At home, ferm, st	reet, factory, office		28f. Location (S City or Tox		er or Rurel Route Nu	ım <i>ber</i> ,
g = g			building, etc. (c	specify)			Ony or ror	m, olele)		
2 9 C		29a. Certifier Check only 2 Madical Exam	sician: To the best of m	y knowledge, deet	h occurred et the ti	ime, date end pled	e, end due to the	ceuse(s) and me	nner es steted.	
unerel ly fille cal C		one) 2 madical Exam	inar: On the basis of exe end menner stated	eminetion end/or in	ivestigetion, in my	opinion, deeth occ	curred et the time,	dete end pleca, e	end due to the cause	e(s)
pletely filled edical C		9b. Signeture and title of contilies			29c. Licen	se number		29d. Dete signed	(Month, Day, Year)	
		So. Signotal o line titles say	1 1 1 1			100			1 1 6 6	
completely fille		· My Mu	Lui, M.S		1)5	8031		/	13/7 X	
Completely filled Medical C	2	Neme and eddress of person who co	ompleted cause of deet	n (Item 23e) (Type.	Print)	8031			13/18	÷
Completely fille	2	· M. Dr	ompleted cause of deeth		Print)	1803/	Bowie 1	namile	13/78	7



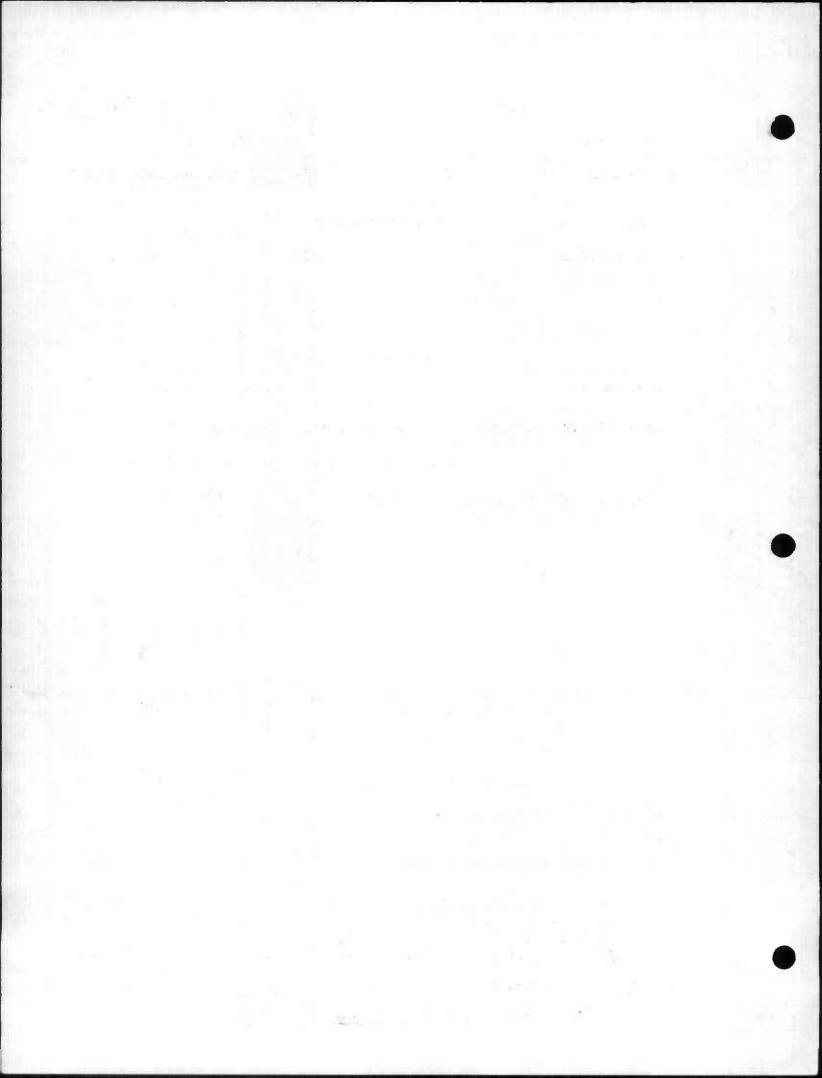
State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth Month Day **Physician** WALLACE WATERS /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner UNION MEMORIAL HOSPITAL BALTIMORE CITY N/A Hours Min. If Undar 1 Yaar 8. Dete of Birth (Month, Day, Year) DEC. 24, 1921 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) 9. Birthpiece (Steta or Foraign **Funeral** Days Months 1 M 2 □ F GEORGIA 229-14-1222 76 Vrs Director Usuei Residence of Decedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits r than "neturel", or itema 23a or 28a-f show the Medical Exeminar must be notified at 1 No Yas 2 No Director MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2736 HUGO AVENUE 21218 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 11. Marital Status 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. hours after 1 Yas 2 No if Yes, Give A Year or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 ☐ No Specify: NEGRO þ 2 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) 5TH LOCOMOTIVE OPERATION STEEL CO. 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be should be fund Mental H LEVI WATERS ANNA CUMMINGS 20 and 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 si ment of Health and mt: If Item 27 is n tem 27 i LENA STEWART / DAUGHTER 2559 CECIL AVE. 21218 BALTO, MD. Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta Dete 1 X Buriai 2 ☐ Cremation 3 ☐ Removel from Stete JAN. 12, 1998 LAUREL, MD. 4 ☐ Donation 5 ☐ Other (Specify) MARYLAND NATIONAL MEM. PK! 21. Signature of Funeral Service Ligensee 22. Nama and Address of Facility CALVIN B. SCRUGGS FUNERAL HOME di 1412 E. PRESTON ST. BALTO, MD. 21213 Pert1. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrashock, or heart tellure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician Immediete Cause (Finet diseese or condition resulting in deeth) /Medical Examiner Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Physician/Medical Dua to (or as a consequence of): resulting in death) Lest 10 Box SSU P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 2 à 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, þ 20 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed conve fulmone 1 Yes 291 No. 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? director. 89 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1 Yes 2 No 2 ER/Outpatient 3 DOA 1 Inpatient 킾 ğ 27. Manner of Deeth 28a. Deta of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 1 Neturei 5 Pending invastigation 1 Yes 2 No 2 Accident after deat Director: 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicida 28e. Plece of injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homicide ò 17 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, and due to the ceuse(s) and menner es steted.

2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the ceuse(s) and manner steted. Medical 29e. Certifier (Check only one) Within 2 To the F å 29b. Signature and 29d. Date signed (Month, Day, Year) 29c. Licensa number 30. Neme and ass ot person who completed cause ot deeth (Item 23a) (Type, Print) WHEELER Back bed 2 1218 Parkeray 201 ulo i deste

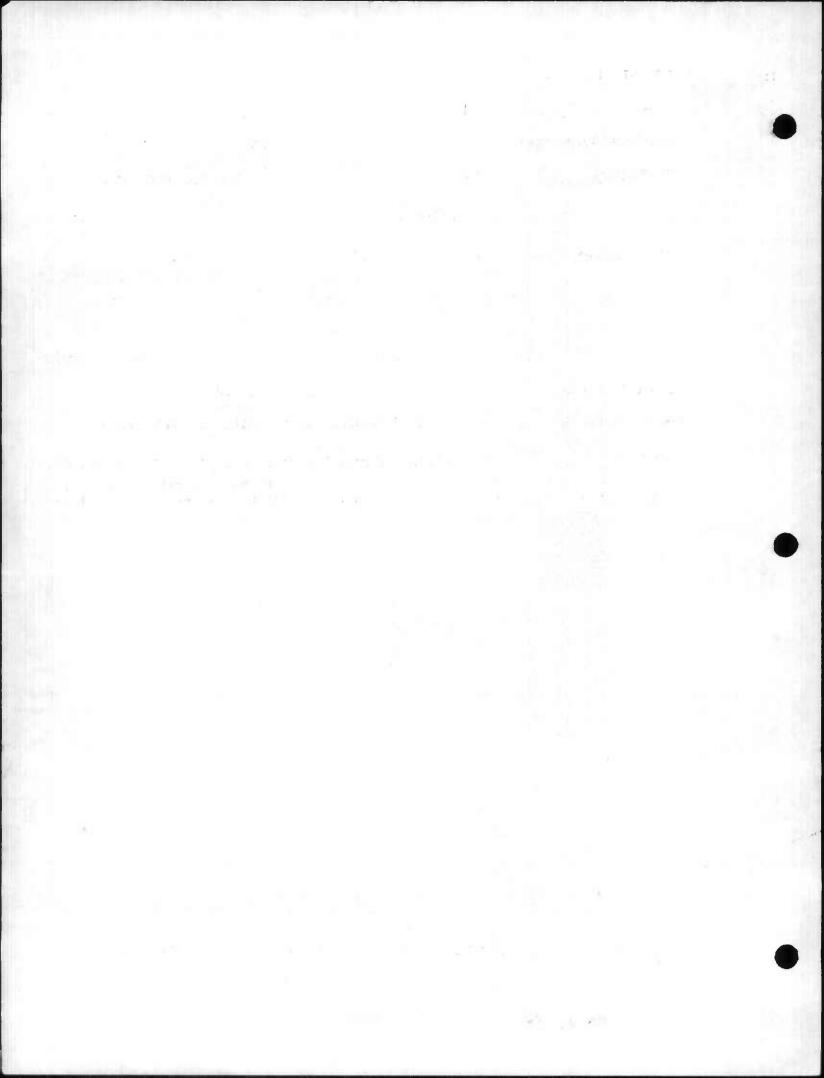
32. Registrer's Signeture

Julia Davidson

State Registrar



		Film G-755 1-20-9 Decedant's Nama (First, Middle				Certifica	ale of	Dealli	2. Data of De			3. Tima of Dea
ian ical		Arthur =	5	W	inde	(Jan.	Day	1998	09:51
ner		a. Facility Nama (If not institution Churh Home Hosp		i num <i>ber)</i>				4b. City, Town, or L			nty of Death	1
		Social Security Number	6. Sax	7. Aga	'In yrs. last bi		dar 1 Yaar		8. Data of Bi (Month, D	n/a		npiaca (State or Fountry)
		220-20-930 2	XIX M 2□	^F 68		Yrs. Month	ns Days	Houra Min.		ey, Year) 5, 1929		uintry) `
	-	Suei Residence ot Decedent 0a. Stata 10b. County		1	Oc. City, Tow	m or Location				•		10d. insida City Li
to	Md. n/a Baltimore									telixyas 2□		
Olrec	10	0e. Street and Number			10f.	Zip Coda			10g. Citizan o	of What Cou	untry?	
Funeral Director	L	1410 Angelsea S		Apt			1224			USA		
Fune	1	Marital Status Nevar Married 2 Marr	Armed	Decedant Ev d Forcas? as 2 1 No		13. Was De	cedant of I pecify Cub	Hispanic Origin? (Sp pan, Maxican, Puarto	Pecify Yas or No Rican, atc.)		laca - Amar llack, Whita	rican indian, i, atc.
þ		3 ☐ Widowed 4 ☐ Divorced	If Yas, Yaar	as 2□No ,Giva orDatas:	1964	1 ☐ Yas	2500	Specify:		Spec	cify: Bla	ack
Completed		15. Decedant (Spacify only highas	t's Education at grada compiat	ed)	18a	Decedant's U (Giva kind of	sual Occup work dona	pation during most of world)	king	16b. Kind of	Businass/I	ndustry
Jdmo		Elamantary/Secondary (0-12)	4 Collag	ga (1-4or 5+)		iiia. DO NOT		ed)		II.C. I	Dog to 1	Comic
Be Co	15	7. Fathar's Nama (First, Middla,			1716	arr car	TTEL	18. Mothar's Nam	a (First, Middle			l Service
ToB	1	Arthur T. Winde	er					Catherine	e Mihm			
	1	9a. Intormant's Name/Rejetions Inetta T. Gross		siste	51.	_		t and Number or Ru		-		
		Da. Mathod of Disposition	,			f Disposition (f		Avenue Ba	Data	e, Ma.		
		15 Buriai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S)		om Stata	cemata	ry, crematory o	r othar pla	veterans				
	2	1. Signature of Funaral Sarvice			OULLI							
		> Herbert E.	norman			2501	22. Nama and Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216					
edical Examiner	Sit	asulting in death) Sequentially list conditions, any, leading to immedieta ausa. Enter Underlying Joues (Disease or injury hat initiated events	b	De	ua to (or as a	consequence o	of):					
by Physician/Medi	1	esulting in deeth) Last	d					ivan in Part I.		I tobacco uee		to the cause of d
		ancincent	ned c	O lu	uin in	mu,	2 1 2	Lain	24a. Wa	s an autopsy formed?	24b. V	Vare autopsy tino
Completed		5))				Yas 2 No		complation of cau of death?
To Be	2	5. Was casa rafarrad to medical axaminar? 1 Yas 2 No	Hoenitel:	☑ inpatiant	2 □ ER/O	utpatient 3	DOA Oti	26. Place of Dea her: 4 Nursing H			Other (Spec	cify)
	27	7. Manner of Daath 1 ☑Natural 5 ☐ Pendin 2 ☐ Accident investig 3 ☐ Suicide 6 ☐ Could r	g (A	ata of Injury Month, Day		Tima of Injury M	28c. Inju Wo		28d. Dascribe	how injury occ	curred	
cation: T			Ined 28a. Pl	28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rundling) 28f. Location (Street and Number or Rundling)								
Certification:		4 ☐ Homicida datarm										
Certification:		4 ☐ Homicida datarm 9a. Cartifier 1 ☐ Certifyin	g Physician: To Examiner: On th	a basis of a	kamination ar	a, daath occurre d/or invastigati	ed at tha ti on, in my o	ima, data and placa, opinion, daath occur	red at the time	causa(s) and , data and piac	mannar as e, and dua	stated. to tha cause(s)
Medical Certification: T	2	9a. Cartifier 1 Certifyin (Check only 2 Medical	g Phystolan: To Examiner: On th and n	tha best of a la basis of a nannar state	kamination ar	d/or invastigati	on, in my	ima, data and placa, opinion, daath occur sa numbar	red at the time	causa(s) and , data and piac 29d. Data sig	e, and dua	to tha cause(s)
edical Certification:	2	9a. Cartifier (Check only one) 1 Certifyin 2 Medicat I	g Phystolan: To Examiner: On th and n	a basis of a	kamination ar	d/or invastigati	on, in my	opinion, daath occur	and dua to the	, data and piac	e, and dua	to tha cause(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death :30 pm oune 8, January 1998 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Coldspring Baltimore Lane 5. Social Sacurity Number 6. Sax 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) C. 100 M 2□ F 89 217-01-2081 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 10 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Coldspring hane 21215 12. Was Decedent Ever In U,S. Armed Forces? 1 Yes 2 N No If Yas, Give Yeer or Detes: 11. Maritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian 1 Never Merried 2 Married 1 ☐ Yes 2 No Black Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Grade 17. Father's Name (First, Middle, Last) College (1-4or 5+) Longshoreman Stramskyp Trade 18. Mother's Neme (First, Middle, Meiden Surname) round Emma James Youna 19e. Informent's Neme/Raletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City of Town, Stata, Zip Code) W. Coldspring have Baltimore, Md 21215 Marie Young Wile 20b. Pieca of Disposition (Neme of cemetary, cremetory or other pieca) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burlel 2 Cramation 3 Removel from Steta Cedar 11/1 1-13-98 Glen Burnie, Md 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility arch Friti West 23a Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart failure. List only one ceuse on each line. Ba / to rea Approximate Interval Between Onset end Deeth carcinoma of the protate Immediate Cause (Final disaase or condition resulting in death) Due to (or as a consequenca of): Dua to (or es e consequence of): Due to (or as a consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Physician /Medical Examiner

physician and the burial-transit

980 for

signed by t

page 2

certificata

this After this funeral

4 hours after dea.

n 24 He Furter

To the Heavithin 24 he To the Functional

that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital

Attanding

Examiner

Physician/Medical

by

Completed

Be

70

Medical Certification:

permit. Page Department of Important: If eny injury or

Physician

/Medical

Examiner

10e. Stete

Funeral

Director

28a-f show

6

Items 23a

"natural", or

Pagas 1 and 2 should be filed within nent of Health and Mantel Hygiene. Int: If Nem 27 is marked other than ° Irry or other traumatic event, In a Max

72 hours after

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

by

Completed

Be

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Last

25. Wes case referred to medical exeminer?

1 Yes 2 No

27. Manner of Deeth

1 Naturel

2 Accident

3 ☐ Suiclda

29a. Certifier

4 Homicide

(Check only one)

24e. Wes en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of deeth?

1 Yes 2 No

1 ☐ Yes 2 ☐ No

26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Dascribe how Injury occurred

1 ☐ Yes 2 ☐ No

281. Location (Street and Number or Rural Roula Number, City or Town, State)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end manner stated. 29c. License number 29d. Date signed (Month, Dey, Year)

29b. Signeture end title of certifier Sam

5 Pending investigation

6 Could not be

28c. Injury at Work?

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) m 230) (Type, Print) Washington Blud. CV945 31. Dete filed (Month, Dey, Year)
JAN 0 9 1998 32. Registre s signate. Duridon Andelle

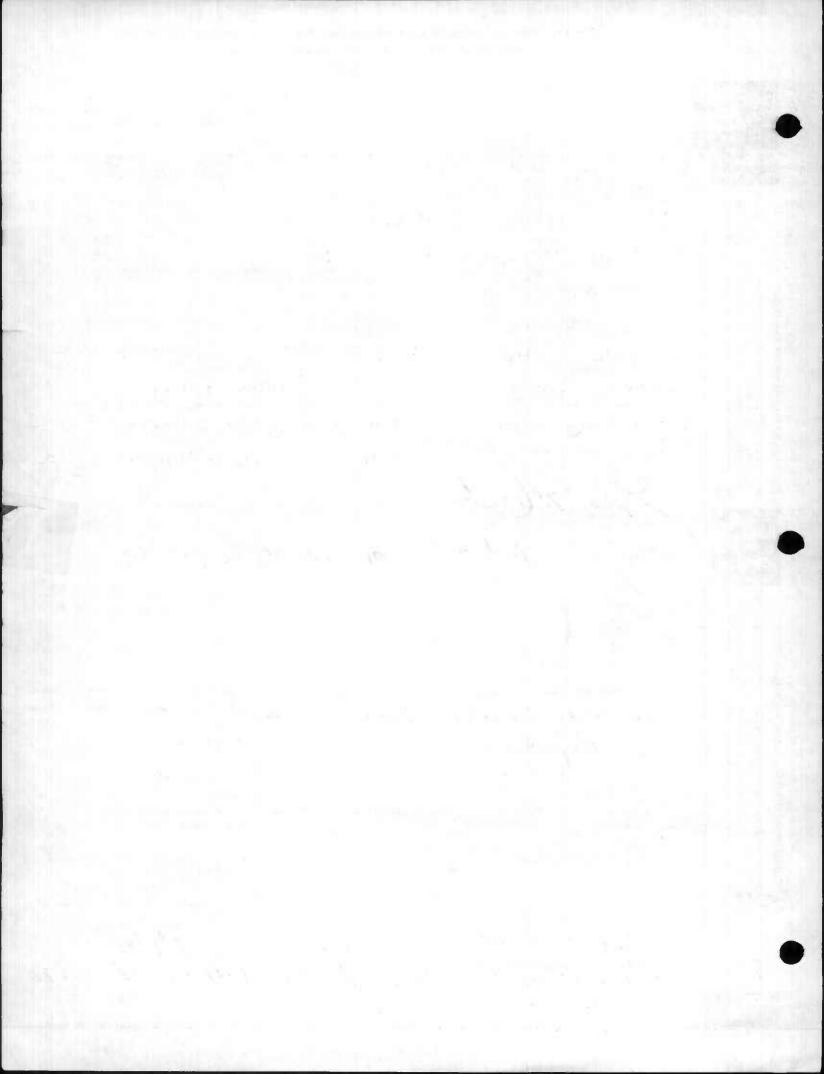
28a. Dete of Injury (Month, Dey Yaar)

28b. Time of

28a. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify)

Eattimore Md. 2/230

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month CLARA BUTCHER E. 1300 JANUARY 09 /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Church Hospital Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year, 4–5–1903 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 F 94 Yrs. 217-34-5298A Director Baltimore, MD Usual Residenca of Decadent 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits n/a MD Baltimore Yes 2 No Director 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 3419 E. Pratt Street 21224 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: White by 3 X Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Buainess/Industry Franke Christmas Elementery/Secondery (0-12) College (1-4or 5+) Decorator 6th Balls Co. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) 8 Howard Weemes Dora Dorsey 19a. Informant's Name/Relationship (Type, Print) daughter 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Virginia Joyce 405 St. Patrick Rd. Baltimore, Md. 21206 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 1/12/98 Baltimore, Maryland 4 Donation 5 MOther (Specify) entomb. Parkwood Cemetery 21. Signature of Funeral Service Licanses 22. Name and Address of Fecility Joseph N. Zannino Jr. Funeral Ha. 263 S. Conkling St., Baltimore, Maryland 21224 oseph annino includations that caused the beath. Do not enter the mode of dying, such as cardiec or respiratory errest, 23a Fatti. Enter the disease, or company of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con **Physician** Tophylococcus Aurena Septrice mia /Medical Immediate Cause (Final diseese or condition resulting in death) Examine Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): Due to (or es e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco usa contribute to the cause of death? Sivere Alemia 3 Probably 4 ☐ Unknown 1 Yes 2 No by 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Was en autopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1 Pinpatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth 1 Whatural 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. fnjury et Work? After or Attending 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accident efter death 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 6 28e. Place of Injury - At home, farm, atreet, factory, offica building, etc. (Specify) 4 ☐ HomicIde Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(a) end manner as atated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier Medical To the Hosp within 24 hor To the Fune completely fi

29c. Liquise number

100 N. Broadway, Baltioner, Maryland

Specialist

29d. Date signed (Month, Dey, Year)

State Registrar

29b. Signature end title of certifier-

Waveun his

WENELISA NAVARRO,

31. Date filed (Month, Day, Year)
JAN 1 2 1998

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MD.

KNOWN

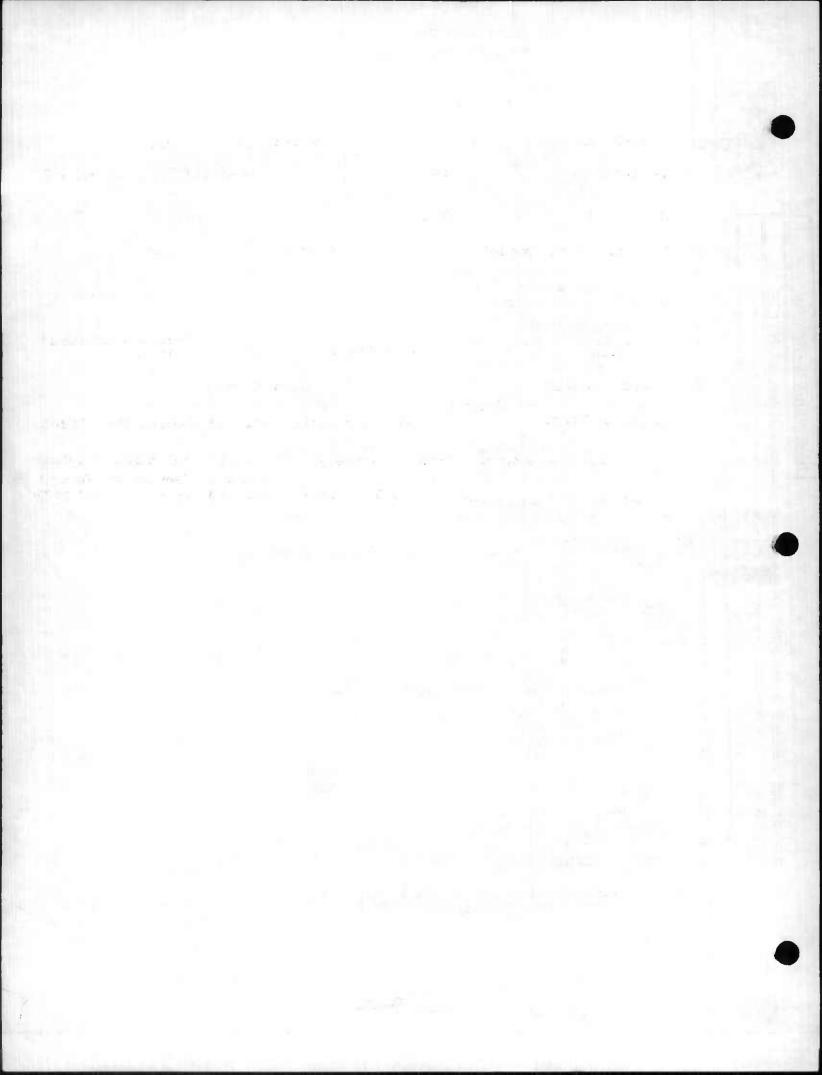
timore.

P.O. Box 68760,

Records,

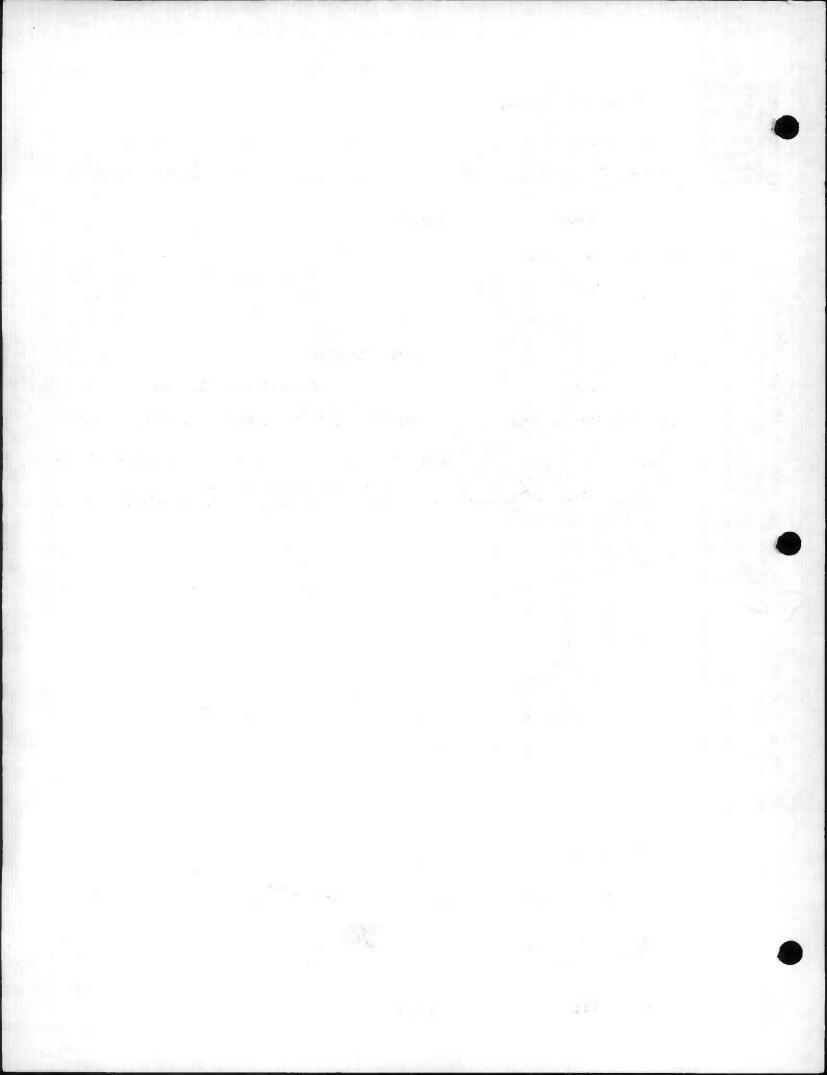
of Vital

Division



State of Maryland / Department of Health and Mental Hygiene

Di.		1. Decedent's Name (First, Middla, La	•	1701		tificate of		2. Deta of De	Reg. No.	3. Time of Death
Physici /Medic		JOHN P.	BRANDA	·U				JAN.	5	1998 7:30 PM
Examin		4a. Facility Neme (If not institution, give					4b. City, Town, or	Location of Deat		
		HOWARD COUN					COLUN			WARD
Funeral Director		5. Social Security Number 6. S 215-12-3107 Usual Residence of Decedent	ex 7. A	ge (In yrs. le 83	est birthdey) Yrs.	Months Deys		(Month, Da	th ay, <i>Year)</i> 28,1914	9. Birthplaca (State or Foraign Country) Maryland
show thow		10a. State 10b. County		10c. City	, Town or Lo	cation				10d. Inside City Limits
88-11	cto	MD Howard		H	ighlan	d				1 ☐ Yes 2√ No
0.5	Dire	10e. Street and Number				10f. Zip Code			10g. Citizen of \	Whet Country?
23	arai	7601 Green Dell L				20777		, , , , , , , , , , , , , , , , , , ,	USA	A A services to disc.
ined with 7.2 hours arise death with the Maryland Hygiene. ther then "natural", or items 23s or 28s-1 show ent, the Madical Examinet must be notified at	by Funeral Director	11. Maritel Status 1 Never Merried Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	?		vas Decedent of Yas, specify Cul □ Yes 2 🔯 No	Hispanic Origin? (S ban, Mexican, Puerl Specify:	o Rican, atc.)		e - American Indian, ck, White, etc. v: White
natur	Completed	15. Decedent's Ec	lucation de completed)	1	16a. Deced	ent's Usual Occu	pation	rkina	16b. Kind of B	usinass/industry
then "	npie	Elementery/Secondary (0-12)	College (1-4or	5+)			nd of work done during most of working NOT use retired)			
har th		12	1		Offse	t Pressi	7	- A A A A A A A A A A A A A A A A A A A		nting
dal de de	Be	17. Fether's Name (First, Middle, Last) John P. Brandau					Catheri		, Me <i>iden Sum</i> en Sparrow	18)
th and Men 7 is marke traumatic	To	19e. Informant's Name/Relationship (Type Print)		10h Mallin	a Addrace (Strae	ot end Number or Ri			State Zin Code1
4 4 3 5		Lillian I. Branda								land 20777
- 4 E #		20a. Method of Disposition	-,	20b. Ple		sition (Neme of netory or other ple		Date		City or Town, State
y or		1 Buriel 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific				ark Ceme		1/8/98	Baltim	ore, Maryland
		21. Signature of Funeral Sarvice Lican		0		. Name end Addr	ess of Facility			ore, mary rand
Departn Imports any Inju		11 -20	X'	2	5		meral Ho			1 1 0070
hysician		23a. Part1. Ent the disease, or com shock, or heart failure. List only	plications that cause one cause on each	d the death. line.	. Do not ente	or the mode of dy	ing, such es cardia	g ROAG, c or respiretory a	Laurel,	Maryland 2070 Approximate Interval Between Onset and Death
/Medical xaminer		Immediate Cause (Final disease or condition	RESPI	RATI	DRY	FAIL	URE			MONTHS
Adii,iii Ci	1	resulting In death)			es e conseq					
0 1	Examiner		b. IDIOP				NARY	FIBRI	SIZC	YEARS
and and	Exai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or	es e conseq	uence of):				
alciar e burt	edicai	thet initiated events	c	Due to (or	as a consequ	ience of):				
as the		resulting In deeth) Lasf		D00 10 (01	as a consequ	Jenica Oij.				
attendin for use	an/N		d							1
e de de	slcie	Part II. Other significant conditions of	ontributing to death	but not resul	Iting in the ur	ndertying cause g	iven In Pert I.	23b. Did	tobacco use co	ntribute to the cause of death?
ed by the a	Completed by Physician/N	(-0 P	016	150	A .	E. Do.	1 00-1-	1)	Yes 2□ No	3 Probably 4 Unknown
5.2	by	COR PULMONT	110)	11211	4 (131016	LLAIIO	/V		
been sign should be	ted	CONGESTIVE	HEART	En	11 118	1-		24e. Was	an autopsy -	24b. Were autopsy findings available prior to completion of cause
90.00	npie				100/1					of death?
9 8	Cor							10	Yas 2000	1 🗆 Yas 2000
certificate rector, pag	Be	25. Wes case referred to medical exeminer?	Hospital:					eth (Check only	one)	
a dis	L L	1 ☐ Yas 2 ☐ No 27. Menner of Deeth	1 Ckinpat		R/Oufpatien	3LI DOA			idance 6 Oth	
50 00	ion	1 Malaturel 5 ☐ Pending	28e. Dete of Inj (Month, D	ay Year)	28b. Time of Injury	28c. Inju Wo	ork? ☐ Yes 2 ☐ No	28d. Describe	how injury occur	red
after death Director: d in by the	lica	2 Accident Investigation 3 Suicide 6 Could not be		iury - At hor	me ferm str	eet, factory, office		28f. Location	Street and Numl	per or Rural Route Number,
Direct Direct	Certification:	4 ☐ Homicide determined	building, e	c. (Specify))	sei, la ciory, critice		City or To	wn, Stete)	
within 24 hours atter To the Funeral Dire completely filled in b	edical C	29a. Certifier (Check only one)	ysician: To the best liner: On the basis of and manner s	of examination	rledge, deeth on and/or inv	occurred at the trestigation, in my	ime, dete end place opinion, death occu	and due fo the urred et the time,	ceuse(s) end made and plece,	anner as stated. and due to the cause(s)
within 24 hours atter death. To the Funeral Director: After completely filled in by the fune.	Me	29b. Signature and fitla of certifiar				29c. Lican	isa number		29d. Date signe	d (Month, Day, Yaar)
		DQ MD, f	-CCP			0 3	6845		JAN.	5,1998
,										
15		Marine Andrew		deeth (Item	23e) (Type	Print) MAI	- CHI A	JGUYF	N. M	D, FCCP
6		30 Name and address of person who	completed cause of	deeth (Item	23e) (Type,	Print) MA	- CHI N	JGUYE	N, M	D, FCCP

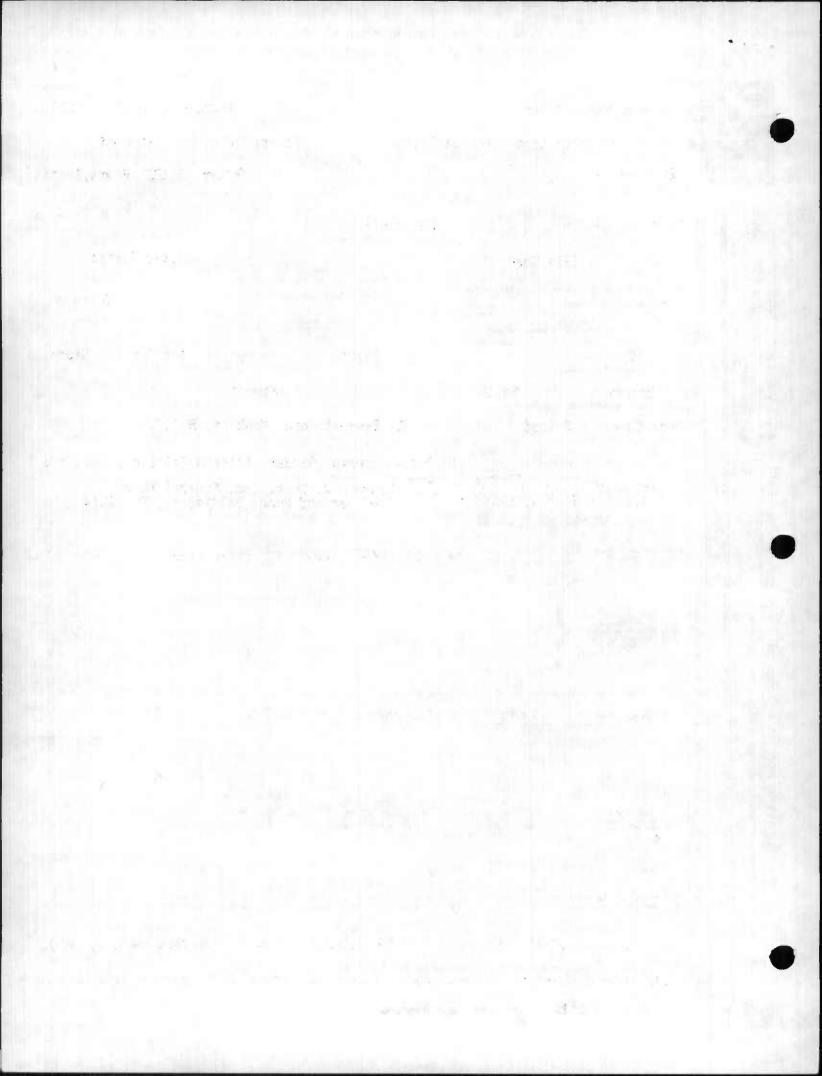


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** January 9, 1998 5:35 AM Gladys Marie Brown /Medical 4e Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Forest Hill Harford Mariner Health Care - Forest Hill If Under 24 Hrs. Hours Min. If Under 1 Yeer 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 2 K F Months Deys 88 Yrs. 202-10-1090 **Director** October 13, 1909 Pennsylvania Usual Residence of Decedent the Manyland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Medical Examines must be notified at 1 ☐ Yes 2 X No Director Maryland Harford Whitehall 10f. Zip Code 10g. Citizen of What Country? United States Funeral 4815 Norrisville Road death 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ≥ 20% No if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American indien, Black, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pagas 1 and 2 should be filed within 72. Department of Health and Mentai Hygiene. Important: if item 27 is marked other than "nath any injury or other traumatic event, the Medica page. Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 The Bon Ton Store Buyer 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Be Unknown Smith Unknown 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Jane Curran / Friend 333 Everett Road Monkton, MD21111 Baltimore, 20b. Place of Disposition (Name of cometery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 XBuriai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Highview Memorial Gardens 1/14/98 Fallston, Maryland 21. Signature of Funeral Service Licensee Timothy S. Harman 22. Name end Address of Fecility Leonard J. Ruck, Inc. Funeral Home 5305 Harford Road Baltimore, MD 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical immediate Cause (Final CONGESTIVE HEART FAILURE 3 MONTHS diseese or condition resulting in death) Examiner Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical the Due to (or es a consequence of): 88 950 Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown NOW INDULIN - PEPENDENT DUARRETES MELL ITUS Division of Vital Records. by 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No director, Be 25. Was cese referred to medical examiner? 26. Piece of Death (Check only one) Hospitei: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No this 28a. Date of injury (Month, Day Year) funeral 28d. Describe how injury occurred 27. Menner of Death 28b. Time of 28c. injury et Work? Certification: 1 DeNatural 5 Pending i or Attending after death. Director: Aft 1 Tyes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 3 4 ☐ Homicide Hospital of 24 hours a Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier edical completaly (Check only one) To the Within 2 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier Andew Nowshouses uno 008096 JANUARY 9, 1998 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

ANDREW NOWAKONSKI OW 125 N. MAIN ST. BOZAR, MP 24014 37 Regiptrat's Signature 31. Date filed (Month, Day Year)

DHMH 16 Rav 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle Last) 2. Dete of Death Month Physician 230 AM 1998 horusi MARGARET BACH /Medical 4c. County of Death ation of Death 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or La Examiner STELLA MARIS HOSPICE TIMONIUM BALTIMORE 5. Social Security Number if Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 1 ☐ M 2 🔀 F Months Days Hours Yrs. Director 212-10-4806 95 1/10/02 MARYLAND Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at Director 17 Yes 2 No N/A BALTIMORE CITY the 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? ò Items 23a Funeral 1100 MARYLAND AVENUE USA 14. Race - American Indien, 21201 12. Was Decedent Ever in U,S.
Armed Forces?

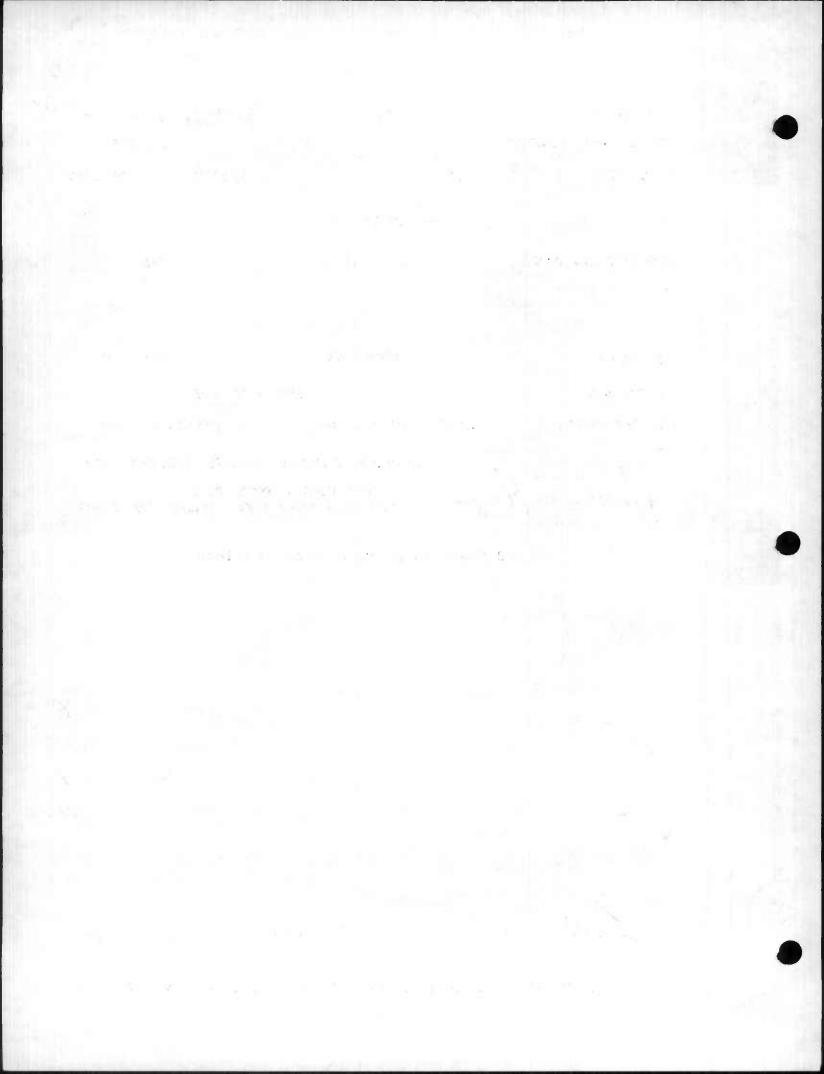
1 ☐ Yes 2 ☑ No
If Yes, Give
Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 ☐ Married Maryland 21215-0020 ŏ 1 ☐ Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced 'natural', WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER permit. Pages 1 end 2 should be filed v Department of Health end Mental Hygis Important: If Item 27 Is marked other 1 any injury or other traumatic event, III 17. Father's Name (First, Middle, Last) OWN HOME 18. Mother's Name (First, Middle, Maiden Sumeme) Be JACOB_BACH TECKLA_BRUNNER 19a. Informant's Name/Retationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MARGARET GERBEN NIECE 1100 MARYLAND AVENUE Baltimore, BALTIMORE, MD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 1 5 ☐ Other (Specify) NEW CATHEDRAL CEMETERY 1/10/98 BALTIMORE, MD 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility JOHNSON FUNERAL HOME, P.A. 23a. Part 1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, MD shock, or heart failure. List only one cause on each line. 21286 Approximate Interval Between Oneet end Deeth **Physician** /Medical Immediate Cause (Final End Stage Congestive Heart Failure disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Examiner certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last and Due to (or as e consequenca of): physician sthe burial Box 68760 Physician/Medical Due to (or es a consequence of): P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 Inknown Records, p requires 24b. Were autopsy findings eveileble prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? page 2 s The certificate Division of Vital Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1□ Yes 2000 Other: 4 \square Nursing Home 5 \square Residence 8 MOther (Specify) HOSPICE 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? After 1 Natural 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide 8 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

If the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

If the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a, Certifier (Check only one) 29c. License number 1550 4 29b. Signeture 29d. Dete signed (Month, Dey, Year) ML 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) EDDIE NAKHUDA, 2300 DULANEY VALLEY RD., TIMONIUM, MD 21093 31. Date filed (Month, Day, Year) 32 Registrar's Signature State Julia Davidson-Randelle

Registrar

JAN 1 2 1998



				State of Marylan		partment of			giene 8	00	359		
			1. Decedent's Neme (First, Middle, La	st)				2. Date of De			3. Time of Death		
	Physicia	_	Dorman	Clarence	BURI	NS		Janua:	ry 6, 19	Year 198	10:45 am		
81	/Medica Examine		4a Fecility Neme (If not institution, giv	re street and number)			4b. City, Town, or L	1			10.45 am		
	Examinic	'	Franklin Square	Hospital Con	tor		Rosedal	0	Rail	Ltimo	ro		
\vdash	Funeral		5. Social Security Number 6. S			() If Under 1 Ye	er If Under 24 Hrs.	8. Date of Bir (Month, De			place (Stete or Foreign		
L	Director		217-26-1029 Usual Residence of Decedent	20 M 2□ F 65	Yrs.	Months Da	ys Hours Min.	Jan. 2	29,1932		land		
	Marylen a-f ahow	.	10a. State 10b. County Maryland Baltimo	On the last	y, Town or I wleys	Location Quarter	s			1	0d. Inside City Limits 1☐ Yes 2점 No		
	or 28	E E	10e. Street end Number			10f. Zip Cod	e		10g. Citizen of \	What Cour	ntry?		
	23a	a	3704 Red Grove Ro	ad		21220)		U.S.A.				
020	urs a	by Fur	11. Marital Status 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	,S. 13	. Was Decedent If Yes, specify C 1 ☐ Yes 2 🛣	of Hispanic Origin? (Sp Cuban, Mexican, Puerto No Specify:	pecify Yes or No Rican, etc.)	Specify	ck, White,			
9	2 ho	9	15. Decedent's E	ducation	16a. Dec	edent's Usual Oc	cupation	kin a	16b. Kind of B	usiness/in	dustry		
21215-0020	within ene.	Completed	(Specify only highest gra Elementery/Secondary (0-12) 10th Grade	College (1-4or 5+)		Grinder	ne during most of work tired)	Cing	Steel	Compa	any		
D	other vent,	Be C	17. Father's Name (First, Middle, Last)			18. Mother's Nem	ne (First, Middle	, Meiden Sumen	ne)			
Maryland	should be nd Mental marked o	0	William Henry	Burns			Roseina	Eliz	zabeth	Fra	inze		
any	2 should end Men fa marke aumatic		19e. Informant's Name/Relationship (Type, Print)	19b. Ma	lling Address (Str	reet end Number or Ru	ral Route Numb	er, City or Town,	Stete, Zip	Code)		
	5 6 N F		Dolores Marie Bur	ns/Wife	3704	Red Gro	ove Road, E	Baltimor	re, Mary	land	21220		
Baltimore,	ages ant of rt: If it y or o		20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Removal from State	cemetery, cr	position (Name or remetory or other Cemeter	plece)	Date 10/98	20c. Location Baltimo		own, State Maryland		
	Physician /Medical Examiner	niner	23a. Part1. Enter the disease, or com shock, or heart feilure. List only Immediate Cause (Final disease or condition resulting in deeth)	a. Intracereb Due to (c	th. Do not e ral He or as a cons	6415 Bela inter the mode of emorrhag equenca of):		Baltimor		land	21206 Approximate Interval Between Onset and Death 1 Hour		
Box 68769.	and and and and and and and and and and	ca	ca	cai	Sequentially list conditions if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	C		equenca of):					
. B	deat	SICI	Part II. Other significant conditions of	ontributing to death but not res	ulting In the	underlying cause	given in Part I.	23b. Dld	tobacco use co	ntribute t	o the cause of death?		
s, P.O.	requires that the seen signed by th hould be detache	by Pny	Carcinoma of L	ung with Metas	tasis			17	(Yes 2□ No	3□ Pro	bebly 4 🗆 Unknown		
Division of Vital Records,	been	Completed							s an autopsy ormed?	av	ere autopsy findings vallable prior to empletion of cause death?		
2	The law ate has b	PO						100	Yes 2 No	1)	Yes 2 No		
ta	ysician: The law is certificate has director, page 2		25. Was case referred to medical				26. Place of Dea	th (Check only	one)				
of V	Physician: or this certific eral director.	9	examiner? 1 Yes 2 No 27. Manner of Death	28a. Date of Injury	28b. Time	of 28c.	Other: 4 Nursing H		idence 6 Oth		fy)		
ision	deeth. ctor: Aft	Certification:	1 Natural 5 Pending investigatio 3 Suicide 6 Could not b	e 200 Place of Injuny At h	Injury	М	1 ☐ Yes 2 ☐ No	28f. Location	(Street and Num	ber or Run	at Route Number,		
Ö	ours effer oral Dire	Ceu	4 Homicide determined	building, etc. (Special	(y) 				iwn, Stete)				
	To the Hospital or Attanding Phy within 24 hours effer deeth. To the Funeral Director: After thi completely filled in by the funeral	Medical	(Check only 2 Medical Examone)	nysician: To the best of my kno niner: On the basis of examina and manner stated.		Investigation, in n			, date and place,	and due t	o the cause(s)		
	Twin to		29b. Signature and little of certifier	luchak			355/		Date signe	oy E	1998		
	10		30. Name and address of person who Michael Auerba				are Drive	Balt z	more, M	21	237		

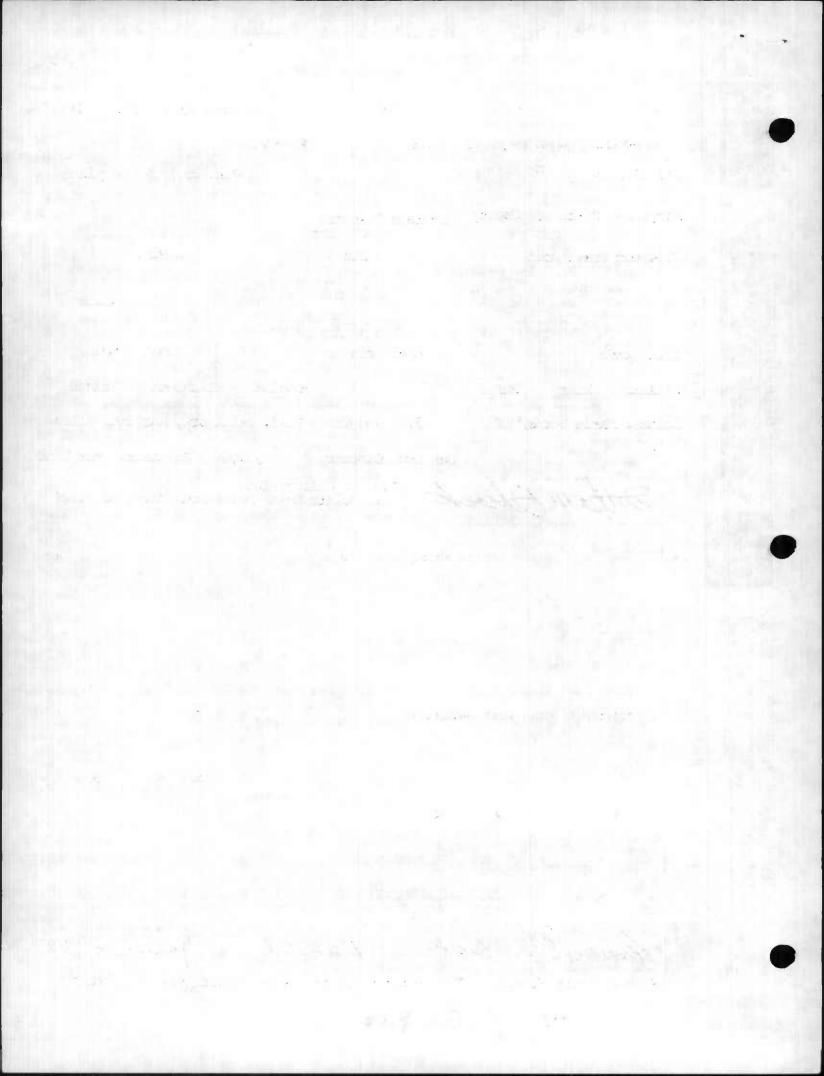
State Registrar

31. Date filed (Month, Dey, Year)

IDN 1 2 1999

32. Registrar's Signature

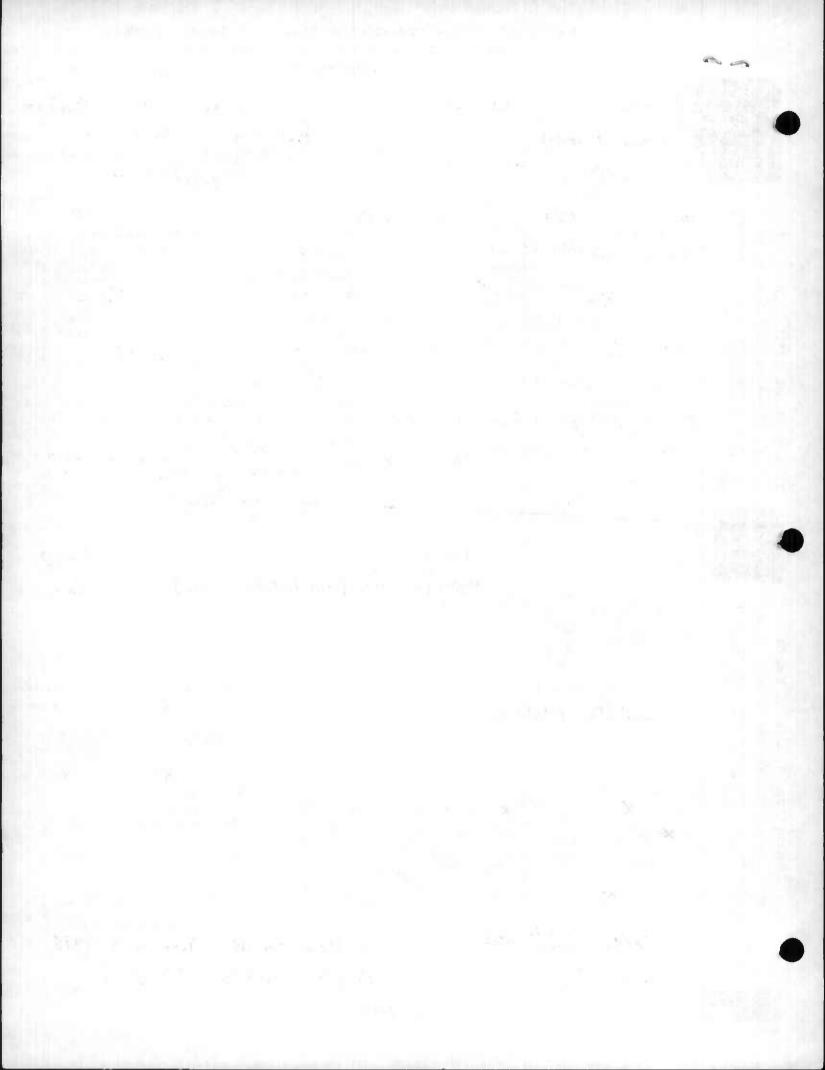
DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Day **Physician** Yaar Orine Claiborne 3 Janvary 1998 0610 am /Medical 4e. Facility Neme (If not institution, give street and numbar) 4b. City, Town, or Location of Deeth 4c. County of Daeth **Examiner** Baltimore Baltimore Hospital Sinai 8. Date of Birth (Month, Day, Yaar) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. **Funeral** 1 □ M 2 PF Months Days Hours Min 231-50-3780 69 Director May 10, 1929 VIRGINIO Usual Residence of Dacadant 10a. Stata 10b. County ?? Is marked other than "natural", or items 23a or 28a-f show treumatic event, the Medical Examiner must be notified at 10c. City, Town or Location 10d. Insida City Limits 1 TVes 2 No BALTIMORE **Funeral Director** Varylano 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? Peges 1 and 2 should be filed within 72 hours efter death with LynHurst Street 21229 USA 12. Was Dacadant Ever in U,S. Armed Forces? 1 ☐ Yas 22 No If Yas, Give Year or Datas: 14. Raca - Amarican Indian, Black, Whita, atc. 11. Meritel Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Married 2 Married 21215-0020 1□ Yas 2 No Specify Specify: Black þ 3 ☐ Widowad 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacadant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Wilson State Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) LINEN SUPERVISON Hospital 18 Mother's Neme (First, Middla, Maidan Sumame, altimore, Maryland 17. Fathar's Nama (First, Middla, Last) permit. Peges 1 and 2 should be fill.
Depertment of Health and Mental Hy
Important: If Item 27 is marked other Be SIMMIE ROBINSM 19a. Informent's Name/Relationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Satterfield 715 BErrymon's Lone CEISTERSTOWN, Md 2/136 NatiE Doughter 20b. Pleca of Disposition (Name of cematary, crematory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Burlai 2 Cramation 3 Removal from Stata Aroutus, Marylows 4 ☐ Donetion 5 ☐ Othar (Spacify) TOS MERKONAL Parke 22. Nama and Addrass of Facility CHATMIN Homes Fineral Home 21. Signature of Fynaral Sarvica, Licensae 340 REISTENSTUN ROAD 23a. Part / Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as perdiac or respiratory errest, shook, or heart failure. List only one cause on each line. Approximate Intervel Between Onsat and Death **Physiclan** Immedieta Causa (Final disaasa or condition resulting in daath) /Medical Meumonia days Examiner Dua to (or es e consaquanca of): Examiner Hyperglycemia (non-Ketotic coma Sequantially list conditions, if any, leading to immadiate causa. Entar Undarlying Ceusa (Disaasa or Injury thet initiated avents rasulting in daath) Last Dua to (or as e consequança of): P.O. Box 68760. The law requires that the deeth certificate be Physician/Medical attending physic Due to (or as a consequence of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? is certificate has been signed by the director, page 2 should be deteched 1 Yes 2 No 3 Probably 4 Unknown Diabetes Mellitus Division of Vital Records, à Completed 24b. Were autopsy findings available prior to 24e. Wes en autopsy performad? complation of cause of death? 1 Yas 2 No 1 ☐ Yas 2 No or Attending Physician: Be 25. Was case referred to madical exeminar? 26. Place of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) Hospital: 1 Yes 2 No Certification: To 1 X Inpatiant 2 □ ER/Outpatient 3 □ DOA this 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Dascribe how injury occurred After t 5 Pending Invastigation s effer deb... al Diractor: Aff 1 Netural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datermined 3 Suicide 28a. Placa of Injury - At homa, farm, street, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital of within 24 hours of To the Funeral D completely filled in Medical 29a. Certifiar 1 Cartifying Physicien: To the best of my knowledga, daeth occurred at tha tima, data and placa, and dua to the ceusa(s) and mannar as stated.

2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, date end place, end dua to the causa(s) and mannar steted. (Check only one) 29b. Signatura and titla of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa numbar January 3, 1998 AS 2402321 MW 9515 30. Nama and addrass of parson who completed causa of daath (Itam 23a) (Type, Print) Baltimore, Maryland Hospital, Wahl, MD Sinai Mark 32. Ragistars Signature 31. Data filed (Month, Day, Yaar)

State Registrar

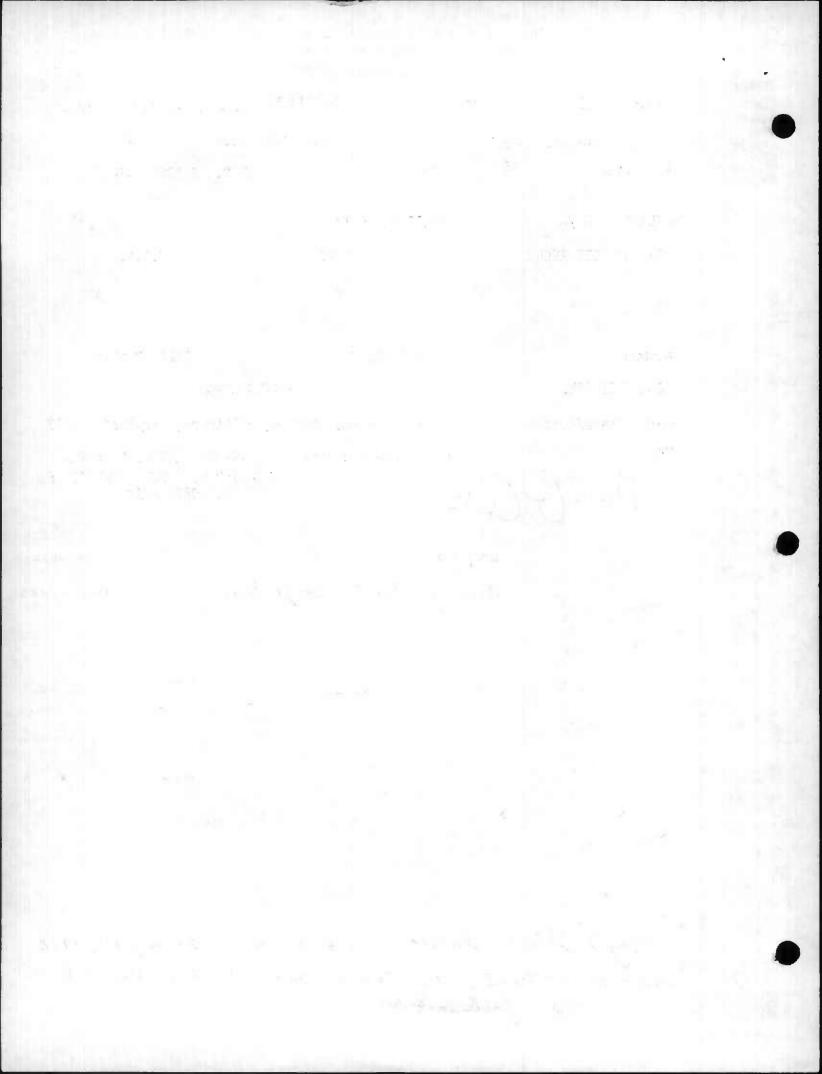


State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificat	e of	Death		R	eg. No.	U	0301
Physic	ion	1. Decedent's Name (First, Middle, L		HE ST						Dete of Deet Month	h Dey	Yeer	3. Time of Death
/Med		Samuel C.							J	AN 9	, 199	8	2:46pm
Exami	ner	4e. Facility Neme (If not institution, g						4b. City, Town,			4c. County		
		Anne Arundel				If Under	1 1/22	Annap					unde1
Funeral Director		5. Social Security Number 6. 253-22-8894 Usuel Residence of Decedent	Sex 7. Ag	e (In yrs. last b	Yrs.	Months	Deys	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Min. NC	Dete of Birth Month, Day,	1917	9. Birth Cou Penr	plece (Stete or Foreig intry) ISylvania
/land		10e. Stete 10b. County 10c. City, Town or Location										10d. Inside City Limits	
the Men 28a-f eh	Director	Maryland Anne	Arundel			Ann		olis		10	0g. Citizen of	What Cou	1√ Yes 2 No
eth with	rai Di	15 Munroe Cou					2	1401				USA	
filed within 72 hours after deeth with the Maryland Hygiene. ther than *natural; or items 23a or 28a-f show ent, the Medical Examiner must be notified at	d by Funeral	11. Meritel Stetus 1 Never Married 2 Married 3 X Widowed 4 Divorcad	12. Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give Yeer or Dates:			Wes Deced It Yes, spec 1 Yes		Hispenic Origin' pan, Mexican, P Specify:	? (Specify uerto Rica	Yes or No- in, etc.)		ck, White	can Indien, , etc. (hite
72 h natu	Completed	15. Decedent's E (Specify only highest gi	ducation rede completed)	166	. Dece	dent's Usue kind of wor	Occur k done	pation during most of ed)	working		16b. Kind ot B	usiness/li	ndustry
vithin han	mpi	Elementery/Secondary (0-12)	College (1-4or	5+)		oo norus eside		ed)			Insu	rana	0
be filed withintel Hygiene. d other than event, the M		17. Fether's Neme (First, Middle, Las	4			55100	-116	18 Mothodo	Nama /Fi	ent Adiabatio A	Meiden Sumer		е
S d is	Be C	William B.											
should be filed within and Mentel Hygiene. marked other than ametic event, the M	2	19e, intorment's Neme/Reletionship		10	h Mailir	na Addraes	(Stree	t end Number o			chard:		in Code)
end 2 sho saith and n 27 is me		Samuel C. Corey,				_					11, NO		
- I 5 5		20e. Method of Disposition		20b. Plece	of Dispo	sition (Nen	ne of				20c. Location		
Department of I Important: If its any Injury or o		1 ☐ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec	ity)	Metro		metory or or emator			1/10	/98	Baltin	nore	, MD
permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Lice Dawn F 23e. Pert1. Enter the disease, or cor	McDonald McDonald nolications that caused	ald the death. Do	(Crema 299 I	re	ess of Fecility On Soc derick ing, such es car	Roa	ad B	altimo	and,	Inc. MD 2122 Approximete Intervel Between
Physiclan		shock, or heert tailure. List only	one cause on each ii	ne.	^							1	Onset and Deeth
/Medical		Immediete Ceuse (Finel diseese or condition	AN	Oxic	R	Rock	,	12/0	151			1	manito
Examiner		resulting in deeth)	0. / / /	Due to (or es e	consec	quence ot):	-	1000	` /	-			11/14/2)
D #	iner		· Res	mater	-cum Allest								hour
Than	Examiner	Sequentially list conditions,	0	Due to (or es e	conseq	uenca of):		-				1	1
hali		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initieted events	· INE	unon	reg								24 hours
ertificate by executed Jing physical and se as the burnet mansit	Medicai	that Initiated events resulting In deeth) Lest	d	Due to (or es e	conseq	uenca of):							
the death or by the ettend sched for us	Physician	Port it Other stanificant conditions	centributing to dooth b		la éla	- d- d- d		in Death		nah Dida	haaaa		to the course of death
that the de led by the deteched	hys	Pert It. Other stgnificant conditions	contributing to death o	ut not resulting	in the u	ndenying ca	ause g	ven in Perti.		230. Diù 10	~		to the cause of death
es that igned i	by P								_	101	29110	00,,,	John Ville Change
been s	Completed t					2				24e. Wes en	n eutopsy ned?	8'	Vere eutopsy tindings velleble prior to ompletion of cause I death?
0 - 0	mo									1 □ Ye	s 2 100	1	☐ Yes 2☐ No
	0	25. Wes case reterred to medical						26. Piece of	Deeth (Cl		/		
Physician: this certific ral director,	O B	examiner?	Hospital:	ent 2 ER/O	utpetien	nt 3□ DO	A Ot	hor:			nce 6 Oth	ner (Spec	ify)
After fune	Certification: T	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investigation	28e. Dete of Inju (Month, De		Time of tnjury	M 2	8c. Inju Wo				w injury occur		,,
	ertific	3 Suicide 6 Could not l 4 Homicide determined		ury - At home, for c. (Specify)	erm, str	eet, fectory	, office		281.	Location (St City or Town	reet end Numi n, Stete)	ber or Rui	ral Route Number,
To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edical C	29e. Certifier (Check only one) Certifying P	hysician: To the best of miner: On the basis of end menner sta	examination er	e, deeth	occurred ovestigetion,	et the ti	ime, dete end pi opinion, deeth o	lace, end	due to the ce t the time, de	euse(s) end m ate end piece,	enner as end due	steted. to the ceuse(s)
To the within 2 To the comple	Me	29b. Signet and title of certifier) no			290		se number		2	9d. Dete signe	Month	Dey, Year)
17		30. Name end eddress of person who	completed cause of d	eath (Item 23e)	(Туре,	Print)					-	1_	
10		Steven C. Reș	nick, M.I	600	Ri	dge1	y A	ve. St	uite	121	Annapo	lis,	MD 21401
Sta Regist		31. Dete tiled (Month, Dey, Yeer) JAN 1 2 19	98 32. R	Day doon	-Par	dell							

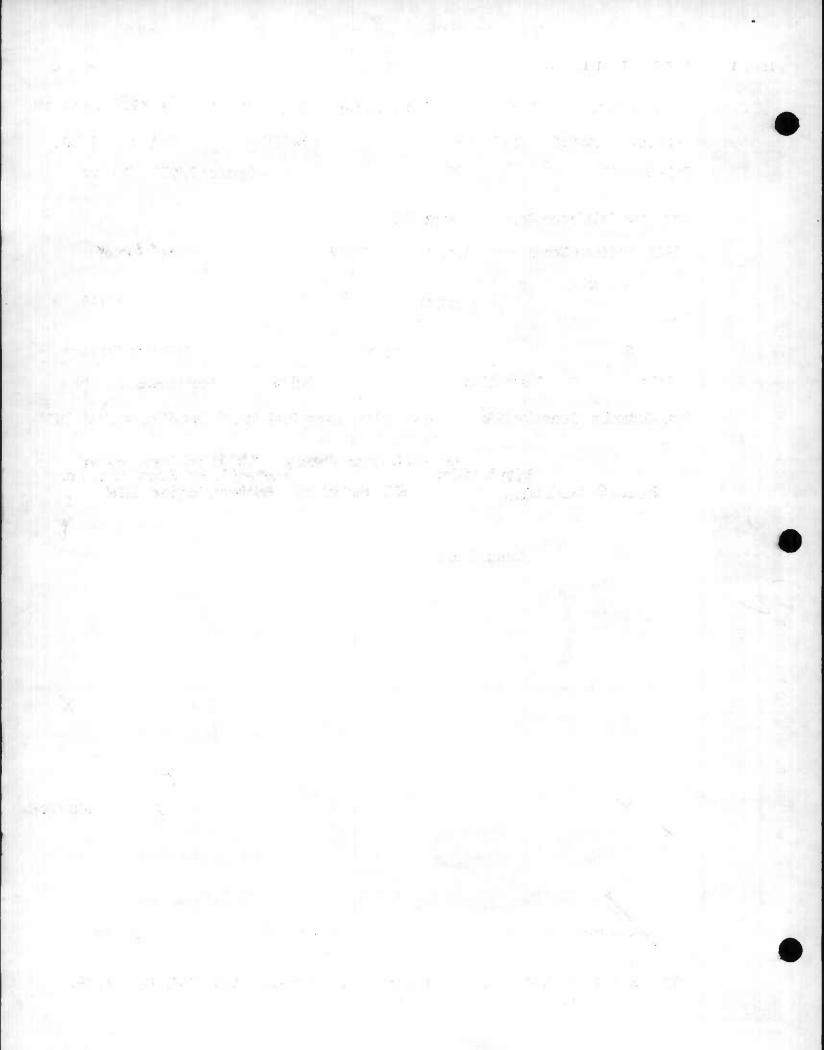
State of Maryland / Department of Health and Mental Hygiene, Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth COOPER **Physician** MAGGIE 4, 1998 JANUARY 18:20 /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner N/A THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) MAR. 16 1902 **Funeral** 9. Birthplace (State or Foreign 1 M 2XXE Hours Months Deys 216-10-1941 95 VIRGINIA Director Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location Show 10d. Inside City Limits ral', or items 23a or 28a-f sho Examiner must be notified at Director 1\(\)\Yes 2 □ No MARYLAND N /A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 834 CHAUNCEY AVENUE 21217 U.S.A. Funerai 14. Race - American Indien Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give 11. Meritei Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 Never Merried 2 Married . O. 21215-0020 1 Yes XNo Specify: BLACK Be Completed by 3)(☐)(Widowed 4 ☐ Divorcad Year or Dates: "natural". 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) the Medical 16b. Kind of Business/Industry I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) .. Pages 1 and 2 should be filed w ment of Health and Mental Hygier mit: If item 27 Is marked other ti lury or other traumatic event, In unknown SEAMTRESS SELF EMPLOYED Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) 2 GEORGE RIGGINS MARY JACKSON 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Dorothy Peace/Cousin 834 Chauncey Avenue, Baltimore, Maryland 21217 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State X Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Department of Important: If any Injury or once. 1-9-98 | BALTIMORE, MARYLAND Mt. Auburn Cemetery 21. Signature of Funeral Service License 22. Neme end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, a on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel Jepsis TWO WEEKS disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Physician/Medical Examiner On tection Ivaci WEEKS The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest and Due to (of es e consequence of): Box 68760, Due to (or es e consequence of) signed by the atte P.O. Pert II. Other etgnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ≥ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? page 2 1 ☐ Yes 2 No certificate 1 ☐ Yes 2K No of Vital Attending Physician: 25. Wes case referred to medical Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA this funeral Certification: 27. Menner of Deeth 28e. Date of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After Division 5 Pending 1 Neturel 1 Tyes 2 No 2 Accident Investigation after death Director: / 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide 0 24 hours a Hospital Medicai 29a. Certifier 12 Certifying Physicien: To the best of my knowledge, death occurred et the time, date end pleca, end due to the ceuse(s) end menner as steted. completely (Check only one) 2 Medical Exeminer: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. within 2 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) Intern RES 000 30. Name and aderess of person who completed cause of death (Item 23e) (Type, Print)

mp. + 10 FOTUHI, 110 Tower, Johns Hopkins Hospital 31. Dete filed (Month, Day, Year) State JAN 1 2 1998 Registrar



State of Maryland / Department of Health and Mental Hygiene Item: 18 Per FH Film G-755 1-12-98RC Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Death **Physician** Month Day 8, 1998 3:50 am COSSENTINO NICHOLAS JOHN SR. January /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and numbar) 4c. County of Daath Examiner HOSPICE STELLA MARIS TOWSON
If Undar 24 Hrs. BALTIMORE CO. If Under 1 Year 5. Sociel Sacurity Number 6 Sex 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Funerai Days 1X M 2□ F Months Hours Yrs. Director 90 216-07-9199 December 8,1907 Maryland Usual Rasidenca of Dacadant the Maryland 10b. County 10a. Stata 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "naturel", or items 23s or 28s-4 sh traumstic event, the Medical Examiner mast be notified Director 1 ☐ Yas 2 X No Maryland Baltimore Co. Parkville 10e. Street and Numbar 10f. Zip Coda 10g, Citizan of What Country? 8949 Waltham Woods Road Apt. D 21234 United States Funeral filed within 72 hours after death 12. Was Decedant Ever in U.S. Armed Forces? 1 M Yas 2 □ No If Yas, Giva Yaar or Datas: 1943–1945 Was Dacedant of Hispenic Origin? (Spacify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married 21215-0020 1 ☐ Yas 2 X No Specify: by Specify: White 3 ☐ Widowad 4 ☐ Divorcad Completed 15. Decedant's Education (Specify only highast grada complated) 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry al Hygiene. Elamantary/Secondary (0-12) College (1-4or 5+) 6 Tailor Clothing Company Maryland 17. Fathar's Nama (First, Middle, Last) Pages 1 and 2 should be fill ment of Health and Mental Hant: If item 27 is marked oth lury or other traumatic even 18. Mothar's Name (First, Middla, Maidan Surname) Be John Cossentino Julia -Acchionero Occhionero 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Cinderella Cossentino/Wife 8949 Waltham Woods Road Apt. D Parkville, Maryland 21234 Baltimore, 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 X Burial 2 Crametion 3 Ramoval from Stete Depertment of Important: If any Injury or other. 4 ☐ Donatton 5 ☐ Othar (Spacify) Most Holy Redeemer Cemetery 1/10/98 Baltimore, Maryland 21. Signature of Funerel Sarvice Licensea Brian A. Willem 22. Nama and Address of Fecility Leonard J. Ruck Funeral Home, Inc. Bucin a. Willen 5305 Harrford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaasa or condition rasulting in daath) **Examiner** a. Lung Cancer Dua to (or as a consequence of): Examiner Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated avents resulting In daath) Last Dua to (or as a consequence of): The law requires that the death certificate be e Box 68760 physician Physician/Medical the Dua to (or es e consequance of): USB detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death? O signed by 1 Yes 2 No 3 Probably 4 Unknown مَ by Division of Vital Records, 2 Completed 24a. Was an autopsy 24b. Ware autopsy findings evallabla prior fo complation of causa of daath? performad? has certificate 1 TYes 1 ☐ Yas 2 ☐ No or Attanding Physician: director, 25. Was case raferred to medical axaminar? Be 26. Place of Death (Check only ona) 1 Yas 2 No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 NOther (Specify) HOSPICE Certification: To this 28a. Data of Injury (Month, Day Year) funeral 27. Manger of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Panding Invastigation Natural after death. Director: Af 1 Yes 2 No 2 Accidant the 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) in by 4 Homtcida filled 24 hours a Hospital 29a. Cartifiar Centifying Phyalcian: To tha best of my knowladga, daath occurred at the tima, data and place, and due to tha causa(s) and manner as stated. Medical completely (Check only one) Modical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Within 2 To the 29b. Signature 29d. Data signad (Month, Day, Year) 98 8 30. Name and addrass of person who completed cause of death (Itam 23a) (Type, Print) EDDIE NAKHUDA 2300 DULANEY VALLEY RD., TIMONIUM, MD Authorister's Squature Pandall State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of Deeth Day Month **Physician** 7, 1998 Marie Ange Cormier January 1:00am/Medical 4b City Town or Location of Deeth 4e. Fecility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** Reisterstown
If Under 24 Hrs. 6. Da
S Hours Min. (M 311 Highmeadow Rd Baltimore Co. If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) 6. Date of Birth (Month, Dey, Year) **Funeral** Days 1 □ M 20 F Yrs. Director 005-01-3333 84 July 19. 1913 MAine Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Farmer must be not led at 1 ☐ Yes 2 No Director Baltimore Co. Reisterstown 10e. Street end Number 10f. Zin Code 10g. Citizen of What Country? 311 Highmeadow Rd. 21136 USA Funeral 12. Was Decadent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☐ No Specify: Specify: þ 3CWidowed 4 □ Divorced white Pages 1 and 2 should be filed within 72 honen of Health and Mental Hygiena.
Int: If item 27 is marked other than "naturury or other traumatic event, "ne Med call Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) housewife 8th own home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Henry Lapierre Rosilda Dupuis 19a. informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Rita M. Schmidhauser/daughter 311 Highmeadown Rd., Reisterstown, MD 21136 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State Department or Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 1/10/98 Springvale, Maine 11824 Reisterstown Rd. 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Eline Funeral Home Reisterstown, MD 21136 ter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiretory errest, heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** Metastatic Breast Carcinom Immediate Cause (Finel disease or condition resulting In death) /Medical Examiner Due to (or es a consequence of) Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? page 2 1 Yes 2 No 1 ☐ Yes 2 No Be 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home Sesidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpelient 3 DOA 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28e. Date of Injury (Month, Dev Year) 28c. Injury et Work? 5 Pending 1 Netural 1 Yes 2 No investigation 2 Accident 3 Suicide

P.O. Box 68760. Records. Division of Vital i or Attending Physician: after death. Director: After this certifica To the Hospital of within 24 hours all To the Funeral Discompletally filled

signed b

the Maryland

72 hours aftar

"naturel", or

Baltimore, Maryland 21215-0020

6 ☐ Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homloide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) end manner stated. edical 29a. Certifier

State Registrar

á

ite 90 301

29c. License number

29d. Dete signed (Month, Dey, Year)

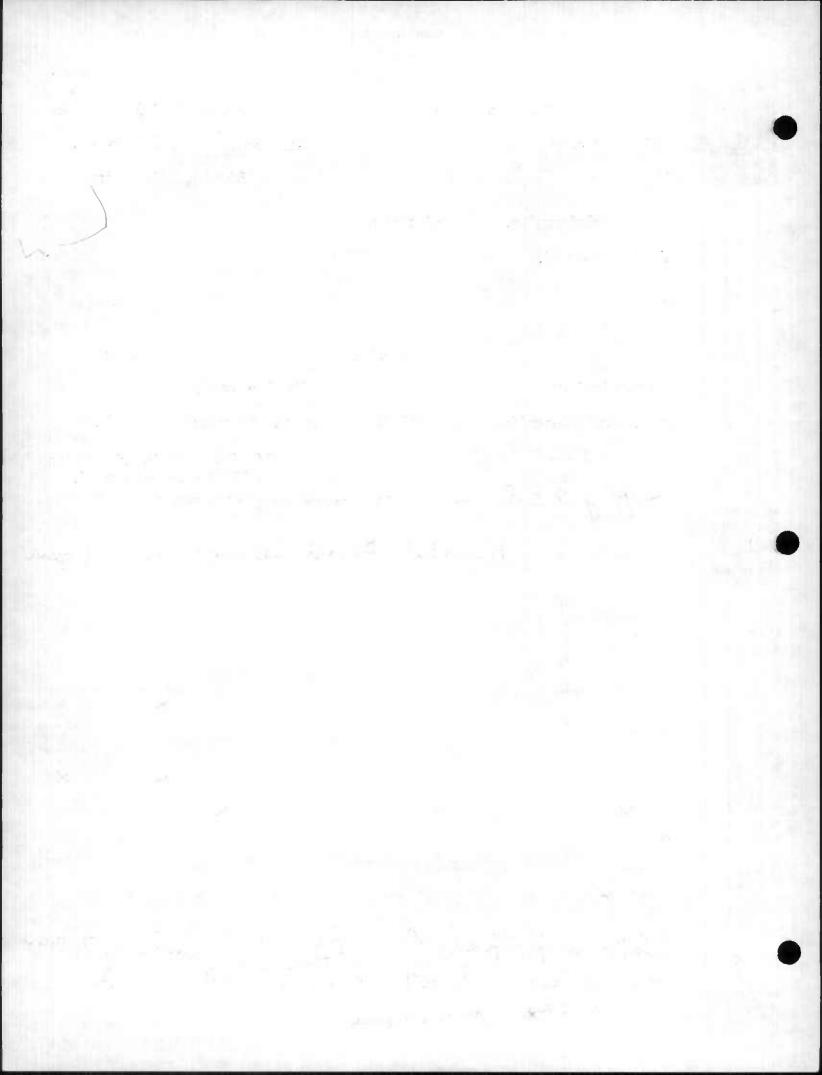
30. Name and address of person eted cause of death (Item 23a) (Type, Print)

29b. Signature end title of certifier

31. Dete filed (Month, Dey

32. Registrar's Signeture

grelia Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month Yaar **Physician** MAMIE 9, 1998 CLAYPOOLE 7:15 am JANUARY /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner HERITAGE CENTER GENESIS DUNDALK BALTIMORE If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months Days 1 M 25 F Yrs. 91 **Director** MARCH 17,1906 MARYLAND 214222222 Usual Rasidanca of Dacedant with the Maryland 10a. Stata 10b Counts 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumatic avent, the Movical Examinations to be notified at 1 Yas ZNO BALTIMORE ROSEDALE Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 1221 BERKWOOD ROAD 21237 filed within 72 hours after death Funer 12. Was Decadant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, etc. 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 WHITE 1 Yas 28 No Specify Specify þ 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Dacadant's Education (Specify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+) Hygiena. OWN HOME HOMEMAKER \cap 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) is. Pages 1 and 2 should be file imment of Health and Mental Hyperant; if item 27 is marked oth injury or other traumatic aventing or other traumatic aventing. Be JOHN D. DONNELLY MARGARET DOWNS 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) DORIS CUPP / DAUGHTER 1221 BERKWOOD ROAD ROSEDALE, MD 21237 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Data 1 Burial 2 □ Cramation 3 □ Ramoval from Stata DULANEY VALLEY 1/12/98 TOWSON, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Compo 22. Nama and Addrass of Facility CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE BALTO, MD 21237 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiec or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician Coronary Artery Disease 12 years /Medical Immediate Ceuse (Finel disaasa or condition rasulting in deeth) Examiner Due to (or es e consequence of): Examiner Iron Deficiency Anemia 6 years certificate be axecuted physician and the bunal-trans Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avents rasulting in daath) Last Due to (or as e consequence of) Arterial Venous Malformation colon 3 years P.O. Box 68760 Physician/Medical Dua to (or as a consaquanca of) 55 Essential Hypertension 15 years use P signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2€ No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en autopsy performed? page 2 has 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No certificata director, 25. Wes case refarred to medical Be 28. Placa of Death (Check only one) Othar: Nursing Home 5 Rasidanca 8 Othar (Specify) 0 1 Yas 2XNo 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred

on of Vital Records. Physician:

3 Suicida 4 Homicida 29a. Cartifiar (Check only one)

1 2 Neturel

2 Accidant

6 ☐ Could not be datarmined

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mennar as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29b. Sign

29c. Licansa number D14160

1 ☐ Yas 2 ☐ No

29d. Data signed (Month, Day, Year) 01/09/98

30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)

Harjit Singh, M.D. 5410-A Ritchie Highway Baltimore, Md. 21225

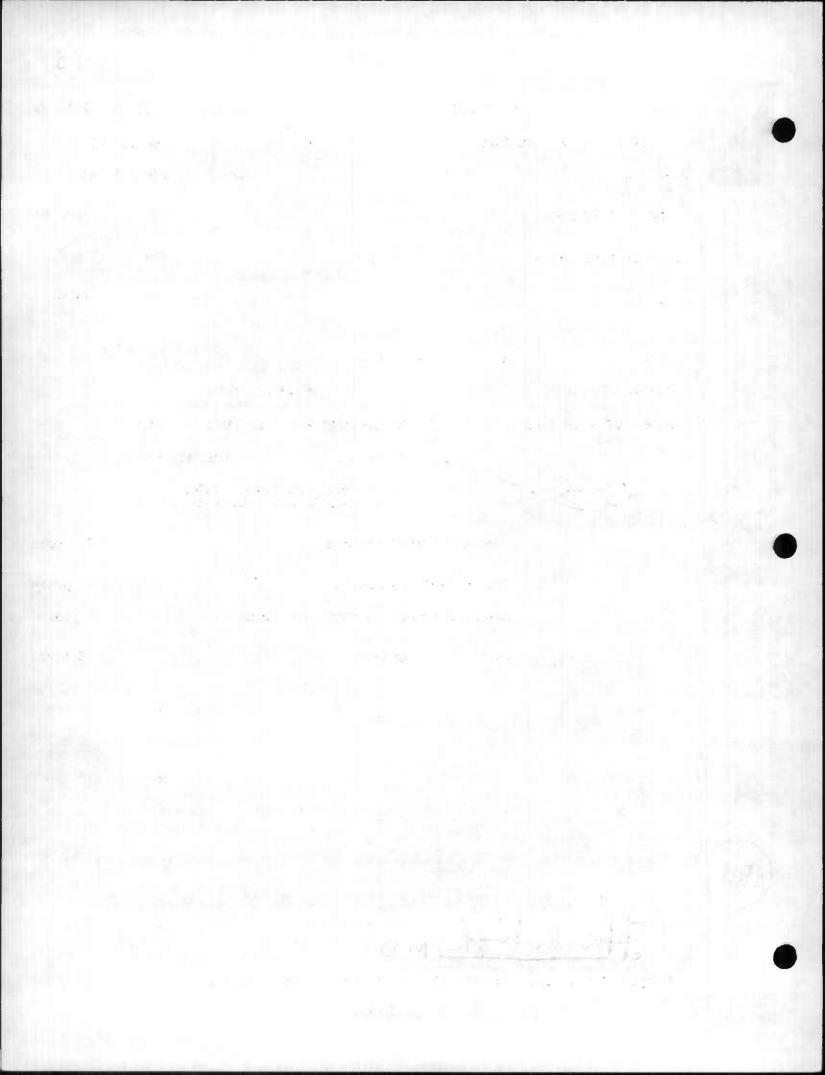
State Registrar

31. Data filed (Month, Day, Yaar) JAN 1 2 1998

5 Panding

invastigation





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First Middle Last) 2. Date of Death Month Day Year January 1998 MARY 8 DEBES 8:15 am 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth STELLA MARIS HOSPICE BALTIMORE If Under 1 Year 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number Birthplece (Stete or Foreign Country) 6. Sex 7. Age (In yrs. lest birthdey) Deys 1□M 2□F Yrs. 88 215-07-1694 Usuat Residence of Decedent 8/4/09 MARYLAND 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2609 FOSTER AVENUE USA 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: 1 ☐ Yes 2 ☐No Specify 3₺ Widowed 4 Divorced WHITE 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8th GRADE PACKING GARMENT 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) BOLESLAW AMBROZI KLARA PIATKOWSKI 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) SON JAMES P. KRAWCZYK 18 SUGAR TREE PLACE COCKEYSVILLE, MD 21030 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removal from Stete 4 Donation 5 Other (Specify) HOLY ROSARY CEMETRY 1/12/98 DUNDALK, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility JOHNSON FUNERAL HOME, P.A. 23a Part1, Erfor the disease, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line. 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 Approximate Onset and Death Immediate Cause (Final Renal Failure disease or condition resulting in death) Due to (or es e consequence of): Congestive Heart Failure Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es a consequença of) Due to (or as a consequence of): 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ★ ☐ Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes an autopsy performed? 1 Yes 2 No

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

MD

Funeral

Director

28a-f show must be notified at

6 Items 23a

ò

"natural",

al Hygiene.

h and Mental h

of Health of Health 27 is

other

5 permit. Page Department of Important: If any injury or once.

traumstic event, the Medical Examiner

death

filed within 72 hours after

Pages 1 and 2 should be

21215-0020

Baltimore, Maryland

Director

Funeral

þ

Completed

Be

94 96

Physician/Medical

à

Completed

Be

2

Certification:

Medical

68760

Box

P.O.

Records,

Vital

ö

NVISion

signed by law PIBS. 2 24

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 ☐ Yes 2 No 25. Was case referred to medicat 26. Plece of Death (Check only one) 1 Yes 2 No Other: 400 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 Naturat 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide

29a. Certifier (Check only one) 157 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

295. Signature a

29c. License number

29d. Date signed (Month, Day, Year)

D 15504

98 8

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

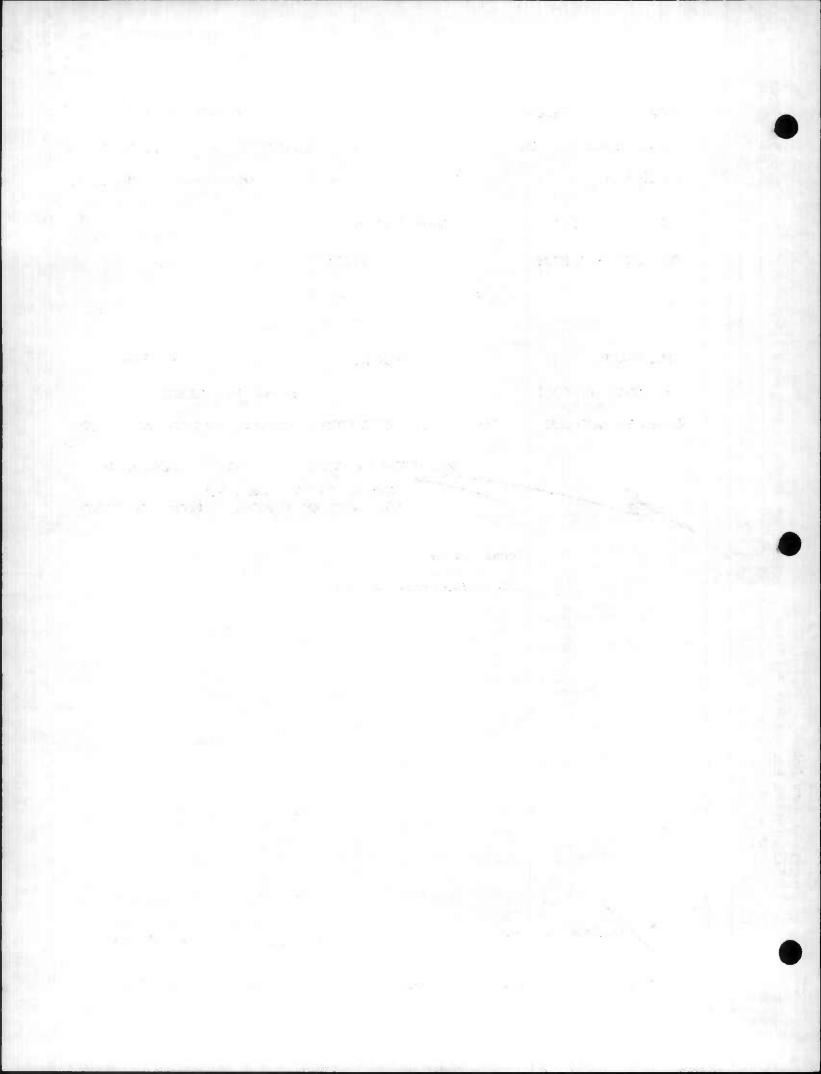
Eddie Nakhuda, M.D. 31. Date filed (Month, Dev. Year) JAN 1 2 1998

2300 Dulaney Valley Rd

Timonium, Md. 21093

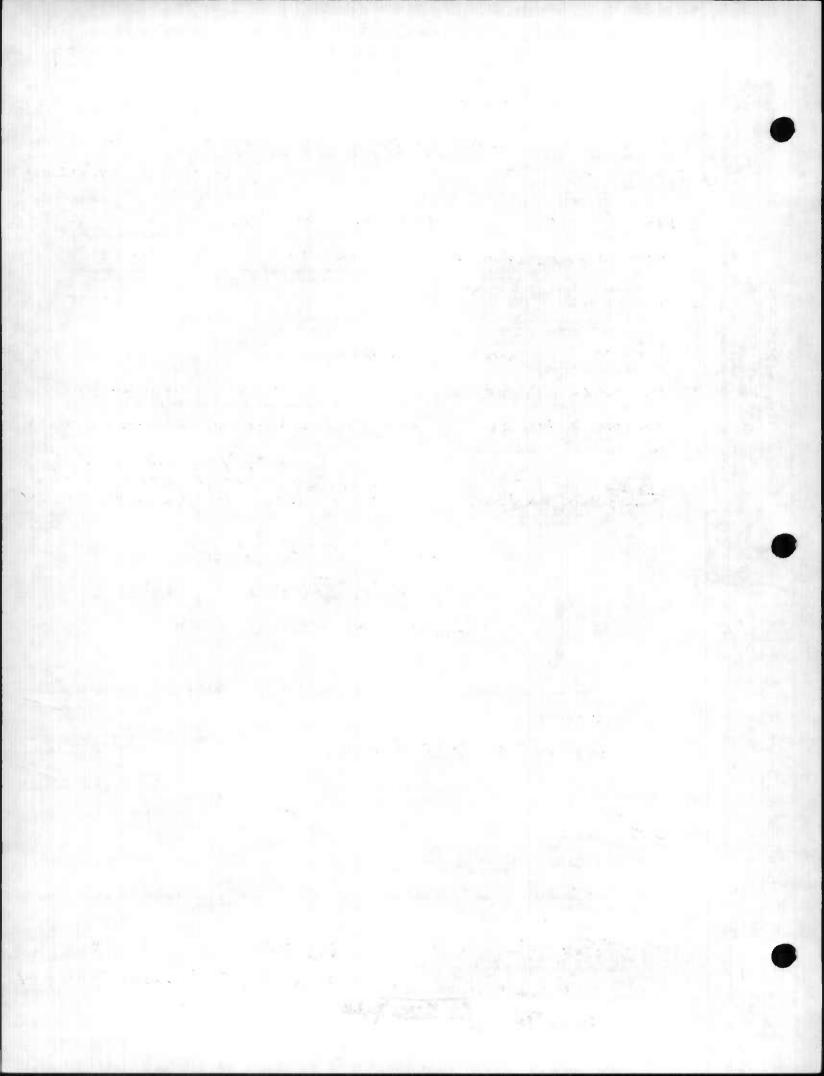
State Registrar Registrar's Signeture Davidson-Randsee

To the Hospital within 24 hours To the Funeral C



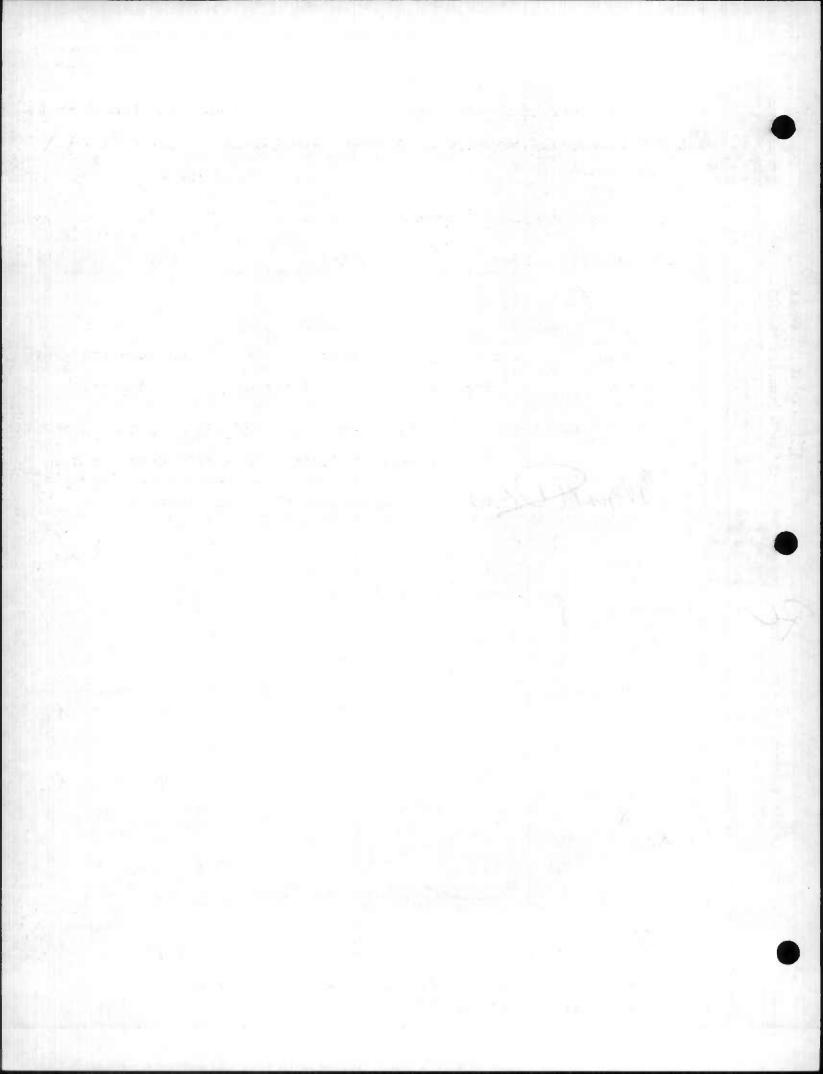
State of Maryland / Department of Health and Mental Hygiene 0 000

An I To N GEN 6 SIS NUKSING Home 1 Under 1 Year 1 Under 24 Hrs. 2 Under 24 Hrs. 3 Under 24 Hrs. 3 Under 24 Hrs. 4 Under 24 Hrs. 4 Under 24 Hrs. 5 Under 24 Hrs. 5 Under 24 Hrs. 5 Under 24 Hrs. 6 Under 24 Hrs. 6 Under 24 Hrs. 6 Under 24 Hrs. 6 Under 24 Hrs. 7 Under 24 Hrs. 8 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 Hrs. 9 Under 24 H				Certificate of	Death	Re	g. No.	0301
TOTAL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE			•		JAN TO	2. Date of Death)	
## # # # # # # # # # # # # # # # # # #	Physician /Modical	Ruhy -C. D	IVER					8 10 Pm
Second Second Number Case	Examiner		number)		4b. City, Town, or Lo	cation of Death	4c. County of Dea	ath
Social Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Security Number Secur		HAMILTON GENES!	S NURSING	HOME	BALTIN	nort	N/I	4
The Street and Number 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Certy 100. Cert	Funeral	5. Social Security Number 6. Sex	7. Age (In yrs. last bil	rinday) II Under I Year	if Undar 24 Hrs.		Year) 9. Bi	rthplace (State or Foreign
Top. State 10. County 10. C	Director	219-22-5760	90	Yrs.			1907 1	MRYLAND
Description of the complete of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	2		10c City Tow	m or Location				10d Incide City Limits
1.1. Martial Status 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2.	ahou a	Too. County			111	./		
1.1. Martial Status 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2.	ect of	Md N/A	13	ALTIMOR	SE MI	4 -	China at Mara C	\
1.1. Martial Status 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2.	0 0		0		7 - 5	10		
Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Specific Control Principles Spec	raf					aif. Van ar Na		
3.6 Mindowed a Clargore Floridation of News. 15. Departure Equations of News. 15. Specify White Plant	Ë	Armed	Forcas?	if Yes, specify Cubi	an, Mexican, Puerto	Rican, etc.)		
The Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles Development Supersition Teles		If Yes,	Give `	1 ☐ Yes 254 No	Specify:		Specify: U	SHITE
19. Nother's Name (First, Mode), Last) 19. Nother's Name (First, Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Ammerical Programment (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother's Name (First Mode), Association (Sport Form, State) 19. Nother Name (First Mode), Association (Sport Form, State) 19. Nother Name (First Mode), Association (Sport Form, State) 19. Nother Name (First Mode), Association (Sport Form, State) 19. Nother Name (First Mode), Association (Sport Form, State) 19. Nother Name (First Mode), Association (Sport Form, State) 19. Nother Name (First Mode), Association (Sport Form, State) 19. Nother Name (First Mode), Association (Sport Form, State) 19. Nother Name (First Mode), Association (Sp				Decedent's Usual Occur	pation	1	6b. Kind of Business	s/Industry
19. Mother's Name (Piez, Mode), Last) 19. Mother's Name (Piez, Mode), Maction Name) 19. Mother's Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez, Mode), Name (Piez,	Set	(Specify only highest grade complete	ed)	(Giva kind of work done	during most of work			,
15. Mahiring Address (Sirnest and Number or Result Rodes, Makons, Situate, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code) 15. Mahiring Address (Sirnest and Number or Result Rodes Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Number, City or Town, State, Tip Code Nu	E	-41					Hon	1 /2
192. Informant's Name/Fleelistionship (Type, Print) 193. Informant's Name/Fleelistionship (Type, Print) 194. Informant's Name/Fleelistionship (Type, Print) 202. Method of Disposition 1 \$\frac{1}{2} \substitute{2}			7	.,		(First, Middle, M		
19a. Informant's Name Relationship (Type, Print) 19b. Mailling Assess (Street and Number or Rural Route Number, City or Town, State, Zie Code) 17 18 18 18 18 18 18 18		FOCABBILL P. L	IE ISE		MAR	VEN	MEVERS	
200. Mathod of Disposition Date 200. Decision Date 200. Location - City or Town, State 200. Decision Disposition Date 200. Location - City or Town, State 200. Decision Disposition Date 200. Location - City or Town, State 200. Decision Disposition Disposition Date 200. Location - City or Town, State 200. Decision Disposition Disposition Date 200. Location - City or Town, State 200. Decision Disposition Disposition Date 200. Location - City or Town, State 200. Location - City or Town, State 200. Decision Disposition Disposition Disposition Date Date Disposition Disposition Date Disposition D	F			b. Mailing Address (Street				
20. Place of Disposition (Parme of Location - City or Town, State 20 Constitute 20 Constit								
23 Part Enth the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.			20b. Place of	of Disposition (Name of	7/293100	Date 2	Oc. Location - City o	r Town, State
21. Signature of Funeral Service Loansee 22. Name and Address of Facility. // Exp Fun Era L H c m E 75.2.7 Hn et on B A Ha Ha ET Era L H c m E 75.2.7 Hn et on B A Ha Ha ET Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha et a Era L Ha er			om State camete	ory, crematory or other pla	(ce)	112/00	BAIT	CT
238 Part, Enfolt the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and an active of respiratory arrest, and an active of respiratory arrest, and an active of respiratory arrest, and a series or conditions of the conditions, if any, leading to immediate disease or conditions. Sequentially list conditions, if any, leading to immediate disease or conditions, if any, leading to immediate disease or conditions. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algniticant conditions contributing to death but not resulting in the underlying probably 4 defining cause given in Part I. Part II. Other algniticant conditions contributing to death of the cause of death. Part II. Other algniticant conditions contributing to death of the cause of death. Part II. Other algniticant cause of the cause of death. Part II. Other algniticant cause of the cause of the cause of the cause of death. Part II. Other algniticant cause			SAL	22 Name and Addre	ass of Facility	1-/18	1381610	. 6/14
23a. Part 1. Enith the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Poproximate Cause (Final and Death Immediate Cause (Fin		21. Signature of Funda Service Electrises		HAETL	EY MI	IER, FU	INERAL	Trome
Constitute Cause (Final disease or conditions Carc (most) Carc (Halley Mill	ler	7527	HARTORD	Rd K	34/to W	The second second
Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a co		shock, or heart failure. List only one cause o	at caused the death. Do in each line.	not enter the mode of dyll	ng, such as cardiac i	or respiratory arre	St.	Interval Between
desease or conditions resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of)		Immediate Cause /Final	0			,		1
Sequentially list conditions, fary, leading to immediate cause. Chief sea soft in the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea consequence of the sea c		disease or condition	(arc	(none	the M	ul		
Sequentially list conditions, any leading to mmediate curve. Enter Underlying the body of the curve. Enter Underlying that initiated events in the sulfing in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due t	5		Due to (or es e	consequence of):	7			
Cause (Disease or Injury hat initialed events resulting in death) Last Dus to (or as a consequence of): Date (or as a consequence of): Date (or as a consequence of): Definition of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	nin.	b	7-1	07.	Lombosis			
Cause (Disease or injury that initiated events resulting in death) Last Dust to (or as a consequence of):	xa (Sequentially list conditions, if any, leading to immediate	Due to (or as a	consequence of):				1
Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contribute to the cause of death		Cause (Disease or Injury that initiated events						1
Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contribute to the cause of death	pa	resulting in death) Last	Dua to (or as a	consequence oty:				1
Degree of Death 24e. Was an eutopsy performed? 24b. Were autopsy finding available prior to completion of cause of death? 1 Yes 2 No No No No No No No	100	d						
24e. Was an eutopsy performed? 24e. Was an eutopsy performed? 25. Was casa referred to medical axaminer? 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No	<u>8</u>					ARL DISAM		As as the server of death
Degree of Death Check only one) 28b. Date of Injury (Month, Day Year) 28c. Place of Death (Check only one) 28c. Place of Death (Check only one) 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Location (Street and Number or Rural Route Number, City or Town, State) 28d. Describe how injury occurred 28d. Location (Street and Number or Rural Route Number, City or Town, State) 28d. Describe how injury occurred 28d. Location (Street and Number or Rural Route Number, City or Town, State) 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how i	ysi				ven in Part I.			
25. Was casa referred to medical axaminer? 1		Degress 10h				11	8 2LINO 3LI	Probably 49 Officion
25. Was case referred to medical axaminer? 1 Yes 2 No 26. Place of Death (Check only one) 27. Manner of Death 1 Netural 5 Pending investigation 6 Could not be determined 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, State) 29e. Certifier (Check only one) 1 Certifying Physician: To the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner es steled. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 31.464 1.49 30.8 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 & 1.7 &		×	-b -	0 "				. Were autopsy findings
1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 1	ete	Degenrative	e Voint	Disease		perform	ned?	completion of cause
25. Was case referred to medical axaminer? 1	E D					100		
axaminer? 1 Yes 2 No								TLI Yes ZUZTNO
27. Manner of Death 28a. Date of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury 28b. Tima of Injury	0	axaminer? Hospital:		_ Ott				
2 Accident 3 Suicide 4 Homicide 288. Placa of injury - At home, farm, street, factory, office 281. Location (Street and Number or Rural Route Number, City or Town, State) 289. Certifier (Check only one) 299. Certifier (Check only one) 299. Signeture and title of certifier 299. Signeture and title of certifier 299. Signeture and dadress of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person who completed cause of de	-	1 198 212110		utpatient 3LI DOA	412 Nursing Ho			pecify)
29e. Certifier (Check only one) 29b. Signeture and title of certifier 29b. Signeture and due to the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) end manner es steted. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHOWS A RESHOWS TO BEST OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF THE BOOK OF T	o	1 Netural 5 Pending (M	fonth, Day Year)			EDG. DOGGNOG NO	winds occurred	
29e. Certifier (Check only one) 29b. Signeture and title of certifier 29b. Signeture and date of certifier 29c. License number 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHows A. Hassam R21 N Cutar St., Suite 3 0 8 Balt, AD 22 26	Cal	3 Suicide 6 Could not be	ace of injury - At home f			28f Location (Str	reet and Number or I	Rural Route Number
29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Signeture and title of certifier 29e. Signeture and title of certifier 29e. License number 29e. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHowb J. H. Shar 821 N - Cuthan St. Suite 3 8 8 8 2 7, AD 24 24	T T	4 Homicide determined bu	ilding, etc. (Specify)	ann, sneet, factory, onica				
29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 1—9—98 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHows A. HASA R. 821 N. EUTAN ST. Suite 3 0 8 BALT, AD 2426	Ö	200 Codifier Developer To	the best of my knowledge	a death assumed at the ti-	== data and place	and due to the se	une(s) and manner	os stoted
29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 1—9—98 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHows — H. Hash — 821 N. Eutha St. Suite 308 Balt, AD 2426	dica	(Check only 2 Medical Examiner: On the	e basis of exemination er					
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHOWB. A. HASAM 821 N. EUTAN ST. Suik 308 BALT, AD 2126	N N	1 0	aillei Stateg.	29c. Licens	se number	29	d. Date signed (Mo	nth, Dev. Year)
		+10 M	d.D					
		DOM Som	- 12	9	31467		1-7-1	0
			4.	(Type, Print)	-	Cuil	30xKal	T, MD 2120
		0 1 1 1 1 1		821 11.50	UTAL 51	30170	7 - 5 0 -	



State of Maryland / Department of Health and Mental Hygiene

Physic	ian	1. Decedant's Na	me (First, Middle, Last)	1915	Coramo	10 01 1	Death	2. Date of De	Day	Yeer	ne of Death
/Medi Exami	cal	4a. Facility Nama	St Sylve (If not institution, give	street and number)	,			b. City, Town, o	Januar or Location of Deat	h 4c. County	of Death	54 p.
Funeral Director		5. Social Security 212-12	2-4540 \	7. Age XM 20 F 81	(In yrs. last bir	thday) If Uni Month	der 1 Year	If Under 24 H Hours Mi	n. (Month, De	Anne ay, Year) 8–16	9. Birthplece (St Country)	ate or Fore
show		Usuel Residenca 10a. State	10b. County		10c. City, Tow	n or Location						de City Lim
28a-f s	Director	Md. 10e. Street and N	Anne Ar	undel	Seve		Zip Code			10g. Citizen of V		Yes 2
ind 2 should be littled within 72 hours enter death with the Maryland alith end Mental Hygiene. 27 is merked other than "hatural", or frems 23s or 28e-f show at traumstic event, the Medical Examinet must be notified at	by Funeral Dir	687 Qu 11. Maritel Status 1 ☐ Never Me	ueenstown	Road 12. Was Decedent E Armed Forces? 1 Yes 2 N If Yes, Give X Year or Detes:		13. Was De	1144		(Specify Yes or No erto Rican, etc.)	USA	e - American India ck, White, etc.	
og within 72 hours giene. er than "natura", the Medical E.	Completed		15. Decedent's Edu ecify only highest gradi condary (0-12)	cation			sual Occupa work done of use retired	during most of w	vorking		usinass/Industry	
d othe	Be	17. Fathar's Name	e (First, Middle, Last)						ame (First, Middle	, Maidan Suman	na)	
th end Men 7 is marke traumetic	2	Nelso	O N Name/Relationship <i>(Ty</i>		ridge	Mailing Addr	ana (Stmat)	Flore	nce Ru <i>ral Rou</i> te Numb		ager	
Deprimit. Fages Depertment of k Important: If he any injury or of		Signature of	the disease, or compiler failure. List only or	Lows		22. Neme	end Addres	s of Fecility	Baltimo 1101E.	re, Ma North	Approx	212
hysician /Medicai Examiner	er	tmmediata Cause diseese or conditi rasulting in daath	ion	Sepa	Dua to (or as a	consequenca o	of):				Da	and Deetl
S it	Examiner	Sequentially list of	conditions, immediate	, cung	Due to (or as e	consequence c	- 4					
nding physician and use es the bunal-tran	Aedical	Sequentially list of any, leading to cause. Entar Unc Cause (Disaase of that Initiated evan resulting in death)	its		Due to (or as a c	consequence o		3				
the ettending physician and hed for use as the burial-trar	Aedical	resulting in death)) Last	d			f):	en in Pert I.	23b. Dld	tobacco use co	ntribute to the car	usa of de
and by the ettending physician and detached for use as the bunal-tran	Physician/Medical	resulting in death)) Last	d			f):	en in Pert I.		tobacco use co Yes 2□ No		
as been signed by the ettending physician and a 2 should be detached for use es the bunal-tran	by Physician/Medical	resulting in death)) Last	d			f):	en in Pert I.	1 🗆			4 Unk
ate has been signed by the ettending phys page 2 should be detached for use es the	Completed by Physician/Medical	resulting in death) Part It. Other sign	ts) Last conditions con	d			f):		1 □	Yes 2□ No s en autopsy ormed? Yes 2□ No	3 Probably 24b. Wera auto evailable p	4 Unk
this certificate has been signed by the ettending physical director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	Part It. Other sign 25. Was case referement? 1 Yes 2 27. Manner of Dea	Parred to medical No The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	d	t not resulting Ir	tpetient 3	g cause give	26. Place of D or: 4 Nursing or at	24a. Was period of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	Yes 2 No s en autopsy ormed? Yes 2 No one)	3 Probably 24b. Wera auto evailable p completior of death? 1 Yas	psy findingrior to
for death. If action: After this certificate has been signed by the ettending phys in by the funeral director, page 2 should be detached for use es the	To Be Completed by Physician/Medical	Part It. Other sign 25. Was case referencement? 1 Yes 27. Manner of Des	ifficant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions co	d	t not resulting Ir	tpetient 3□ Time of njury M	DOA Other	26. Place of □	24a. Was perfect the seath (Check only Home 5 Resi 28d. Describe 28f. Location (Yes 2 No sen autopsyormed? Yes 2 No one) idence 6 Oth how injury occur	3 Probably 24b. Wera auto evailable p completior of death? 1 Yas	psy finding rior to of cause
for death. If action: After this certificate has been signed by the ettending phys in by the funeral director, page 2 should be detached for use es the	Certification: To Be Completed by Physician/Medical	Part It. Other sign 25. Was case refe examiner? 1 Yes 2 27. Manner of Dee 1 Naturel 2 Accident 3 Suicide	ifficant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions co	dospital: 12 Inpatier 26a. Date of Injung (Month, Day) 28e. Place of Injunguilding, etc.	t not resulting Ir t 2 ER/Ou Year) 28b. 1 ry - At home, fa (Spacify) If my knowledge examination and	tpetient 3 Time of njury M Tm, street, fact	DOA Other	26. Place of □ 3r: 4 □ Nursing 4 at 7? Yes 2 □ No	24a. Was performed to the seath (Check only Beath Yes 2 No sen autopsyormed? Yes 2 No one) Idence 6 Oth how injury occur Street and Numb wm, State)	3 Probably 24b. Wera auto evailable p completior of death? 1 Yas er (Specify) red	osy findin rior to of cause 20 No	
asth. Or After this certificate has been signed by the ettending physical director, page 2 should be detached for use as the	To Be Completed by Physician/Medical	25. Was case referenced evaniner? 1 Yes 2 27. Manner of Dea 1 Naturel 2 Accident 3 Suicide 4 Homicida 29a. Certifier (Check only)	arred to medical No The production of the conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions	dospital: 12 Inpatier 28a. Date of Injung/Month, Day 28e. Place of Injunguilding, etc.	t not resulting Ir t 2 ER/Ou Year) 28b. 1 ry - At home, fa (Spacify) If my knowledge examination and	tpetient 3 [] Time of njury M rm, street, fact	DOA Other Work ory, office at the timon, in my or 29c. License	26. Place of □ 3r: 4 □ Nursing 4 t? Yes 2 □ No 1e, date end pla 5 inion, death oce 6 number	24a. Was performed to the curred et the time,	Yes 2 No sen autopsyormed? Yes 2 No one) Idence 6 Oth how injury occur Street and Numb wn, State) cause(s) end ma date end plece, 29d. Dete signe	3 Probably 24b. Wera auto evailable p completior of death? 1 Yas er (Specify) red	opsy findin rior to of cause 20 No Number,
for death. If action: After this certificate has been signed by the ettending phys in by the funeral director, page 2 should be detached for use es the	edical Certification: To Be Completed by Physician/Medical	25. Was case referenced evaniner? 1 Yes 25. Manner of Dea 1 Naturel 2 Accident 3 Suicide 4 Homicida 29a. Certifier (Check only one)	arred to medical No The production of the conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions	dospital: To linpatier 26a. Date of Injun (Month, Day) 28e. Place of Injun building, etc.	nt 2 ER/Ou Year) 285. 1 Iny - At home, fa (Spacify) I my knowledge examination and	tpetient 3 [] Time of njury M rm, street, fact	DOA Other Work ory, office at the timon, in my or 29c. License	26. Place of □ 3r: 4 □ Nursing 4 t? Yes 2 □ No 1e, date end pla 5 inion, death oce 6 number	24a. Was performed to the seath (Check only Beath Yes 2 No sen autopsyormed? Yes 2 No one) Idence 6 Oth how injury occur Street and Numb wn, State) cause(s) end ma date end plece, 29d. Dete signe	3 Probably 24b. Wera auto evailable p completior of death? 1 Yas er (Specify) red and due to the ceud (Month, Day, Ye)	opsy findin rior to of cause 20 No Number,	



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth Month **Physician** Vicoletta Esposito 9 1998 Jonuary 9143 AM /Medical 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Mariner Health Care - Glen Burnie Glen Burnie Anne Arundel 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 6. Sex 5. Social Security Number Birthplece (Stete or Foreign Country) **Funeral** Deys 045-09-9156 1□M 25 F Yrs. Director 7/14/1908 89 Connecticut Usuel Residence of Decedent the Maryland 10b. County 10e. State 10c. City, Town or Location "natural", or items 23a or 28a-f show edical Examinar must be notified at 10d. Inside City Limits MD Anne Arundel Glen Burnie 1 Yes No Director 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 119 Allen Rd. 21061 United States death Funeral 12. Wes Decedant Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bleck, White, atc. 11. Marital Status filed within 72 hours efter 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Datas: 1 Never Married 2 ☐ Married 21215-0020 1 ☐ Yas 2 No Specify: Specify: White Completed by 3⊠ Widowed 4 Divorced Pages 1 and 2 should be filed within 72 honent of Health end Mental Hygiene.
Int: If item 27 is marked other than "netur 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elamentary/Secondery (0-12) College (1-4or 5+) Housewife own home Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Pietro Gatto Raffaela DeLieto 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Rae Zabka / daughter 119 Allen Rd. Glen Burnie, MD 21061 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) permit. Page Depertment of Important: If any injury or once. St. Lawrence 1/13 West Haven, CT 21. Signeture of Funeral Service Licen-22. Name end Address of Fecility Lupoli Brothers Inc. 576 Chapel St. New Haven, CT 23a. Part1. Enter the disasse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** hypocondial Infanction /Medical Immediate Cause (Finel diseesa or condition rasulting in death) Examiner Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) 68760 Physician/Medical the Due to (or es e consequença of) 98 Box (0 P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? hed by 1 Yas 2 No 3 Probably 4 Unknown Records. þ been signe should be 24b. Were eutopsy findings eveileble prior to completion of causa of deeth? 24e. Was en autopsy performed? Completed page 2 certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: director 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending s efter death. investigation 1 ☐ Yes 2 ☐ No 2 Accident the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital of within 24 hours of To the Funeral D completely filled it 29a. Certifier 1 DXCertifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29b. Signature and title of cartifier 29d. Data signed (Month, Day, Year) 29c. License number D-40521 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 3350 Wilkens Trence Swite 302 10 OCHANES 32. Registrary Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

Beginner Signature

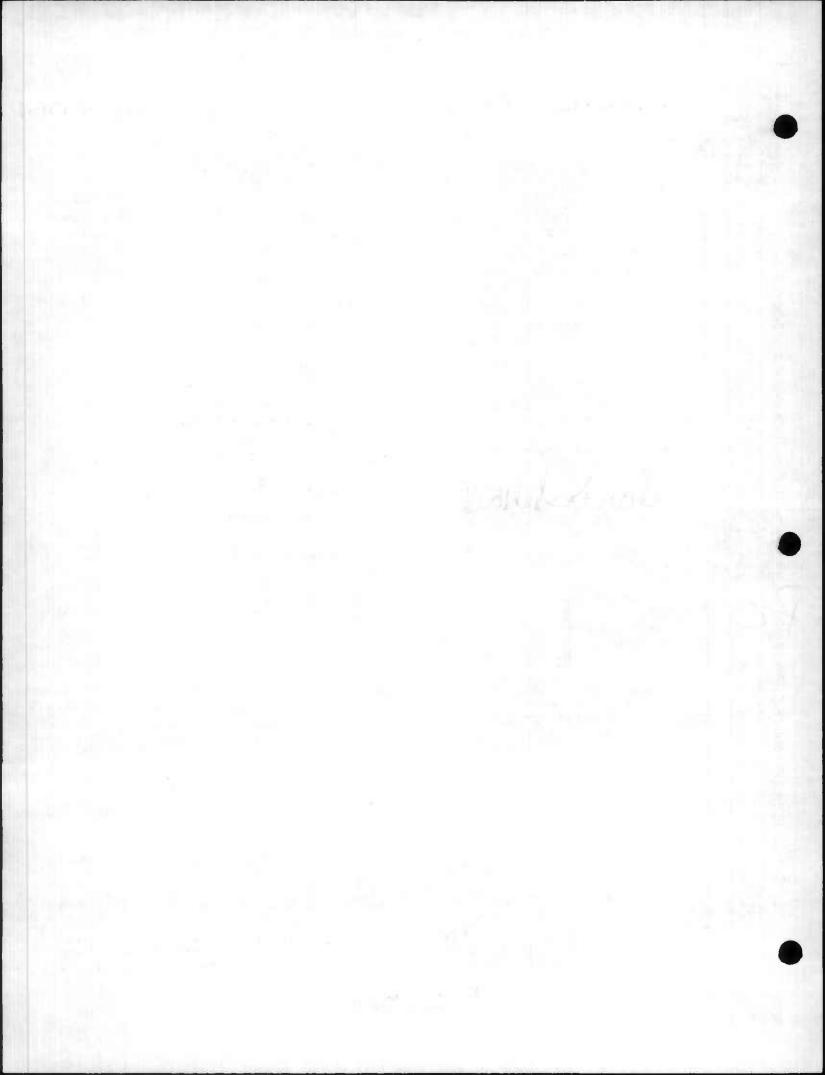
Beginner Signature

Beginner Signature Baltimore, MD

DHMH 16 Rev 6/95

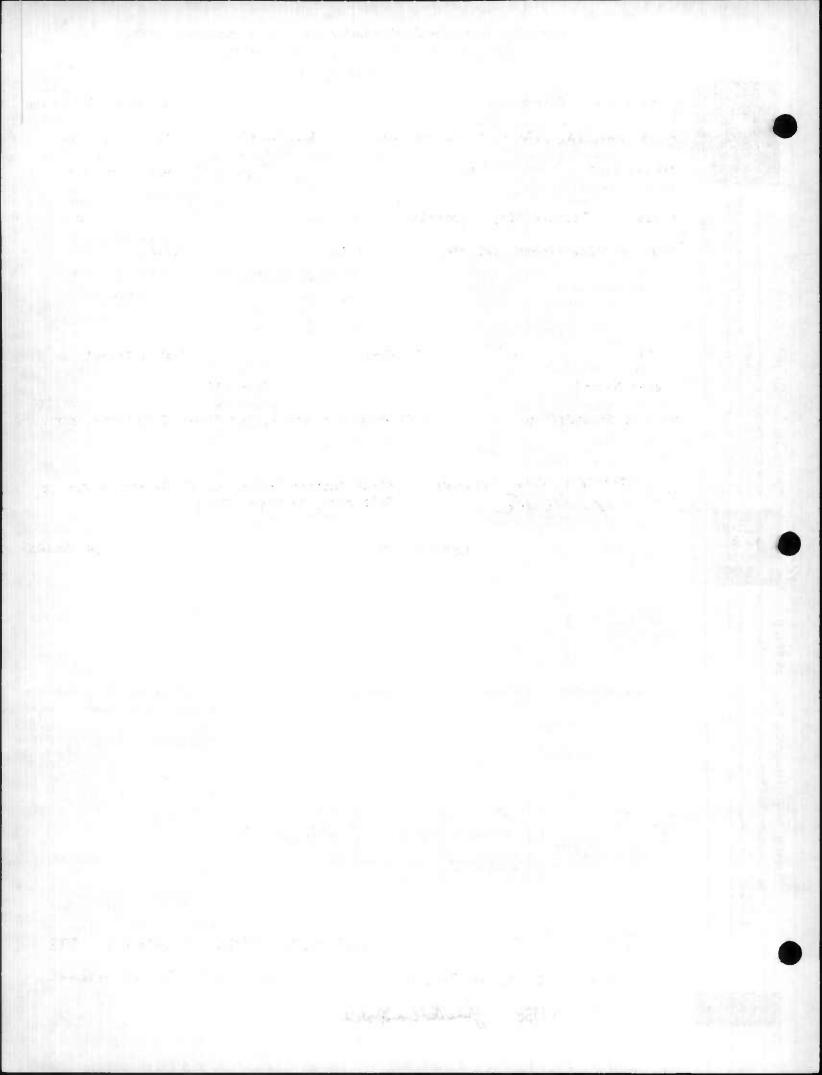
State Registrar

31. Dete filed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene 8

					Cei	tificat	e of	Death			Reg. No.	U	0310
Physic /Med		1. Decedent'a Name (First, Middle, I		5			H			2. Date of Der Month JANUA	ath Day	1498	3. Time of Death
Exam		4a. Facility Name (If not institution, g	ive street and num	nber) JSPRING	AVEN	uE		4b. City, To BAL		cation of Death			City
Funera Directo	_	5. Social Security Number 216-03-1587	Sex 1IXM 2□ F	7. Age (In yrs. la 90	st birthdey) Yrs.	If Under Months	1 Year Deys			8. Dete of Birt (Month, Day March 7	, Year) , 1907	9. Birthp Coun Mary	lace (State or Foreign try) 7 Land
Maryland a-f show	ctor	Usual Residence of Decedent 10a. State 10b. County Maryland Baltim	ore City		Town or Lo							10	0d. tnside City Limits 1 ☑ Yes 2 ☐ No
h with the	Funeral Director	10e. Street and Number 3301 Fairview A	venue, 1	st Floo	r	10f. Zip	Code 216				10g. Citizen of V U.S.A.		try?
Ind 21215-0020 be filed within 72 hours after death with the Maryland tal hygiene. d other than "natural", or items 23e or 28e-f show event, the Medical Examiner must be notified at	by	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Dece Armed For 1 Yes If Yes, Giv Year or Da	2 ☑ No e	li li	Vas Deced Yes, spec				ecify Yes or No- Rican, etc.)		e - Americok, White, o	etc.
21215-0020 d within 72 hours af giene. or than "natural", or the wed call Exam.	Completed	15. Decedent's (Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1	-4or 5+)		kind of wo DO NOT us	al Occu rk done sa ratire	pation during mos d)	t of work	ing	16b. Kind of Bu		
Nore, Maryland 21215-0 ges 1 and 2 should be filed within 72 hr it of Health and Mental tygliens. If item 27 is marked other than "nature or other traumatic event, the Medical	To Be Co	12 17. Father's Name (First, Middle, La: Isaac Edmonds	4		Teac	her				innell	Public Maiden Suman		01
e, Maryla 1 and 2 should Health end Men em 27 Is merke ther traumatic		19a. Informant's Nama/Relationship Spencer Edmonds								al Route Numbe 2nd F1o			Code) 21216 e, Maryland
Pa Pa		20e. Method of Disposition 1 Burlel 2 Cramation 3 4 Monation 5 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control	ify)	State	ce of Dispon metery, crem	sition (Nan natory or o	ne of ther pla	ace)		Dete	20c. Location -	City or To	wn, State
Balting permit. Pa Department Importants any injury once.		21. Signature of Funeral Service Licensee Ronald S. Wade, Director State Anatomy Bo. Baltimore, Maryl.							ylar	nd 21201		imore	Street
Physician /Medical Examiner		234. Part1. Entar the disease, or co shock, or heart failura. List onl Immediate Cause (Final disease or condition resulting in death)	nplications that cay one cause on ea	ach line.	Do not enta	ar the mod	e of dy	ing, such as	cerdiac o	or respiratory en	rest,		Approximate Interval Batween Onset and Death
D &	ne.			Due to (or a	as a conseq	uence of):							
I Records, P.O. Box 68760, The law requires that the death certificate be executed tta hes been signed by the attending physician and page 2 should be detached for use as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting in death) Lest	с	Dua to (or a	as a consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of c								
Box death certi	Physician/M	Part II. Other signiticant conditions	contributing to de	ath but not result	ing in the us	derlying c	aueo di	iven in Part I		23h Did t	ohecco use co	ntribute to	the cause of death?
p.O. I that the de-				an bat not ladan	ing in the ti	idonying o	ause gi	YOU III I WILL	٠				nably 4 Unknown
Records, F he law requires that a hes been signed is sge 2 should be del	Completed by									24a. Was a		eva	are eutopsy findings uilable prior to npletion of cause daath?
	Ве Сош	25. Was case referred to medical axaminer?						26. Place	of Deeth	1□ Y		1 🗆]Yes 2□No
- 5 0 D	To	1 ☐ Yes 2 ☑ No			R/Outpetien		A			me 5 Resid	-)
Division o To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	27. Manper of Death 1 Natural 2 Accident Investigati 3 Sulcide 6 Could not	on he	h, Day Year)	8b. Time of Injury	М		ry at ork? Yes 2 121	No	28d. Describe h			I Pouto Mumbos
Div pital or A vurs after vurs af		4 Homicide determine	buildin	of Injury - At hom ng, etc. (Specify)						City or Tow	n, State)		I Route Number,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	Medical	one) 2 Medical Ext	hysicien: To the I miner: On the ba end mann	sis of axaminatio	edga, death n and/or Inv	estigation,	in my	opinion, daal	d place, a	ed at the time, o	late and place,	end due to	the ceuse(s)
7 ¥ ° 0 ⊗		29b. Signatura and title of certifier D (R	ler					FOZ32	LIDT		JANUA!		
Tor-st		30. Nama and address of person who		of death (Itam 2		Print)	NA	1 Hos	PITAI	-, GRE	ENSPRI	NE A	, 1998 TVENUE
St Regist	ate rar	31. Date filed (Month, Day, Year)	32. Re	gistrare Signatu	widson	Bande	22						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth p.m **Physician** 9mie esster /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner if Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) 5-30-1905 Birthplece (Stele or Foreign Country) curity Number 6. Sex **Funeral** 1 M 2 7 -0663 Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Menyland nent of Heelth and Mental Hyglene. Intel Hell 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 18 and 10e. Stete 10b. County 10c. City, Jown or Location 10d. inside City Limits 1 Pres 2 No Be Completed by Funeral Director 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 2/2 MARORCI 2. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) American Indien, 11. Marital Status Bleck, White etc. 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1□Yes 2☑No 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working life. ptp NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) 115 19e. Informant's Neme/Relettonship (Type, Print) 1954 Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20b. Place of Disposition (Meme of cemetery, cremetory for other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from Stete permit. Pege Department of important: If eny Injury or ebutus Donation 5 Other (Specify) Baltimors iture of Funeral Service Licensee md.2 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or or heart failure. List only one ceuse on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Due to (or es e consequença of): Physician/Medical Examiner Hyperten STOM
Due to (or es e consequence of): Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest disease Box 68760. Coronary artery Due to (or es e consequence of): Sacral Decub1791 for use Pert II. Other eignificant conditione contributing to death but not resulting in the underlying ceuse given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco usa contributa to the causa of death? Cardio ph Immongry 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? 24e. Wes en eutopsy performed? After this certificate has 2 No 1 ☐ Yes 2 ☐ No or Attending Physicien: 25. Wes cese referred to medicei exeminer? 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending Investigation Netural 2 No 1 TYes 2 Accident 24 hours efter death 8 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Hospitai 1 Cartifying Phyelcian: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and menner as steted.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner stated. Medical 29e. Certifier (Check only one) within 2 29c. License number 29d. Date signed (Month, Dey, Year)

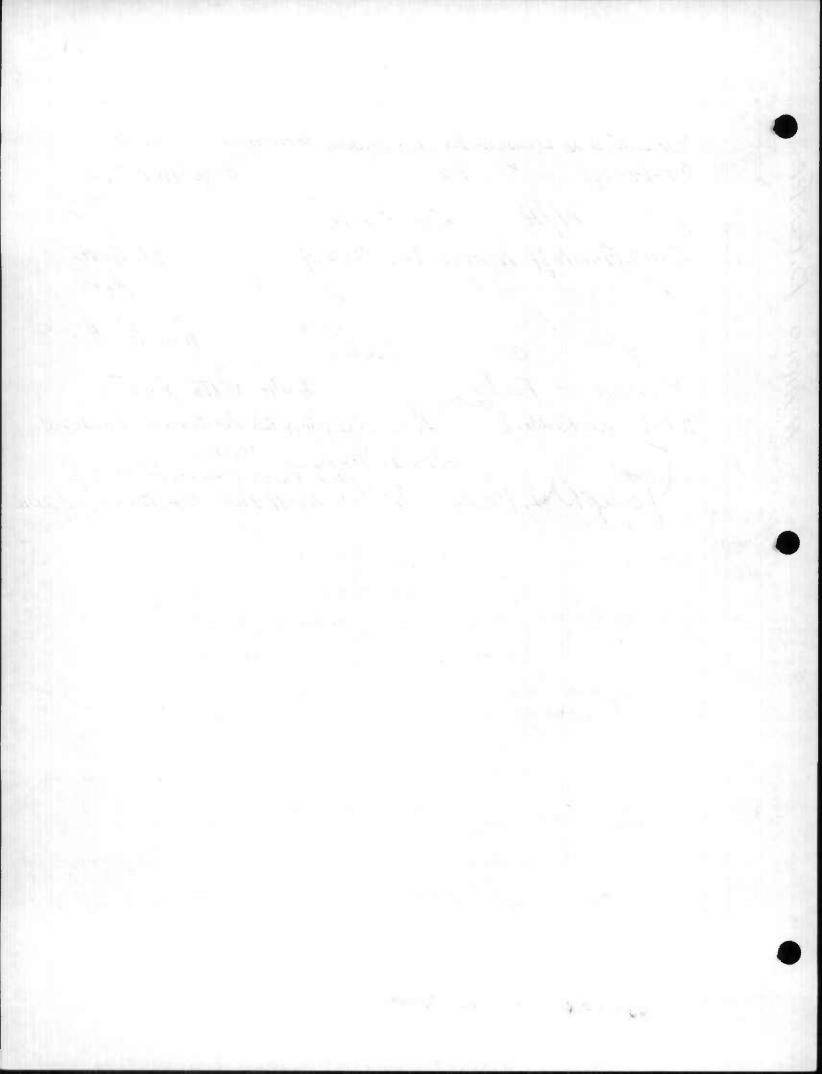
030115

hiok peligi, mo 2600 Liberty Heirs He Bait, mo

State Registrar 31. Dete filed (Month, Day, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

gring Will door Randall



		It	ems: 12, 18 per F.,H.	G-755 1/20/9		0	tificate				Reg. No.	UU	312	
п	Dhunisia		1. Decedent's Name (First, Middle, L		emi.					2. Date of De Month	ath Day	Year	3. Time of De	ath
	Physicia /Medica		LACY EDWARD FOR	STER							11, 199		1:30 F	P.M.
A.	Examine	_	4a Facility Name (If not institution, g	ive street end number)				41	b. City, Town, or L	ocation of Death	4c. County	of Death		
			2041 ORCHARD AV				911	_	TESSUP		ANNE A			
	Funeral Director		312-28-1778	Sex 11X M 2 ☐ F	e (In yrs. 87	last birthdey) Yrs.	If Under 1 Months [Days	Hours Min.	8. Date of Bir (Month, Da NOV • 2	h y, Year) 9, 1910	9. Birthpl Count MISS	ace (Stete or Fe try) OURI	oreign
	and w	1	Usual Residenca of Decedent 10a. State 10b. County		10c. Cit	y, Town or Loc	cation					10	Od. Inside City L	Limits
	Mary f she	ğ	MARYLAND ANNE A	RUNDEL	JES	SUP							1 □ Yes 2	⊠ No
	with the	Director	10e. Street and Number 2041 ORCHARD AV	F.			10f. Zip Co				10g. Citizen of V			
020	urs a	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? KIXI Yes 2 231 If Yes, Give Year or Dates:		H	Vas Decadent Yes, specify	/ Cubar	spanic Origin? (Sp n, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		a - America k, White, e	etc.	
21215-0020	within 72 hours ena. than "natural", fre Wed cal Exe	Completed	15. Decadent's (Specify only highest g		5+)	16a. Deced (Give i life. D SECUR		Occupa done d retired)	ution uring most of work	king	16b. Kind of Bu			
Maryland 2	Toth H	Be	17. Father's Name (First, Middle, Las		1				18. Mother's Nem			e)		
3	d 2 should be h end Mentel 7 le marked o traumatic eve	2	ROBERT EMMETT F			405 14-10-	- Add (6	04	HOLE BI	ELLE LAC		Ctata Tin	Codel	
Ma	d2 sther		19a. Informant's Name/Relationship FLORA HOOD / DA						AVE., JES			2079		
	PEE	-	20a. Method of Disposition	JGIITEK	20b. P	Place of Dispos	sition (Neme	of		Date	20c. Location -			
altimore,	00		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec			emetery, crem				NUARY 3, 1998	CHASE,	MARY	LAND	
Balt	permit. Pag Department Important: If any Injury o		21. Signature of Flure al Service Lic	112		KI		-RUI	s of Facility DDICK FUN HWY., S.I				21061	
	00000	1	23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that cap ec	d the deat							PID	Approximate Interval Between	
The second second	Physician /Medical Examiner	ler	Immediate Cause (Final disease or condition resulting in deeth)	. nefa	nta		Co						Dec	
,	m and market	Examine	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	b	Due to (o	or as e conseq	uence of):							
09 28 X 60°	S S S	VMedical	Cause (Disease or Injury that Initiated events resulting in death) Last	c	Due to (o	r as a consequ	uence of):							
Box	daath certii e attending ed for use e	Clai	Part II. Other significant conditions	contribution to double	uit not roe	utiloo lo tho ur	adortuina onu	lee cive	o lo Part I	23h Did	tobecco use coi	ntribute to	the cause of a	death?
, P.O.	that the	y Physician/M	Pat II. Other significant conditions	CONTRIBUTING TO GEATH D	ut not res	uning in the ur	idenying cad	ise give	miniranti.		Yee 2□ No	3 ☐ Prot		nknown
of Vital Records,		Completed by								24a. Was	an autopsy rmed?	ave	ere autopsy find allable prior to mpletion of caus death?	
E	0 - 5	E								10	Yes 2X No	10	Yes 2 No	0
ita	iclan: The	D D	25. Was case referred to medical axaminer?						26. Place of Dea	th (Check only	one)			
f V	D 00	0	1 ☐ Yes 2 ŽÍ No	Hospital: 1 Inpatie	ent 2 🗆	ER/Outpatien	t 3 DOA	Othe	er: 4 Nursing H	ome 5 Resi	denca 6 □Oth	er (Specify	1)	
	Attending Ph ar death. ector: After th by the funeral		27. Manner of Death 1 Naturat 5 Pending 2 Accident investigati	28a. Date of Inju (Month, De	ry y Year)	28b. Time of Injury	28c	Work	rat ⟨? Yes 2 □ No	28d. Describe	how injury occur	red		
Division	is after death	Certification:	3 Suicide 6 Could not determine	be d 28e. Placa of Inj building, et	ury - At ho c. (Specif	ome, farm, stre	eet, factory, o	office		28f. Location (City or To	Street end Numb wn, State)	er or Rura	Poute Number	iř,
	Hospi 4 hou Funer tely fill	edical		Phyeician: To the best aminer: On the basis of end menner sto	f examina									
	within 2 To the comple	M	29b. Signature and title of confilier				29c. l	License	number		29d. Date signe	d (Month,	Dey, Year)	
	6		Redund	Colodu	luf	MD	Z) 3	31575		JANUARY	12,	1998	
	2		 Name and address of person wh RICHARD KOLODRU 	BETZ, M.D.	, 950	01 OLD	ANNAP	OLI	S RD., E	LLICOTT	CITY, M	D 23	L042	
	Stat	е	31. Date filed (Month, Day 1938	gang Di	Signa VIII	Mandale								

netartatic color

State of Maryland / Department of Health and Mental Hygiene

											Reg. No.			
Physicia	20	1. Decedent's Ner		Lest)				_		2. Dete of De Month		Yeer	3. Tin	ne of Deeth
/Medic	- 1	MATTIE		LEE				FC	STER	JANUAR	7 09	1998	9.	1A 80
Examin		III TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O		give street end nur				4b.		Location of Deel	1174	ounty of Dee	th	
		Unior	n Memor	ial Hos	pital				Balti		N	A		
uneral irector		5. Social Security 225-42-	-8050	Sex	7. Age (In yr. 75	s. lest birthdaj Yrs.	y) If Under Months		If Under 24 Hrs Hours Min		rth ey, Year) 1-22	9. Bir	thplece (Stountry) VA	ete or For
ž		Usuel Residenca (10b. County		10c. C	City, Town or I	Location						10d Ineir	le City Lin
r 28a-f ahow notified at	5	N. 3												Yes 2
289-	Director	Md.	NA		Е	Baltim								
OR	늅						10f. Zip					n of Whet Co	ountry?	
230	Funeral		st Belv	edere A				1212			USA		-	
or itams	Š	11. Maritel Status		12. Wes Dece Armed Fo	rces?	0,5.	If Yes, spec	cify Cuben,	Mexican, Pue	Specify Yes or Norto Rican, etc.)	0- 14	 Rece - Ame Bleck, Whit 		n,
	by		ried 2□ Married	1 Yes If Yes, Giv Yeer or Da	e XNo ates:		1□ Yes 2	2√No	Specify:		S	pecify: BI	lack	
'natural',	Completed	(Spe	15. Decedent's	Education		16e. Dec	edent's Usue	el Occupation	on ning most of we	orkina	16b. Kind	of Business	/Industry	
	npi	Elementery/Sec	ondery (0-12)	College (1	-4or 5+)				ning most of wo	in in in in in in in in in in in in in i				
10.0	S	12th		NA			Dietar	cy Ai	ıde		John	s Hop	okins	H C
d off	Be	17. Fether's Neme	(First, Middle, La	st)				18	8. Mother's Ne	me (First, Middle	, Malden Su	imame)		
item 27 is marked other than other traumatic event, the M	2	Willie	e E.	Davis					Lowve	nia	Gri	nway		
E		19a. Informent's N	leme/Relationship	(Type, Print)		19b. Mel	lling Address	(Street end	d Number or A	urel Route Numb	per, City or T	own, State,	Zip Code)	21
em 27 other tr		Annie	C. R	ansom		816	E. E	Belve	edere	Avenue	Balt	imore	e, Mo	. E
		20a. Method of Dis				Pleca of Disp	position (Nem	ne of ther piece)		Dete	20c. Loca	tlon - City or	Town, Stel	е
ry or		XLXBuriel 2 4 □ Donetion	□ Cremetion 3 5 □ Other (Spec	Removal from S	State A				. Cem	. 01-1	3-98	Arbut	tus,	Md.
Important: if any injury or once.		21. Signature of F	unerel Service Lic	ensee			22. Name end			altimo				
		1 Cha	hhine	100 C	OOK							-		
		000	y we		V 1V 1V (IALIMI (°	$M \sim V$		1 1 / 1 1	E. No	ren /	veni	10
cicion		shock, or he	the disease, or co ert failure. List on	implications that cally one cause on ea	aused the dea	ath. Do not e							Approx	lmete
sician edical iminer	H	Immediete Ceuse diseese or condition resulting in deeth)	(Finel	ly one cause on e			nter the mode						Approx	mete Betweer and Deeti
edical iminer	miner	Immediate Ceuse disease or condition resulting In death)	(Finel on	ly one cause on e	UMON Due to	(or es e consc	equence of):						Approx	mete Betweer and Deetl
edical iminer	al Examiner	Immediate Ceuse disease or condition resulting In death)	(Finel on	ly one cause on e	UMON Due to	1A	equence of):						Approx	mete Betweer and Deeti
edical miner as the burishish and as as the burishishishishishishishishishishishishishi	Medicai	Immediete Ceuse diseese or condition	(Finel on onditions, mediate erlying r Injury s	ly one cause on e	Due to	(or es e consc	equence of):						Approx	mete Between and Deet
edical miner as the burishish and as as the burishishishishishishishishishishishishishi	Medicai	Immediate Cause disease or condition resulting In deeth) Sequentially list or if any, leading to licause. Enter Und Cause, Disease or that initiated event resulting in death)	onditions, mmediate erlying t Injury s	e. PNE	Due to	(or es e conse	equence of): equence of):	e of dying,	such es cardie	c or respiretory e	errest,		Approx Intervel Onset 1	mete Betweer and Deeti
edical ached for use as the burlet-transit	Physician/Medical	Immediate Ceuse disease or condition resulting In deeth) Sequentially list or if any, leading to line cause. Enter Und Ceuse (Disease or hat initiated event resulting in death) Pert II. Other signi	(Finel on onditions, mediate erlying r Injury is Lest	e. PNE	Due to Due to Due to	(or es e conse	equence of): equence of): underlying ca	e of dying,	such es cardie	c or respiretory e	errest,	e contribute	Approx Intervel Onset i	Imete Betweer and Deetl - Ho
edical in attending physician and properties of detached for use as the buttel-transit	by Physician/Medical	Immediate Cause disease or condition resulting In deeth) Sequentially list or if any, leading to locause. Enter Und Cause, Disease or that initiated event resulting in death) Pert II. Other signi	(Finel on ditions, mmediate ertying railury is Lest	e. PNE	Due to Due to Due to	(or es e conse	equence of): equence of): underlying ca	e of dying,	such es cardie	23b. Did	tobacco us	e contribute	Approx Intervel Onset i	mete Betweer and Deet - Ho
edical in attending physician and properties of detached for use as the buttel-transit	by Physician/Medical	Immediate Cause disease or condition resulting In deeth) Sequentially list or if any, leading to locause. Enter Und Cause, Disease or that initiated event resulting in death) Pert II. Other signi	(Finel on ditions, mmediate ertying railury is Lest	e. PNE	Due to Due to Due to	(or es e conse	equence of): equence of): underlying ca	e of dying,	such es cardie	23b. Did	tobacco us	e contribute No 3□P	Approximately and the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	mete Betweer and Deet - Ho ise of de 4) Unk
been signed by the attending physician and should be detached for use as the burlei-transit.	by Physician/Medical	Immediate Cause disease or condition resulting In deeth) Sequentially list or if any, leading to locause. Enter Und Cause, Disease or that initiated event resulting in death) Pert II. Other signi	(Finel on onditions, mediate erlying r Injury is Lest	e. PNE	Due to Due to Due to	(or es e conse	equence of): equence of): underlying ca	e of dying,	such es cardie	23b. Did	tobacco us Yes 2	e contribute No 3 P	Approximatervel Onset in 12	mete Betweel and Deet - Ho
been signed by the attending physician and should be detached for use as the burlei-transit.	Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth) Sequentially list condition if any, leading to incause. Enter Und Cause (Disease) that initiated event resulting in death) Pert II. Other signi	(Finel on ditions, mmediate erlying r Injury is Lest	e. PNE	Due to Due to Due to	(or es e conse	equence of): equence of): underlying ca	e of dying,	such es cardie	23b. Did	tobacco us Yes 2	e contribute No 3 □ P	Approximately interval Onset 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	mete Betweer and Deet - Ho ise of de 4) Unk
antificate has been signed by the attending physician and indicate has sended to detached for use as the burief-tishalt action.	Be Completed by Physician/Medical	Immediate Cause disease or condition resulting In death) Sequentially list or if any, leading to locause. Enter Und Cause, Enter Und Cause, Disease or that initiated event resulting in death) Pert II. Other significant	conditions, mmediate erlying right in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	e. PNE	Due to Due to A	(or es e conse	equence of): equence of): underlying ca	ause given	In Pert I.	23b. Did	tobacco us Yes 2 sen eutopsy primed?	e contribute No 3 □ P	Approximately interval Onset 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Between and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and
this conflictle has been signed by the attending physician and interesting page 2 should be detached for use as the burishtranel?	To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in deeth) Sequentially list condition of the cause. Enter Und Cause. Enter Und Cause (Disease) Pert II. Other signification of the initiated event resulting in death) Pert II. Other signification of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	(Finel on ditions, mmediate erlying I hjury is Lest If LN JTR Tred to medical (No th	e. PNE	Due to Due to Due to A	(or es e conse	equence of): equence of): underlying ca	ause given Ty	In Pert I. PE 16. Plece of De 4 □ Nursing I	23b. DId 1 □ 24a. Wes	tobacco us Yes 2 sen eutopsyormed? Yes 2 One)	e contribute No 3 P 24b. No	Approximatervel Onset if 12	Between and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and
this conflictle has been signed by the attending physician and interesting page 2 should be detached for use as the burishtranel?	To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting In death) Sequentially list or if any, leading to locause. Enter Und Cause, Disease of that initiated event resulting in death) Pert II. Other significance of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of th	(Finel on dittions, mmediate erlying r Injury is Lest TENTIA LNUTR Tred to medical No th 5 Pending investigati	e. PNE b c d Contributing to de DF 1710 N Hospitel: 11 In In In In In In In In In In In In In	Due to Due to A	(or es e conse	equence of): equence of): underlying ca	ause given Ty A Other: OA Other:	In Pert I. PE 16. Plece of De 4 □ Nursing I	23b. Did 1 □ 24a. Wes perfi	tobacco us Yes 2 sen eutopsyormed? Yes 2 One)	e contribute No 3 P 24b. No	Approximatervel Onset if 12	Between and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and Deet and
this conflictle has been signed by the attending physician and interesting page 2 should be detached for use as the burishtranel?	To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting In deeth) Sequentially list or if any, leading to Incause. Enter Und Cause, Disease of that initiated event resulting in death) Pert II. Other significance of the exeminer? 1 Yes 2 27. Menner of Dee 1 Neturel 2 Accident 3 Suicide	(Finel on dittions, mmediate ertying r Injury is Lest TENTIA LNUTR med to medical No th	e. PNE b c d Contributing to de DF 1 TIDN Hospitel: 1 Time 28e. Date or (Montilion) be de 28e. Pleca	Due to Due to Due to Due to Due to A L 2 of injury h, Dey Year)	(or es e conse	equence of): equence of): underlying ca MERS	ause given Ty A Other: 8c. Injury et Work? 1 Yes	In Pert I. PE 16. Plece of De 4 □ Nursing I	23b. Did 1	tobacco us Yes 2 sen eutopsyormed? Yes 2 how injury of	No 3 P. 24b.	Approxintervel Onset : 12 to the catrobably Were auto; aveilable p completion of deeth? 1	mete Betweer and Deet Ind Deet
this conflictle has been signed by the attending physician and interesting page 2 should be detached for use as the burishtranel?	To Be Completed by Physician/Medical	Immediate Ceuse disease or conditive sulting in death) Sequentially list or if any, leading to licause. Enter Und Ceuse (Disease or that initiated event resulting in death) Pert II. Other significant in death) Pert II. Other significant in death) 25. Was case reference we will be a sequentially a sequential in the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	(Finel on ditions, mmediate ertying refujing state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	e. PNE b c d Contributing to de DF 1 TIDN Hospitel: 1 Time 28e. Date or (Montilion) be de 28e. Pleca	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	(or es e conse	equence of): equence of): underlying ca MERS	ause given Ty A Other: 8c. Injury et Work? 1 Yes	In Pert I. PE 16. Plece of De 4 □ Nursing I	23b. Did 1	tobacco us Yes 2 sen eutopsyormed? Yes 2 one) Idence 8 how injury of	No 3 P. 24b.	Approxintervel Onset : 12 to the catrobably Were auto; aveilable p completion of deeth? 1	inete Betweer and Deeti Ind
this conflictle has been signed by the attending physician and interesting page 2 should be detached for use as the burishtranel?	Certification: To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting In deeth) Sequentially list or if any, leading to Incause. Enter Und Cause, Disease of that initiated event resulting in death) Pert II. Other significance of the exeminer? 1 Yes 2 27. Menner of Dee 1 Neturel 2 Accident 3 Suicide	(Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel on (Finel	e. PNE b c d contributing to de DF 1710 N Hospitel: 128e. Date c (Monti	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or es e conse	equence of): equence of): equence of): underlying ca MERS ent 3 DO of M street, fectory,	ause given Ty A Other: 8c. Injury et Work? 1 Yes, office	in Pert I. PE 16. Plece of De 4 Nursing I t 5 2 No	23b. Did 1 24a. Wes period 1 eth (Check only Home 5 Resident City or To	tobacco us Yes 2 sen eutopsyormed? Yes 2 one) Idence 8 how injury of wm, State)	No 3 P. 24b. No Other (Specured	Approxintervel Onset / 1 2	ise of de 4 Unk 2 No Number,
this conflictle has been signed by the attending physician and interesting page 2 should be detached for use as the burishtranel?	To Be Completed by Physician/Medical	Immediate Ceuse disease or conditive sulting in death) Sequentially list or if any, leading to licause. Enter Und Ceuse (Disease or that initiated event resulting in death) Pert II. Other algni DEN 25. Was case referencement of Death (Disease) 27. Menner of Death (Disease) 27. Menner of Death (Disease) 28. Certifier (Check only)	(Finel on dittions, mmediate ertying r Injury is Lest TEN TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOU	e. PNE b	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or es e conse	equence of): equence of): underlying ca MERS ent 3 DO of Metalogue, fectory, eth occurred einvestigetion,	ause given Ty A Other: 8c. Injury et Work? 1 Yes, office	in Pert I. PE 66. Place of De 4 Nursing I t 5 2 No dete end place ion, deeth occording	23b. Did 1 24a. Wes period 1 eth (Check only Home 5 Resident City or To	tobacco us Yes 2 Sen eutopsyormed? Yes 2 Sone) Idence 8 [how Injury of wm, State) cause(s) er date end pl	No 3 Post Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Proc	Approxintervel Onset if 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ise of de 4) Unkt by finding for to of cause 2) No Number, se(s)
he Funeral Director: After this certificate has been signed by the strending physician and up passesty filled in by the funeral director, page 2 should be detached for use as the burish-transit and page 2.	edical Certification: To Be Completed by Physician/Medical	Immediate Ceuse disease or condition resulting in death) Sequentially list or if any, leading to licause. Enter Und Ceuse (Disease or that initiated event resulting in death) Pert II. Other signification of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of t	(Finel on dittions, mmediate ertying r Injury is Lest TEN TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE TIA THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOUSE THOU	e. PNE b c d contributing to de DF 1710 N Hospitel: 128e. Date c (Monti	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or es e conse	equence of): equence of): underlying ca MERS ent 3 DO of 28 M batreet, fectory, eth occurred a linvestigation, 29c.	ause given Ty A Other: BC. Injury et Work? 1 Ye: In my opinic. License no.	in Pert I. PE 26. Place of De 4 Nursing I t s 2 No dete end place ion, deeth occumber	23b. Did 1 24a. Wes period 1 eth (Check only Home 5 Resident City or To	tobacco us Yes 2 sen eutopsyormed? Yes 2 one) Idence 8 [how injury of wm, State) cause(s) er date end pli 29d. Dete s	No 3 P. 24b. No Other (Specurred Number or Red and menner eseca, end due	Approxintervel Onset if 2 12 12 14 15 16 16 17 17 18 18 19 19 19 19 19 19 19 19	mete Between and Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And Deeth And
this conflictle has been signed by the attending physician and interesting page 2 should be detached for use as the burishtranel?	edical Certification: To Be Completed by Physician/Medical	Immediate Ceuse disease or conditive sulting in death) Sequentially list or if any, leading to licause. Enter Und Ceuse (Disease or that initiated event resulting in death) Pert II. Other algni DEN 25. Was case refe exeminer? 1 Yes 2 27. Menner of Dee 1 Neturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signeture and	conditions, mmediate erlying r injury is Lest Ifficant conditions TENTIA LNUTR Tred to medical No th 5 Pending investigat 6 Could not determine 1 Certifying R 2 Medical Exit	e. PNE b c d TIDN Hospitel: 1 Interpretation of the band mann Physician: To the band mann Children on the band mann Children on the band mann Children on the band mann	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or es e conse	equence of): equence of): equence of): underlying ca MERS ent 3 DO. of 28 ent occurred a linvestigation, 29c.	ause given Ty A Other: BC. Injury et Work? 1 Ye: In my opinic. License no.	in Pert I. PE 66. Place of De 4 Nursing I t 5 2 No dete end place ion, deeth occording	23b. Did 1 24a. Wes period 1 eth (Check only Home 5 Resident City or To	tobacco us Yes 2 sen eutopsyormed? Yes 2 one) Idence 8 [how injury of wm, State) cause(s) er date end pli 29d. Dete s	No 3 Post Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Process Proc	Approxintervel Onset if 2 12 12 14 15 16 16 17 17 18 18 19 19 19 19 19 19 19 19	mete Betweer and Deet Ind Deet
this conflictle has been signed by the attending physician and interesting page 2 should be detached for use as the burishtranel?	edical Certification: To Be Completed by Physician/Medical	Immediate Ceuse disease or conditive sulting In deeth) Sequentially list or if any, leading to licause. Enter Und Ceuse (Disease or that initiated event resulting in death) Pert II. Other signification of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of Dee 1 Menner of	conditions, mmediate erlying r injury is Lest Ifficant conditions TENTIA LNUTR Tred to medical No th 5 Pending investigat 6 Could not determine 1 Certifying R 2 Medical Exi	e. PNE b c d TIDN Hospitel: 1 Interpretation of the band mann Characteristics of the band mann completed cause	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es e conse (or es	equence of): equence of): equence of): underlying ca MERS ent 3 DO. of 28 ent occurred e investigation, 29c. e, Print)	ause given Ty A Other: Be. Injury et Work? I yet r, office	In Pert I. PE 16. Plece of De 4 Nursing I t s 2 No dete end plecion, deeth occumber	23b. Did 1 24a. Wes period 1 eth (Check only Home 5 Resident City or To	tobacco us Yes 2 Sen eutopsy orned? Yes 2 Sone) Idence 8 Street end I wn, State) cause(s) en date end pi 29d. Dete s	e contribute No 3 P 24b. No Other (Spe accurred Number or Ri ad menner es eca, end due signed (Mont	Approxintervel Onset if 2 12 12 14 15 16 16 17 17 18 18 19 19 19 19 19 19 19 19	mete Between Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet Ind Deet

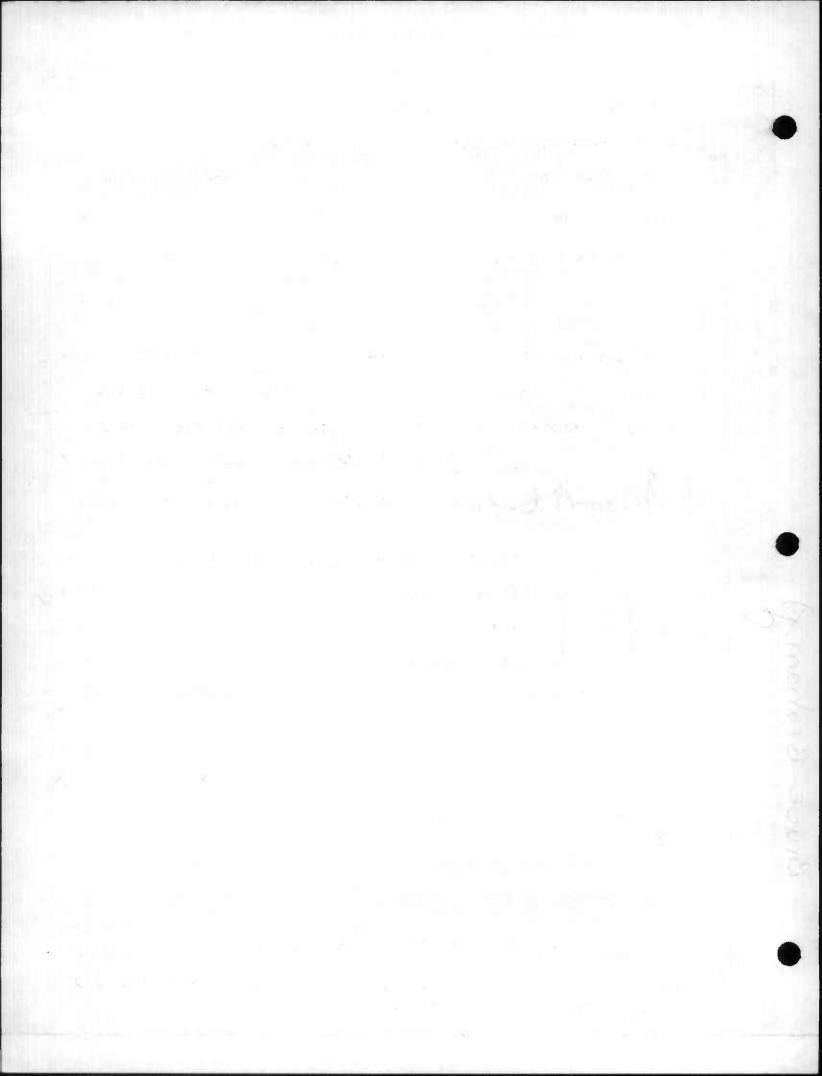
Registrar

MAN 20 P 100 PP 1 25 4 -- 6-- 10 -- 11 Strateging Ob Authorized WAR FLAT COM THE CO. 27 (* - 12) 11 512 4 614

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

	ľ	1. Decedent's Nam	ne (First, Middle	e, Last)					e of			2. Dete of De			3. Ti	me of Deeth
ysician	-	Bruc	e			Gr	aham	1				Janua	ry 07	199 8	13	27 PM
Medical aminer	-	4a. Facility Neme ((If not institution	n, giva street	end number)					4b. City, To	own, or Lo	cation of Deat	-	ity of Death		
		Union	Memor	ial H	ospit	al				Balt	imo	re	N	A		
erai	П	5. Social Security N		6. Sex	7. Ag	a (In yrs. lesi	t birthday)	If Under Months	1 Year Days	If Unda		8. Date of Bir (Month, De		-	place (S	itete or Foreign
ctor	-	219-80- Usual Residence		1□ M 2 XX	₽ĻI F	36	Yrs.	Months	Days	Hours	PVIIII.	09-24	1-61	MI		_
Inactor		10e. State	10b. County			10c. City, T									10d. Insi	Ide City Limits
per lot	2	Md.	1	NA		Bal	timo	re							M	Yes 2□No
Director	5	10e. Street end Nu	imber					10f. Zip	Code				10g. Citizen o	Whet Cou	intry?	
dia e	8	2316 H	loffman	n Str	eet			21	1213	3			USA			
direc must		11. Marital Status			as Decedent med Forcas?		13. \	Was Deced	dent of H	lispanic Or	rigin? (Sp	ecify Yes or No Rican, etc.)	- 14. R	ace - Ameri lack, White		an,
by Se	2	1 ☐ Nevar Mari		ried 1 [Yes 2 1/21 Yes, Give nar or Dates:			1□Yes				, , ,	Spe	illi e	ack	
rt, the Medical	3	/0	15. Decedent	t's Education		1	6a. Deced	dent's Usua	al Occup	ation	G 74 1079.	e-	16b. Kind of	Business/fr	ndustry	
Med alon	2	Elementery/Seco	cify only highes	T	pia <i>tea)</i> ollege (1-4or 5	5+)	life. L	kind of wor DO NOT us	nk done se retire	dunng mo: d)	st of work	ing				
4	5	11th G					Lab	orer	:				Vari	ous 1	trad	ЭÉ
event Be (17. Fether's Name	(First, Middle,	Last)						18. Moth	er's Name	e (First, Middle	, Maiden Sum	ame)		
aumatic	2	Brady		G	raham					Jul	lia	Μ.		Smith	h	
		19a. Informant's N	ame/Relations	hip (Type, Pr	rint)		19b. Meilin	ng Address	(Street	and Numb	er or Run	al Route Numb	er, City or Tov	m, Steta, Zij	p Code)	21213
20		Brady	Gı	raham			1110) N.	Pat	ters	son	Park A	ve. B	altin	more	e, Md.
r other	1	20a. Method of Dis	,	0 DD		20h Plec	e of Dispo	sition (Nen	ne of			Dete	20c. Locatio			
Iry or			☐ Cremetion 5 ☐ Other (S)		ai from State	Bal	timo	re C	Ceme	tery	7 01	-13-98	Bal	timo	re,	Md.
any injury or		21. Signature of Fu	uneral Service				22	. Nama an	nd Addra	ss of Facil	ity B	altimo	re, M	arvla	and	21202
2 8	1	1/1/2	v . /	94	1,		Tal	IM C	Max	ah E	1 II	101 6	Mand	h 7		
	1	234. Part1. Enter t	the disease, or	00	100	-		111000	LICIL							
ian				complication	s that caused	the death. I	Do not ente	er the mod	le of dyir	ng, such es	cardiac	or raspiratory a	rrest,	n Ave	Appro	ximata
	- 1	SHOOK, OF HEE	art failura. List	only ona cau	s that caused sa on aach li	the death, I	Do not ente	er the mod	le of dyir	ng, such es	cardiac	or raspiratory a	rrest,	n Ave	Appro: Interva Onset	ximata il Between and Death
ical		Immediate Cause	(Final	only ona cau	s that caused sa on aach lii	the death. Ine.	Do not ente	er the mod	le of dyir	ng, such es	s cardiac	or raspiratory a	rrest,	n Ave	Appro- Interva Onset	ximata al Between and Death
ical		Immediate Cause disease or condition resulting in death)	(Final	e.	s that caused sa on aach lin	the death. I	o not enter	er the mod	le of dyin	ng, such es	cardiac	or raspiratory a	rrest,	n Ave	Appro- Interve Onset	ximata al Between and Death
ical ner		Immediate Cause disease or condition	(Final	e.	s that caused sa on each line.	the death. Ine. Re Due to (or as	Do not ente	er the mod	le of dyir	ng, such es	s cardiac	or raspiratory a	rrest,	n Ave	Appro- Interva Onset	ximata al Between and Death
ical ner		Immediate Cause disease or condition resulting in death)	(Final on	e	sthat caused sa on each line Acut Pne	the death. In the Re	onot enter	er the mod	le of dyin	ng, such es	s cardiac	or raspiratory a	rrest,	N AVE	Approinterva Onset	days
cal ner		Immediate Cause disease or condition resulting in death)	(Final on	e	sthatcaused sa on aach lii Acut Pne	The death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In the death. In th	Do not enter	er the mod juence of):	le of dyin	ng, such es	s cardiac	or raspiratory a	rrest,	- Ave	Appro- Interva Onset	days days
ical ner		Immediate Cause disease or condition resulting in death) Sequentially list confirm any, leeding to incause. Enter Under Cause (Disease or cause)	(Final on on on other or on on other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or other or o	e	Acut Pne Pan	the death. Ine. Re Due to (or as Due to (or es	Do not enter	er the mod	le of dyir	ng, such es	s cardiac	or raspiratory a	Nort	N AVE	Approximately Onset	days days
ical ner		Immediate Cause disease or condition resulting in death)	(Final on onditions, mmediate arriving injury s						le of dyir	ng, such es	s cardiac o	or raspiratory a	Mort	AVE	Approximately Approximately Onset	eximata al Between and Death days days days
as the bungl-fransit		Immediate Cause disease or condition resulting in death) Sequentially list confirmed if any, leeding to incause. Enter Unde Cause (Disease or hat Initiated events	(Final on onditions, mmediate arriving injury s		Acut Pre Pan				le of dyir	ng, such es	s cardiac o	or raspiratory a	NOTE	n Ave	Appro- Interve Onset	days days days days
for use as the burial-transit and so so so so so so so so so so so so so		Immediate Cause disease or condition resulting in death) Sequentially list confirm any, leeding to incause. Enter Understand Cause (Disease or that initiated event resulting in death)	(Final on onditions, mediate orlying Injury s Last	dC	chol	ecy	rtet	11						1	15	days
lor use as the bunar-transit and a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution in a solution		Immediate Cause disease or condition resulting in death) Sequentially list confirmed if any, leeding to incause. Enter Unde Cause (Disease or hat Initiated events	(Final on onditions, mediate orlying Injury s Last	dC	chol	ecy	rtet	11				23b. Did	tobacco use	ontribute t	15 to the ca	days
for use as the burial-transit and so so so so so so so so so so so so so		Immediate Cause disease or condition resulting in death) Sequentially list confirm any, leeding to incause. Enter Understand Cause (Disease or that initiated event resulting in death)	(Final on onditions, mediate orlying Injury s Last	dC	chol	ecy	rtet	11				23b. Did		ontribute t	15 to the ca	days
be detached for use as the burial-transit Description of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the		Immediate Cause disease or condition resulting in death) Sequentially list confirm any, leeding to incause. Enter Understand Cause (Disease or that initiated event resulting in death)	(Final on onditions, mediate orlying Injury s Last	dC	chol	ecy	rtet	11				23b. Did	tobacco use	contribute t	to the ca	days use of death? 4 LUnknown
be detached for use as the burial-transit Description of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the		Immediate Cause disease or condition resulting in death) Sequentially list confirm any, leeding to incause. Enter Understand Cause (Disease or that initiated event resulting in death)	(Final on onditions, mediate orlying Injury s Last	dC	chol	ecy	rtet	11				23b. Did 1 □	tobacco use Yes 2□ No	contribute t	to the car	days use of death? 4 LUnknown
2 should be detached for use as the burial-transit and a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prope		Immediate Cause disease or condition resulting in death) Sequentially list confirm any, leeding to incause. Enter Understand Cause (Disease or that initiated event resulting in death)	(Final on onditions, mediate orlying Injury s Last	dC	chol	ecy	rtet	11				23b. Did 1 □	Yes 2 No	contribute t	to the ca	days use of death? 4 Dunknown opsy findings prior to n of cause
2 should be detached for use as the burial-transit and a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prope		Immediate Cause disease or condition resulting in death) Sequentially list confidence if any, leeding to incause. Enter Unde Cause (Disease or hat Initiated event resulting in death) Part II. Other significance in the confidence (Final on ditions, mediate strying strying stast	dC	chol	ecy	rtet	11				23b. Did 1 □	Yes 2 No	contribute to 3 Pro	to the car	days use of death? 4 Dunknown opsy findings prior to	
bctor, page 2 should be detached for use as the burial-transit and a second by Physician/Medical Examiner		Immediate Cause disease or condition resulting in death) Sequentially list confirmed in automatic cause. Enter Undo Cause (Disease or hat initied eventresulting in deeth) Part II. Other significance or cause. Enter the cause of the cause of the cause of the cause (Disease or hat initied eventresulting in deeth)	(Final on ditions, mediate priying strains Last	d	ng to death bi	ecy	rtet	11	ause giv	ren in Part	I	23b. Did 1 □	tobacco use Yes 2 No en autopsy rmed? Yes 2 No	contribute to 3 Pro	to the carbbably	days use of death? 4 Dunknown opsy findings prior to n of cause
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or condition resulting in death) Sequentially list confirmed in a cause. Enter Undo Cause (Disease or that initied eventresulting in deeth) Part II. Other significant of the cause in a cause. The cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in	(Final on ditions, mediate priying striying strate to medical to medical No	d	ng to death bi	ut not resultin	r tr t	nderlying co	eause giv	zen in Part 26. Plac aer: 4 □ N	I. e of Deatl	23b. Did 1 □ 24a. Was perfo	tobacco use Yes 2 No en autopsy med? Yes 2 No one) dence 6 0	contribute t 3 □ Pro 24b. We expected of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	to the carbbably /ere eutovailable pompletion death?	days use of death? 4 Dunknown opsy findings prior to n of cause
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or condition resulting in death) Sequentially list confirmed in automatic cause. Enter Undo Cause (Disease or hat initied eventresulting in deeth) Part II. Other significance or cause. Enter the cause of the cause of the cause of the cause (Disease or hat initied eventresulting in deeth)	(Final on Milions, mediale errlying shast	d	ng to death bi	ut not resultin	r trt	nderlying co	DA Oth	26. Plac lef: 4 □ N y at k?	e of Deatl	23b. Did 1 □ 24a. Was perfo	tobacco use Yes 2 No en autopsy med? Yes 2 No one) dence 6 0	contribute t 3 □ Pro 24b. We expected of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	to the carbbably /ere eutovailable pompletion death?	days use of death? 4 Dunknown opsy findings prior to n of cause
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or condition resulting in death) Sequentially list configure in an experiment of the cause. Enter Undo Cause (Disease or that Initialed event resulting in death) Part II. Other significant of the cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in	(Final on onditions, mediale errlying Injury s Last	d	ng to death bi	ut not resultin	in the ur	nderlying co	Oth OA Oth Pac trijur Wor	zen in Part 26. Plac aer: 4 □ N	e of Deatlursing Ho	23b. Did 1 □ 24a. Was perfo	en autopsyomed? Yes 2 Noone) dence 6 00 how injury occ	24b. We contribute to 3 pro	to the carbbably Vere eutovailable pompletion of death? Yes	days use of death? 4 Unknown opsy findings prior to n of cause
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or condition resulting in death) Sequentially list confirmed in the cause. Enter Under Cause (Disease or that Initiated event resulting in death) Part II. Other algnife examiner? 1 Yes 2 20 27. Manner of Deat 1 Waturel	(Final on Milions, mediale errlying shast	d	ng to death bi	ut not resultin	in the ur	nderlying co	Oth OA Oth Pac trijur Wor	26. Plac lef: 4 □ N y at k?	e of Deatlursing Ho	23b. Did 1 □ 24a. Was perfo	en autopsymmed? Yes 2 No	24b. We contribute to 3 pro	to the carbbably Vere eutovailable pompletion of death? Yes	days use of death? 4 Unknown opsy findings prior to n of cause
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or conditic resulting in death) Sequentially list configuration in death) Sequentially list configuration in cause. Enter Undercause (Disease or that initiated events resulting in death) Part II. Other significance of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau	(Final on onditions, mediate priying striying st	Hospita gation not be ined 28e	ng to death but a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	ut not resulting the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	Outpatian b. Time of Injury	nderlying co	DA Oth	26. Placerer: 4 N	e of Deathursing Ho	23b. Did 1 □ 24a. Was performe 5 □ Resi 28d. Describe 28f. Location (City or To	en autopsymmed? Yes 2 No	24b. We expected the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	to the carbbably Were eutovailable; pomplation of death? Yes	days use of death? 4 Unknown opsy findings prior to n of cause
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or conditic resulting in death) Sequentially list co if any, leeding to in cause. Enter Unde Cause (Disease or that initiated event resulting in death) Part II. Other significance of the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the	(Final on ditions, mediate strying rinjury strains Last ficant conditions of the dition of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the ditions of the	Hospita gation not be ined 28e g Phystclan: Examiner: Or	ng to death but a second of Injur (Month, Da). Place of Injur (Month, Da). To the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of	unt 2 ER. Year) 28 ury - At home c. (Specify) of my knowled examination	or to the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of	nderlying control of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	DA Oth	26. Place of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	e of Deathursing Ho	23b. Did 1 □ 24a. Was perfo	en autopsy med? Yes 2 No one) dence 6 Co how injury occ Street and Nu wn, State)	24b. We contribute to 3 provide the contribute to 3 provide the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the contribute to the co	to the capbebly Were eutovailable pomplation of death? Yes	days Jays
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or condition resulting in death) Sequentially list configure in a cause. Enter Under Cause (Disease or that Initialed eventresulting in death) Part II. Other significations of the cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cau	(Final on Milions, mediale errlying shriying shast fileant conditions) Fred to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form t	Hospita gration incl be incl be gration: graystclan: examiner: Or an	ng to death bi	unt 2 ER. Year) 28 ury - At home c. (Specify) of my knowled examination	or to the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of the unit of	at 3 DO	OA Oth PRo. trijur Wor 1 /, office at the tir , in my o	26. Place of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	e of Deathursing Ho	23b. Did 1 □ 24a. Was performent of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	en autopsy med? Yes 2 No one) dence 6 Co how injury occ Street and Nu wn, State)	24b. We expend of the contribute to a 3 property of the contribute to a 24b. We expend of the contribute of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of the contribute to a 24b. We expend of	to the capbably Vere eutovailable pomplation death? Yes Tal Route stated. to the capbable pomplation to the capbable pomplation death?	days Jays
pletely filled in by the funeral director, page 2 should be detached for use as the burial-transit and a second control of the funeral control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro		Immediate Cause disease or condition resulting in death) Sequentially list configure in a cause. Enter Under Cause (Disease or that Initiated event resulting in death) Part II. Other algnition of the cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause in a cause i	(Final on Milions, mediale errlying shriying shast fileant conditions) Fred to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form to medical form t	Hospita gation not be ined 28e g Phystcian: Examtner: Or an	ng to death but a second of the basis of the basis of the mener sta	unt 2 ER. Year) 28 ury - At home c. (Specify) of my knowler examination	/Outpatian b. Time of Injury o, farm, stre	nderlying courted a cocurred a restigation,	OA Oth OBC. trijur 1 Ur 7, office at the tir 1, in my o	26. Place left 4 N y at k? Yes 2 me, date er pinion, der	e of Death ursing Ho	23b. Did 1	en autopsymed? Yes 2 No en autopsymed? Yes 2 No ene) dence 6 C how injury occ Street and Nu wn, State) cause(s) end date and place 29d. Data sig	24b. We expected the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	to the capbably Vere eutry vailable pompletion of death? Yes Yes Yes The power of the capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable ca	days Jave of death? 4 RUnknown Dosy findings prior to n of cause 2 No Number, use(s) par)
director, page 2 should be detached for use as the bunal-transit and the completed by Physician/Medical Examiner		Immediate Cause disease or conditic resulting in death) Sequentially list configuration of the cause. Enter Under Cause (Disease or that initiated event resulting in deeth) Part II. Other significance of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau	onditions, mediate priying striying stri	Hospita gation not be ined 28e g Phystcian: Examtner: Or an	ng to death but a second of the basis of the basis of the mener sta	unt 2 ER. Year) 28 ury - At home c. (Specify) of my knowler examination	/Outpatian b. Time of Injury o, farm, stre	nderlying courted a cocurred a restigation,	OA Oth OBC. trijur 1 Ur 7, office at the tir 1, in my o	26. Place left 4 N y at k? Yes 2 me, date er pinion, der	e of Death ursing Ho	23b. Did 1	en autopsymed? Yes 2 No en autopsymed? Yes 2 No ene) dence 6 C how injury occ Street and Nu wn, State) cause(s) end date and place 29d. Data sig	24b. We expected the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	to the capbably Vere eutry vailable pompletion of death? Yes Yes Yes The power of the capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable ca	days Jave of death? 4 RUnknown Dosy findings prior to n of cause 2 No Number, use(s) par)
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or condition resulting in death) Sequentially list confidence of any, leeding to incause. Enter Unde Cause (Disease or that Initiated event resulting in death) Part II. Other algnification of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the caus	onditions, mediate errying rinjury so Last ficant condition fred to medical house investig 6 Could medicant conditions are so for continuous investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investig 100 Could medicant investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation in the investigation	Hospita gation not be ined 28e g Phystcian: Examtner: Or an	ng to death but a second of the basis of the basis of the mener sta	unt 2 ER. Year) 28 ury - At home c. (Specify) of my knowler examination	/Outpatian b. Time of Injury o, farm, stre	nderlying courted a cocurred a restigation,	OA Oth OBC. trijur 1 Ur 7, office at the tir 1, in my o	26. Place left 4 N y at k? Yes 2 me, date er pinion, der	e of Death ursing Ho	23b. Did 1	en autopsymed? Yes 2 No en autopsymed? Yes 2 No ene) dence 6 C how injury occ Street and Nu wn, State) cause(s) end date and place 29d. Data sig	24b. We expected the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	to the capbably Vere eutry vailable pompletion of death? Yes Yes Yes The power of the capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable ca	days Jave of death? 4 RUnknown Dosy findings prior to n of cause 2 No Number, use(s) par)
director, page 2 should be detached for use as the burial-transit a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property		Immediate Cause disease or condition resulting in death) Sequentially list confidence of any, leeding to incause. Enter Unde Cause (Disease or that Initiated event resulting in death) Part II. Other algnification of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the caus	(Final on Milions, mediate errying Fritying Injury signature of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medical Molth of the medi	Hospita gration into be beined 28e g Phystclan: Examiner: Or an who complete 201	ng to death but a second of the basis of the basis of the mener sta	unt 2 ER (Y Year) 28 ury - At home c. (Specify) of my knowled examination ated.	/Outpatian b. Time of Injury o, farm, stre dge, death and/or inv	anderlying countries of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	OA Oth OBC. trijur 1 Ur 7, office at the tir 1, in my o	26. Place left 4 N y at k? Yes 2 me, date er pinion, der	e of Death ursing Ho	23b. Did 1 □ 24a. Was performent of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	en autopsymed? Yes 2 No en autopsymed? Yes 2 No ene) dence 6 C how injury occ Street and Nu wn, State) cause(s) end date and place 29d. Data sig	24b. We expected the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	to the capbably Vere eutry vailable pompletion of death? Yes Yes Yes The power of the capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable capbable ca	days Jave of death? 4 RUnknown Dosy findings prior to n of cause 2 No Number, use(s) par)

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. -State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth Month GRIFFIN 1935 ETHEL MAE JANUARY 1998 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE CITY HOSPITAL BALTIMORE SINAI If Under 1 Yaer If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number Birthplace (State or Foreign Country). 7. Age (In yrs. lest birthday) 1 M 2 F 65 225-36-4529 Yrs. Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limita 1 Tes 2 No Ballemore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? N. 21223 514 U.S.A. 14. Race - American Indien, Bleck, White, etc. 12. Wes Decadant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yea or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Yes 2 100 If Yes, Give Yeer or Detas: 1 Never Married 200 Married 1 Yas 2 ILNO Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Busineas/Industry Elementery/Secondary (0-12) College (1-4or 5+) Domestic 10th grade 17. Fether's Name (First, Middle, Last) Various NA 18. Mother's Name (First, Middle, Melden Surneme) Johnson DAYAnna Hansen Lorenzo 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Addresa (Street end Number or Rurel Route Number, City or Town, State, Zip Code) AUR Sewell Kochelle 5627 alhambra Baltimore 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e, Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cramation 3 Removel from State Anne Arunder Co., MO 1-12-48 4 ☐ Donetion 5 ☐ Other (Specify) Cedar CEM 21. Signature of Funerel Service Lensee 22. Name end Addrass of Fecility E North Aue FIH. GAST 1101 March Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Onset and Deeth Immediate Cause (Final Acute Renal Failure disaesa or condition resulting in deeth) Due to (or es a consequence of): Staphylococcus Aureus Pheumonia Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Ascites Due to (or as a consequance of): Sepsis Syndrome Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Diabetes Mellitus, Chronic 24b. Were eutopay findings available prior to 24a. Was en autopsy performed? Pulmonary Disease, Gastric Esophagent Reflux Disease completion of ceuse of deeth? Hypertension, Congestive Heart Failure 1 ☐ Yea 2 No 25. Wes cese referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 1 Naturel 5 Pending

Physician /Medical Examiner The law requires that the death certificate be ex the

Physician

/Medical

Examiner

Funeral

Director

mant be notified at

traumatic event, the Medical Examiner

5

238

0

"natural",

al Hygiene.

. Pages 1 and 2 should be file ment of Health and Mental Hy lant: If Item 27 is marked oth lury or other traumatic even

permit. Page Department of Important: If any injury or once.

filed within 72 hours after

Maryland

altimore.

P.O.

Division of Vital Records,

Attending Physician:

death

Director

Funeral

þ

Completed

Be

Examiner Physician/Medical by Completed director, Be 2 funeral

2 Accident

4 Homicide

29b. Signeture and title of certifiar

3 Suicide

29e. Certifier

signed by been certificata this Certification: After after death Director: A d in by the f

To the Hospital within 24 hours a To the Funeral Completaly filled Medical

State Registrar

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner as stated.

Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete and place, and due to the ceuse(s) end menner stated. 29d, Dete signed (Month, Dev. Year) 29c. License number

AS2402321 RS 9948

1 ☐ Yes 2 ☐ No

JANUARY

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

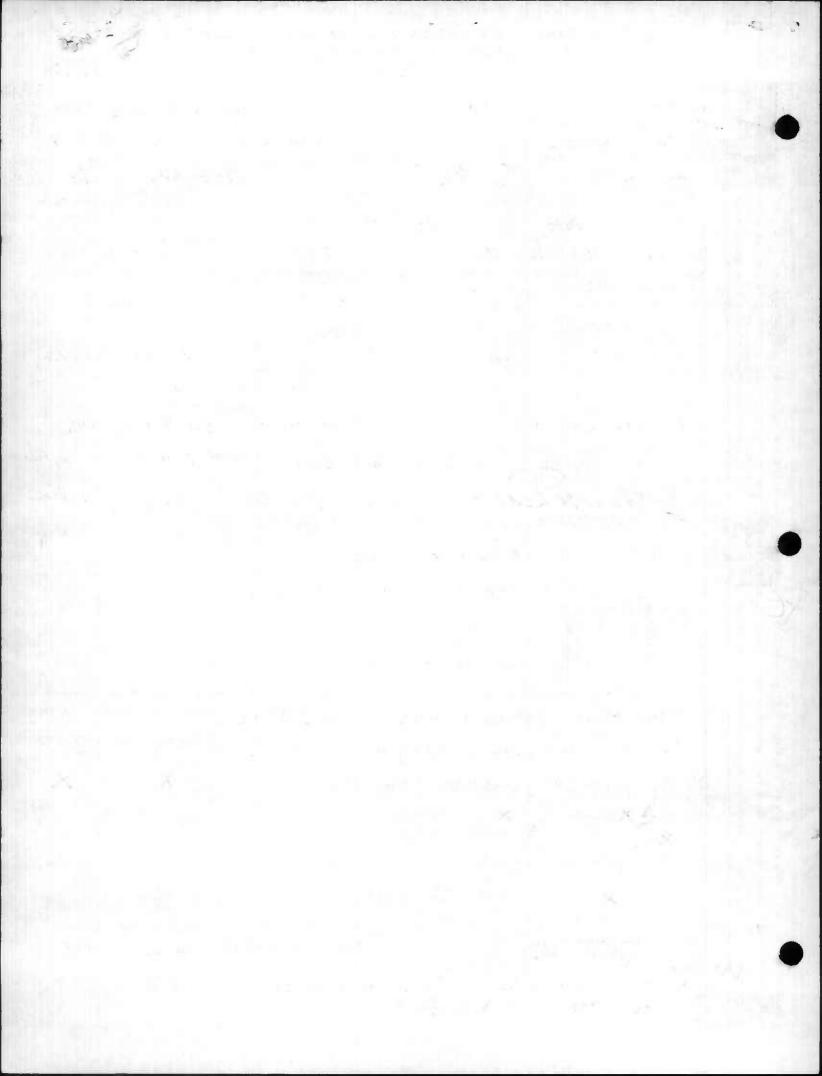
MD

investigation

8 Could not be determined

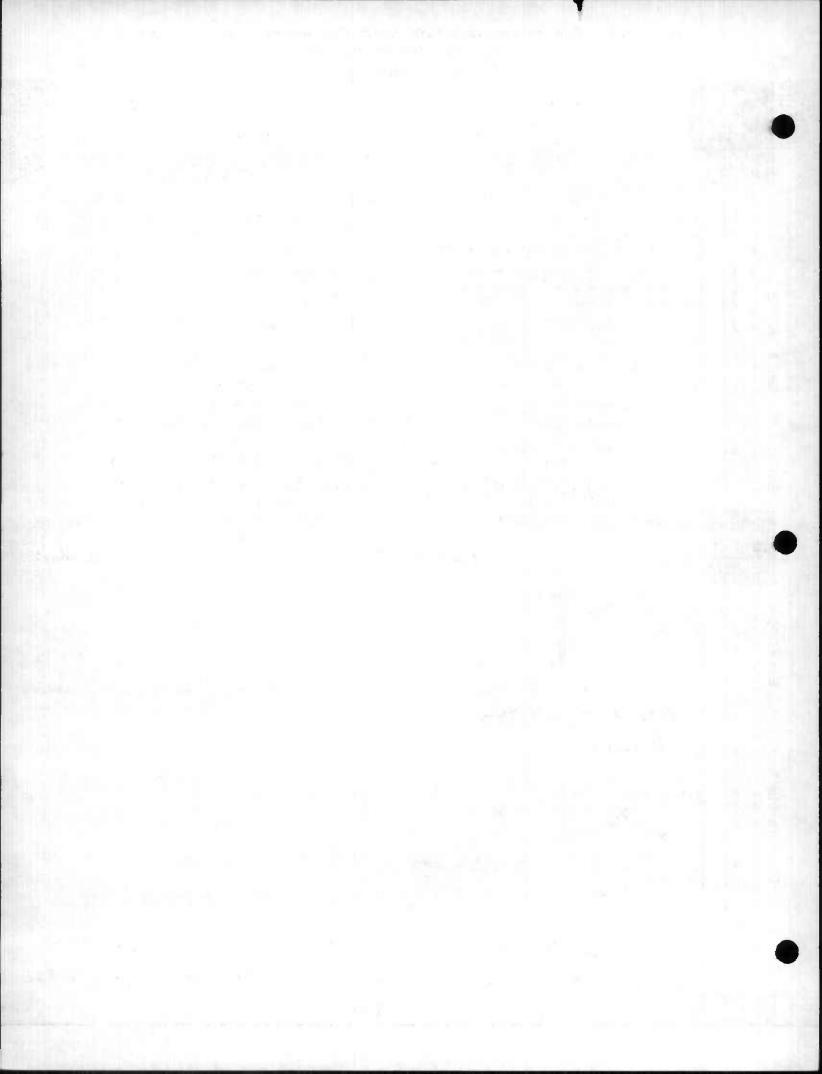
2401 West Belvedere Avenue Baltimere Maryland

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)



State of Maryland / Department of Health and Mental Hygiene 98

					Certi	ificate d	of Death		Re	ig. No.	U	13/0
Dhoo	lan	1. Decedent's Name (First, Middla, La				111			Data of Deat	h	Veer	3. Time of Death
Physici /Medi		Leith	a May (Geis				J	AN. 9	, 199	8 Year	3:45pt
Exami		4a. Facility Name (If not institution, giv	e street and numb	oer)	~		4b. City, To	own, or Locat	ion of Death	4c. County	of Death	
		Montgomery Ge	neral I	Hospita	.1			01ney		Mo	ntgo	mery
Funeral Director	T.	5. Social Security Number 6. S 339 – 36 – 1400	ax 7. □ M 2 💢 F	Age (In yrs. last i		If Under 1 Ye Months De		24 Hrs. 8. Min. \$E	Data of Birth (Month, Day, PT 10,	Year) 1907	9. Birthpl Coun I O	laca (Stata or Forai try) W.a.
pu ,		Usual Residence of Decedent 10a, State 10b, County		10. Ch. T.		at					T	
anyle show	1		1	10c. City, To	own or Loca						10	Od. Inside City Limit
N P P	ecto	Maryland Howar	a				arksv	ille				1 Yes 2 TAN
ours after death with the Marylen ral', or Items 23a or 28a-f show Examiner must be notified at	Funeral Director	5710 Trotter Road	d (P.O. 1	Box 334)		10f. Zip Coo	21029		10	Og. Citizen of	What Coun USA	try?
r dea	- Pu	11. Marital Status	12. Was Deceda Armed Force	ant Evar in U,S.	13. Wa	s Decedent es, specify (of Hispanic Or Cuban, Mexice	igin? (Specify	y Yes or No- an, etc.)		ce - Amarica	
ould be filed within 72 hours after death with the Maryland Meniel Hygiene. arked other than "natural", or items 23a or 28a-f show artic event, the Medical Examiner must be incidited at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 If Yes, Give Year or Dete		10	JYes 2□X	No Specify			Specif	v·	ite
"natural",	etec	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16	Sa. Deceder	nt's Usuai Oc	cupation one during mos	at of working		16b. Kind of B	usinass/Ind	lustry
s 1 and 2 should be filed within 72 hr f Heelth and Meriel Hygiene. Item 27 is marked other than "natur other traumetic event, the Medical	Completed	Elementary/Secondary (0-12)	College (1-4	or 5+)	life. DO	NOT use re	tired)	n or working				
hod v hor ti		12			Н	omema					omes	tic
should be filed withing the Mentel Hygiene. marked other than imatic event, the Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel	Be	17. Father's Name (First, Middle, Last) Elvin A.		2.17			18. Moth			feiden Suman	ne)	
should ind Meni marke	P P			-	Ob. 14-11'	A dd (O4		-	la La		0	
d 2 sho th and 7 is me traum		19e. Informent's Name/Relationship (Aelred D. Geis/					reet and Numb					
f Heelth fem 27 other tr		20a. Method of Disposition	SUII	20b. Place	of Dispositi	ion (Name o	1			OLATKS 1		, MD 2102
		1 ☐ Burlal 2 【XCremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification 5 ☐ Other (Specification Specification Specifi		ata ceme	tery, cremai	atory,	place)		0/98			e, MD
pemit. Page Department of Important: If any injury or office.		21. Signature of Funeral Service Licen	7. MG	Ponald	Cr	emati	on So	ciety	of M	aryla	nd,	Inc.
T.		Dawn F. M 23a. Part 1. Entar the disease, or com shock, or heert failure. List only	cDonal collections that cause on each	sed the death. Deh line.	o not enter	9 Fre	deric dylng, such as	k Roa cerdiac or re	d Ba	ltimo	re, l	MD 2122 Approximate Interval Between
Physician /Medical		Immediate Cause (Final disease or condition		Done	cons	fiti's					i	Onset and Death
Examiner		resulting in death)	a	Due to (or as								16 days
p =1	ner										i	
entificate be executed ding physician and see es the bundutransit	Examiner	Sequentially list conditions,	D	Dua to (or as	a conseque	nce of):						
213		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents	c									
8 분들	Medical	that initiated avents resulting in death) Last		Dua to (or as a	a consequa	nce of):						
ding p	Me		d								į	
atten for u	ian										and a	
0 0 2	Physician	Part II. Other significant conditions of	ontributing to deat	h but not rasuiting	in tha unde	erlying cause	given In Part	i.	23b. Did to	bacco uae co	ntributa to	the cause of deat
The law requires that the de ste has been signed by the a page 2 should be detached	by Ph	Atrial Fibra Uremia	lation						1 🗆 Ye	s 2 No	3 Prob	bebly 4 🗆 Unkno
auire:		110005							24a. Wes ar	eutopsy	24b. We	ere autopsy tindings
s bee	Completed	uremia							perform	ned?	COF	alleble prior to npletion of ceuse death?
The law ate has page 2	E O								1 □ Ye	s 20 No		Yes 2□ No
ian: Th	BeC	25. Was cese referred to medical					26. Pleci	e of Deeth (C	Check only on		1	
Physician; rthis certifica ral director, p	0	examiner? 1 ☐ Yes 2) No	Hospital:	atient 2 ER/0	Outpatient	3D DOA	Other:			nce 6 Oth	ner (Specify	()
D 0 9	n: T	27. Menner of Death	28a. Date of I		. Time of		njury at Work?			w Injury occur		
Attending For deeth. ector: After by the funer	atio	1 Naturel 5 Pending Investigation		Day 1 oai/	Injury		Yes 2	No				
after de Directo 3 in by th	Certification:	3 Suicida 6 Could not be 4 Homicide determined	28e. Place of	Injury - At home, etc. (Specify)	farm, streat	t, factory, off	ce	28f.	Location (Sti City or Town		ber or Rura	l Routa Number,
To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: Att completely filled in by the fur-	edical C	29e. Certifier (Check only 2 Medical Exert	liner: On the basis	s of examination a	ge, deeth o	ccurred at the	e time, dete ar ny opinion, dea	nd plece, and ath occurred a	due to the ca	use(s) end me ete and place,	enner es st	ated. the cause(s)
thin 2 the mplei	Med	une)	and manner	stated.								
_ ¥ √ §		30. Name and address of person who a Lew is Keller 7. 31. Date filed (Month. Daw, Year)	1			29C. LIC	140E	7	2	od. Date signe	a (Month, L	1000
		Com	1)			9		•	4	anuave	11)	178
6		30. Neme and eddress of person who	completed ceuse of	of deeth (Item 23e	(Type, Pri	int)		1- DI) Dla	L. Ma	4/200	010870
K)		Lewis Kelleri,	17.0, 4	000 01	ney	Lagt	unsuia	e KA	, DIFFE	7) "(2)	year	CX 2005
Sta	ite	31. Date filed (Month, Day, Year) 2	1998 32. Regi	Julia Day	dron-li	and De						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Menth mma 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE Hospital HG1ES N/A If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth Months | Days | Hours | Min. | MAR 21, 7. Age (In yrs. lest birthday) 5. Sociel Security Number Birthplace (State or Foreign Country) 10 M X0 F Yrs. 212-05-0162 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Anne Arundel Linthicum 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 815 Oregon Avenue 21090 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ဩ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American indien, Black, White, etc. 11. Maritai Status 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: White Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Domestic 12 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Myrtle Virginia Burkindine James Wallington 19a. informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 114 Glendale Avenue Miriam Donovan/daughter Glen Burnie, MD 21061 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 Cremation 3 Removel from State Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 1/12/98 22. Name and Address of Facility Cremation Society of Maryland, Inc. 21. Signeture of Forneral Service License 299 Frederick Road McDonald emplications that cause Baltimore, MD 21228 23a. Part 1. Enter the disease, or complications that caused to shock, or heart failure. List only one cause on each line ed the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete Interval Between Onset and Deeth immediate Cause (Final disease or condition resulting In death) 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably

Physician /Medicai Examiner

離

certificate

ŧ

Affair

To the Hospital Wilhun 24 hours a To the Funeral C

by

Completed

Be

Lo

Certification:

Physician

/Medical

Examiner

10e. State

Directo

Funeral

by

Completed

Be

Funeral

Director

7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Modical Examines must be notified at

permit. Pages 1 and 2 ahould be filed within 72 hours after a Department of Health and Mental Hygione. Important: If Item 27 is marked other than "naturel", or Item any Injury or other traumatic event, the Modical Example.

Baltimore, Maryland 21215-0020

the Manyland

Examine Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical

Part ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 ☐ Yes 2 ☐ No

25.	was cese referre exeminer?	,
27.	Manner of Death	
	1 Naturei	5 Pending
	2 Accident	investiga

1 Inpatient 5 Pending investigation

2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury et Work? 1 Yes 2 No

Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

28d. Describe how injury occurred

6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Medical Examinar: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signature and title of certifie

29a. Certifier

29c. License number

29d. Date signed (Month, Dey, Year)

rson who completed cause of death (Item 23a) (Type, Print)

516 W. Rolling Asl

State Registrar

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 19b per F.H. G-755 1/12/98 reb Reg. No. 2. Data of Death 3. Tima of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** Gary Wallace 1948 January 10:00 4M /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner N.A. Baltimore Bon Secours Hospital If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last pirthday) 9. Birthplace (State or Foreign Country) 6. Sex . 1 X M 2 ☐ F Days Hours Min 216-42-6726 Usuai Residence of Decedent Yrs. **Director** permit. Peges 1 and 2 should be filed within 72 hours effer death with the Manyland Department of Health and Mential Hygiene. Important: If time 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event. Its 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Nes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race -Amarican Indian. Biack, White, etc. 1 Never Married 2 Married 1□ Yas 2 No Baltimore, Maryland 21215-0020 Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education Elementary/Secondary (0-12) MORE CIT 17. Father's Name (First, Middle, Last) Be FRIEND 19b. Mailing Address (Street and Number of Rural Route Number, City or 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Burial 2 Cremation 3 Removal from State 4 Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 23a. Part 1. Enter the disaasa, or complications that caused the shock, or heart failure. List only one cause on each line. Approximete Intarvai Between Onset and Death Physician /Medical Immediate Ceuse (Final disease or condition resulting in death) 30 minutes infarctim 1470 cardial Examiner Due to (or es a consequence of) Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical that initiated events resulting in death) Last Dua to (or as a consequence of): 98 950 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the a should be deteched 1 Yes 2 No 3 Probably 4 Unknown COPD asthma by 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy ate has page 2: 1 Yes 2 No 1 Yes 2 No certificate Hospital or Attanding Physician:
24 hours after death.
 Funeral Diractor: After this certifics 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Inpatient 2 ★ER/Outpatient 3 ☐ DOA 1 Yas 2 No 27. Manner of Death 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 28b. Tima of Data of Injury (Month, Day Year) 5 Pending Investigation 1 Maturai 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner stated. edical completely within 2 To the 5 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier 8 1998 RES - 001 ANVARUA ess of pe 30. Name and add rson who completed cause of death (Item 23a) (Type, Print)

Johns Hopkins Outpatient

DHMH 16 Rev 6/95

State

Gegistrar

Fred Hsich

31. Date filed (Month, Day, Year)

M-D.

the Davidson

eridaseri hiteratopei III THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P Dates? pulling Comment with the world kny

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3 Time of Deeth 2. Date of Death Month Yeel **Physician** HASS LE TYNE HOWARD 7:30 PM 98 /Medicai 6 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner N/A BACTIMORE BAYVIEW CTR MED 5. Social Security Number 6. Sex 1 M 2 ☐ F If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Funerai Birthplace (State or Foreign Country) Months Days Yrs. Director Oct. 3,1911 214-16-4741 Maryland the Maryland 10e State 10h County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Modical Examinar must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Maryland Director Baltimore Dundalk 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 103 Center Place Apt. 109 Funeral 21222 United States death 12. Was Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Giva Yeer or Detes: 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: by 3 Widowed WDivorced Specify: White Completed 16e. Decedant's Usual Occupetion (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Spacify only highest grede completed) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within nent of Health end Mental Hygiene. nt: if Item 27 is marked other than Elementery/Sacondary (0-12) College (1-4or 5+) Hostess 12 Years Restaurant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meldan Sumame) William Bun Justice Addie Crockett 19a. Informent's Name/Raletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Valerie Merrill/Daughter 405 Glenwood Road Bel Air, Maryland other t 21014 20e. Mathod of Disposition 20b. Ptaca of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete 1 XBurial 2 Cremetion 3 Removel from State o permit. Page Department of Important: if any injury or once. 4 ☐ Donetion 5 ☐ Othar (Specify) Oak Lawn Cemetery Jan. 10,1998 | Baltimore, MD 21. Signature of Furieral Service Licenses 22. Name end Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD
23e. Pert1. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feitura. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Physician /Medicai Immediata Ceuse (Finel MYOCARDIAL INFARCTION diseese or condition resulting in death) 2 Hours **Examiner** Due to (or es e consequenca of) Examiner Premovery 2 Hours EMBOLISM Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): UNKNOWN PROCESS CNS Physician/Medical the Due to (or es e consequence of): 88 gribnette 997 b Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobecco usa contribute to the cause of deeth? o signed by I 1 Yes 2 No 3 Probably 4 Unknown Hypothyroidism Records, by 24b. Were eutopsy findings avaitable prior to completion of cause of daath? 24e. Wes an eutopsy parformed? Completed Pas page 2 1 Yas 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medicat exeminer? Be 26. Plece of Deeth (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatiant 2 □ ER/Outpetient 3 □ DOA 븚 27. Menner of Deeth 28e. Deta of Injury (Month, Dey Yeer) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: Attar 1 Neturel 5 Pending death. 1 Yes 2 No investigetion 2 Accident after deut Director: 6 Coutd not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) Ptaca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homictde To the Hospital of within 24 hours a To the Funeral D completely filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled 1/2 Certifying Physician: To tha best of my knowledge, deeth occurred et the tima, data and pleca, end due to tha causa(s) and menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my optnion, deeth occurred et the time, dete and pleca, and due to the cause(s) end menner stated. 29a. Certifier Medical (Check only 29b. Signature and title of cegifie 29c. License number 29d. Dete signed (Month, Dey, Year) PGYI 30. Neme end eddress of parson who complated causa of daeth (Itam 23e) (Type, Print)

Johns Hopkins Bayview Medical Ctr.

DHMH 16 Rev 6/95

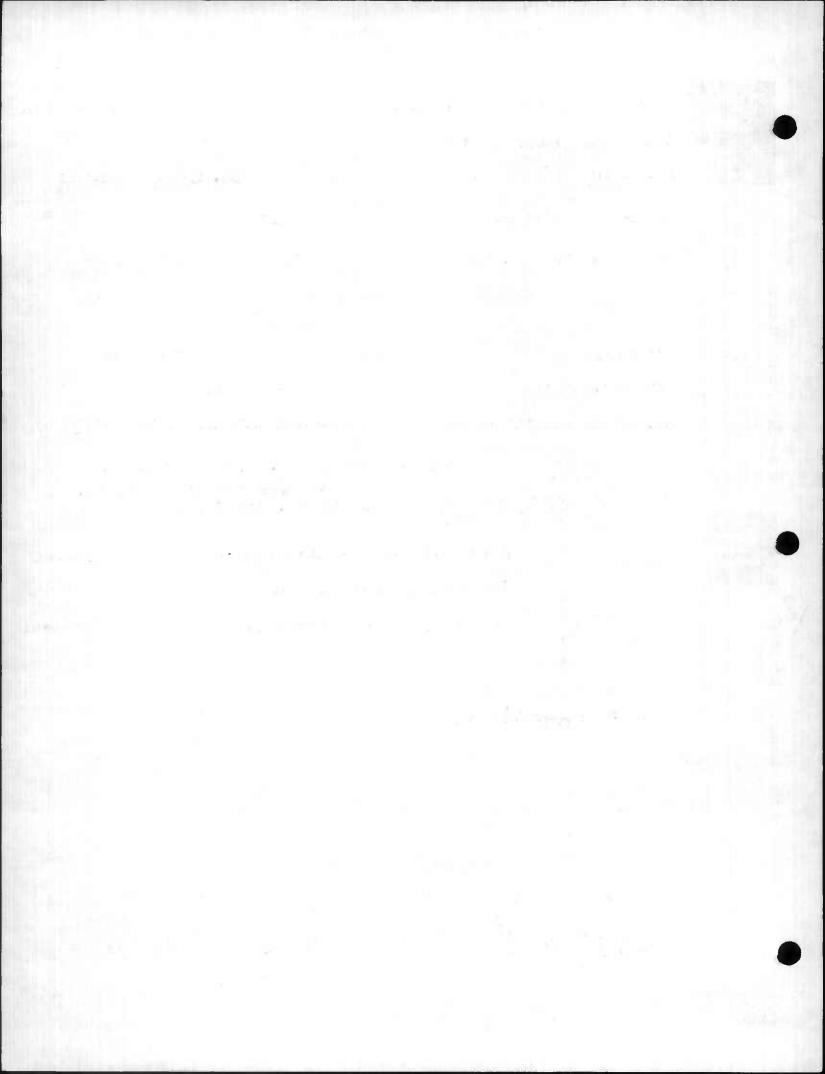
State

Registrar

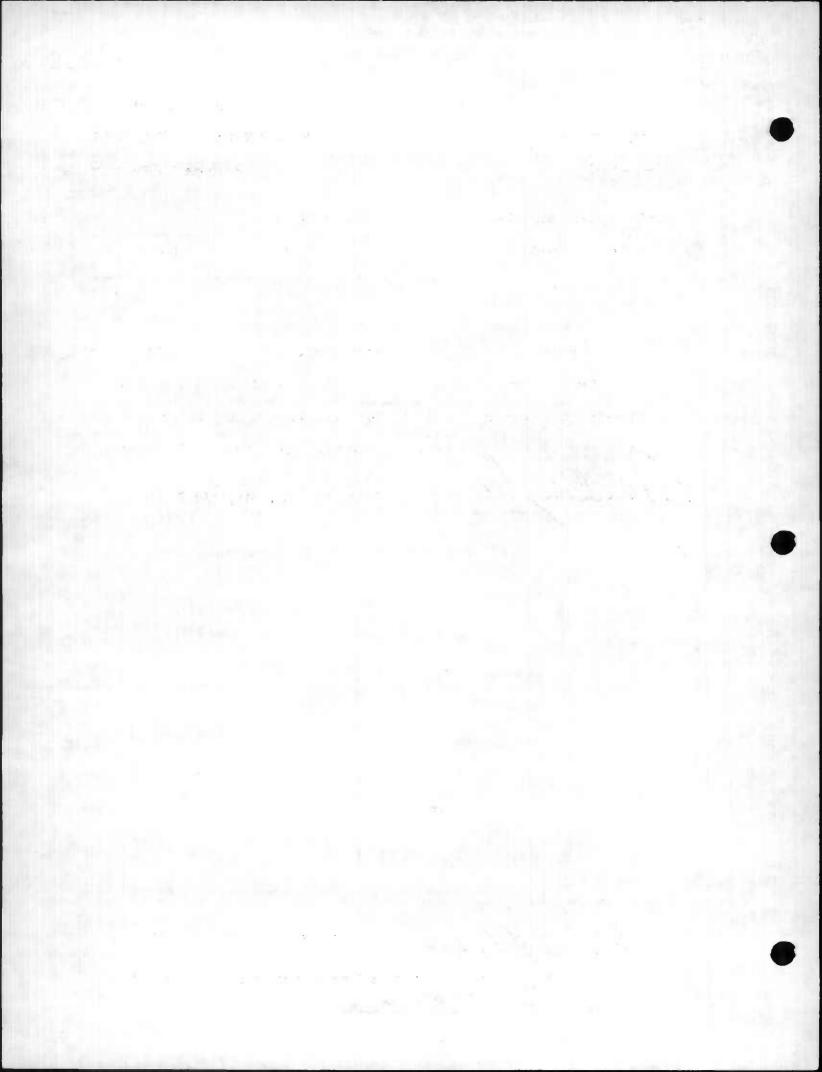
Jason P. Glassman, MD

JAN 1 2 1998

31. Data filed (Month, Dey, Year)

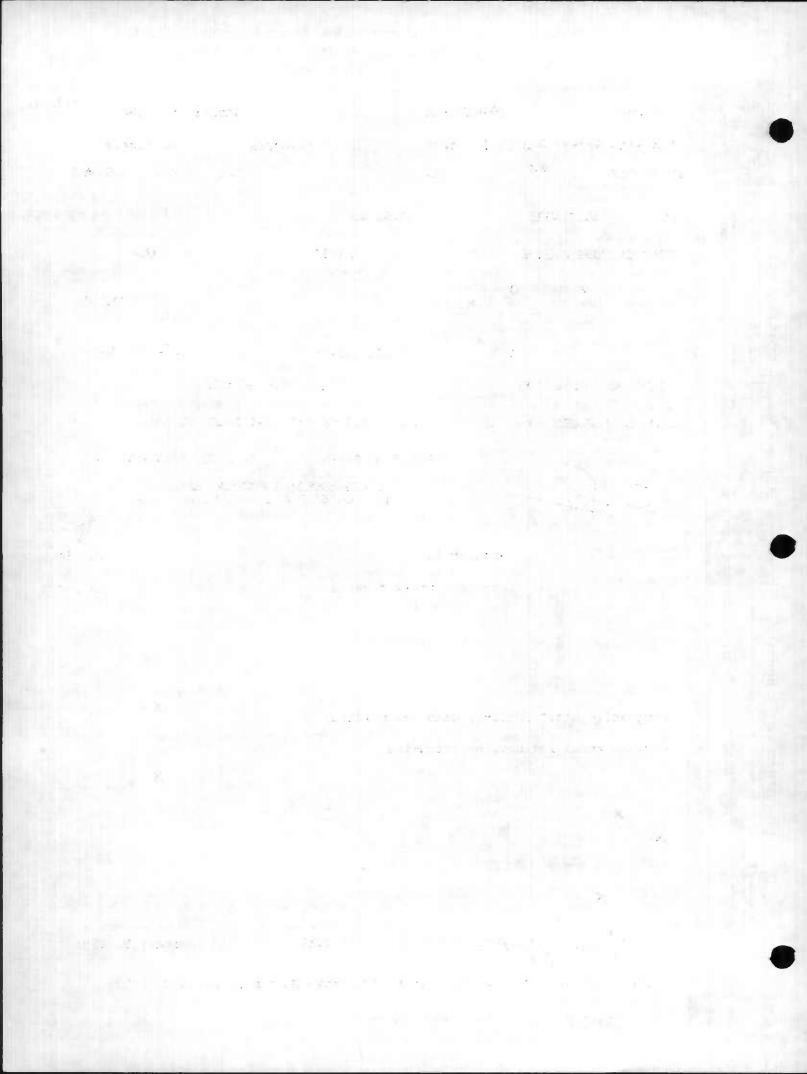


ROSE HUBER tems:23a par	t I,27 per MEO G-755 1/2	28/98 dh			ificate				Reg. No.	00	380	
Physician /Medical		Marie M						2. Data of De Month JAN.	5, 199		3. Time of De 8:30 I	
Examiner	4a Facility Name (If not institution, giva NORTHWEST HOSPIT		mber)			- 1	Ib. City, Town, o RANDAL	r Location of Death LSTOWN		of Death IMORE		
Funeral Director	5. Social Security Number 6. Se 212–64–2540	х] м 2Д.Е	7. Aga (In yrs.	111	If Under 1 Months	Year Days	If Under 24 Hi Hours Mil	8. Date of Bir (Month, De September	y, ver) er 30,1952	9. Birthpi Coun Mar	iaca (State or F try) yland	Foreign
yland Now R	Usual Rasidenca of Decedent 10a. Stata 10b. County		10c. Cit	y, Town or Loc	ation					11	0d. Inalde City I	Limits
with the Maryland t or 28a-f show be notified at Director	Maryland Baltimo		nty		Owir		Mills 21117		10g. Citizen of V USA	/het Coun	1 ☐ Yes 2 X try?	QN∘
thours after death with the Marylas thurst, or thems 25s or 28e-f show cal Examiner must be notified at the by Funeral Director	11. Maritel Status 1 Navar Married 2 Married 3 Widowed 4 Divorced		2☐No va		as Deceda Yas, specii			(Specify Yes or No arto Rican, atc.)	- 14. Race Blace	14. Race - American Indian, Black, White, atc. Specify: White		
at Hygiene. I other than "ru went, the Medi	15. Decedant's Edu (Specify only highest grad Elamantary/Secondary (0-12) UNKNOW! 17. Father's Nama (First, Middla, Last)	Collaga (ind of work O NOT use	done retired	onal aid	eme (First, Middle	public Meiden Surnem	Kind of Business/Industry blic school systems Sumema)		
d Ment d Ment marks matic s	Harry L 19a. Intormant's Name/Ralationship (7)		∋ A	19h Mailing	Addrass	(Street		ie Lucil Rural Routa Numb			Coda)	
alth an 27 fer 27 fer er traus	Mr. Randall Huber		е	1000				Owings M				17
Pages 1 in the sent of Ha sent if Ham sent if Ham sery or other	20a. Mathod of Disposition 1 Deutid 2 □ Crametion 3 □ F 4 □ Conalion 5 □ Other (Specify)		Shift La	Place of Dispos camatan, cram Keview	ition (Name atory or off Memor	a of har place 1al	Park	Data 9JAN98	20c. Location - Elderst			
permit. Pa Department Important: any injury ands.	21 Signature of Funarel Service Licens	Se	/ MOO					ome, P.A Maryland				
ate be executed the burderleaned the burderleaned dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	CARDIAC	Dua to (or as a consequ	enca ot):	MIIH	REMOTE M	YOCARDIAL	INFARCI			
physicis s the bu	Cause (Disease or injury that initiated events resulting in death) Last	d	Dua to (c	or as a consequ	anca ot):							
at the d d by the stached stached	Part II. Other significant conditions con	23b. Did tobacco use contribute to the cause of				death'						
been sign should be leted by									24a. Was an autopsy performed? 24b. Wera auto available prompletion of death?			
The law ate has page 2								1/23	Kes 2□No	10	ves 2□ N	lo
Be clor	25. Was case referred to medical examiner?	lospital:				Oth	er.	eath (Check only				
ding Physic th.: After this of three direct thors: To	27. Manner of Death 1 KNatural 5 Panding 2 Accident investigation	28a. Deta		ER/Outpatient 28b. Tima of Injury		Bc. Injui Woi	4 LI Nursing	-	Homa 5 Rasidence 8 Othar (Specify) 28d. Describe how injury occurred			
pptal or Attending P ours after death. Iffled in by the funers of Certification:	3 ☐ Suicide 6 ☐ Could not be determined	3 Suicide 6 Could not be 28a. Piece of Injury - At homa, tarm, streat, tactory, office									I Route Numbe	er,
the Hospital hin 24 hours optional filled Aedical Co	29a. Cartifier 1 Certifying Phy	sician: To the	asis of axamina	owledge, deeth ation and/or Invi	occurred a astigation,	t tha tir	na, data and ple plnion, daath oc	ce, and dua to the curred at tha tima,	cause(s) and ma dete and placa,	nner as s and due to	teted. tha causa(s)	
To the Hospital within 24 hours of To the Funeral I completely filled Medical Ce	29b. Signature and title of certifier	1a	inten	9-			a number		29d. Data signe JAN.	6,		
	20. Nama and address of person who Dennis J	Chu				reet	, Balti	more, Ma	ryland 2	1201		



AVEI Married orced edent's Edighest gree 12) OFMEI: tionship (interpretation 3 □ tree (Specification 1) or (Specification 2) or (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3	HOFME re street and number) Hospital C Sex 7. Age TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 2 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN 3 F TOWN	enter e (In yrs. le 73 10c. City, Ever in U,S lo W II +) 20b. Place Cer GAF	st birthday) Yrs. Town or Loca ROSE . 13. Wright in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	If Under 1 Yeer Months Deys ation DALE 10f. Zip Code 2123 as Decedent of 1 Yes, specify Cub Yes, specify Cub ont's Usual Occup ind of work done O NOT use retire CK DRIVE	Hours Min Hours Min Hispanic Origin? (Pan, Mexican, Pue Specify: pation during most of we during most of we 18. Mother's Na MARY It end Number or F AVE RO ace) SEDALE F ACO AVE	Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.)	Day Py 9, 199 109, 199 Ac. County Baltin inth Pey, Yeer) 109, Citizen of V USA Io- 14. Race Blac Specify 16b. Kind of Bu ESSKAY Address Sumem ber, City or Town, MD 21237 20c. Location- BALTIMO HOME MD 21237	of Death OTE 9. Birthplace (State of Country) GERMANY 10d. Inside Country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country? In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a country In a									
AVEI Married orced edent's Edighest gree 12) OFMEI: tionship (interpretation 3 □ tree (Specification 1) or (Specification 2) or (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3	INUE 12. Wes Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces? 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 Decedent E Armed Forces. 1/2/Wes 2 De	enter e (In yrs. le 73 10c. City, Ever in U,S lo W II +) 20b. Place Cer GAF	st birthday) Yrs. Town or Loca ROSE . 13. Wright in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	If Under 1 Yeer Months Deys ation DALE 10f. Zip Code 2123 as Decedent of 1 Yes, specify Cub Yes, specify Cub Yes, specify Cub ONOT use retire CK DRIVE	Roseda1 If Under 24 Hr Hours Mir 7 Hispanic Origin? (pan, Mexican, Pue Specify: pation during most of we ad) R 18. Mother's Na MARY It end Number or F AVE RO ace) ess of Facility SEDALE F ACO AVE	Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.)	10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA 10g. Citizen of V USA	of Death OTE 9. Birthplace (State of Country) GERMANY 10d. Inside Country? 1 - American Indian, k, White, etc. WHITE isiness/industry MEATS e) State, Zip Code) City or Town, State ORE, MID Approxime Interval Be									
AVEI Married orced edent's Edighest gree 12) OFMEI: tionship (interpretation 3 □ tree (Specification 1) or (Specification 2) or (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3) □ tree (Specification 3	Hospital C Sex 7. Age TOWN 2 F 7. Age TOWN 2 F 7. Age TOWN 2 F 7. Age TOWN 2 F 7. Age TOWN 2 F 7. Age TOWN 2 F 7. Age TOWN 2 F 7. Age TOWN 2 F 7. Age Town 2 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F 7. Age Town 3 F	e (In yrs. le 73 10c. City, Ever in U,S lo W II 20b. Pla cer GAF	Town or Local ROSE 13. Will 15. 16a. Decede (Give ki life. DC TRUC) 19b. Mailing 7947 ca of Disposimetery, creme RDENS CO 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	If Under 1 Yeer Months Deys ation DALE 10f. Zip Code 2123 as Decedent of 1 Yes, specify Cub Yes, specify Cub Yes, specify Cub ONOT use retire CK DRIVE	Roseda1 If Under 24 Hr Hours Mir 7 Hispanic Origin? (pan, Mexican, Pue Specify: pation during most of we ad) R 18. Mother's Na MARY It end Number or F AVE RO ace) ess of Facility SEDALE F ACO AVE	Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.) Specify Yes or North Rican, etc.)	Balting Halting 9. Birthplace (State of Country) GERMANY 10d. Inside Country? 11 Yes What Country? 2 - American Indian, k, White, etc. WHITE isiness/Industry MEATS (e) Stete, Zip Code) 7 City or Town, Stete DRE, MID 7										
AVEI Married orced dedent's Edighest gre fidle, Last) MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST MEIST	Sex 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 100 MM 2 F 7. Age 1	e (In yrs. le 73 10c. City, Ever in U,S lo W II 20b. Pla cer GAF	Town or Local ROSE 13. Will 15. 16a. Decede (Give ki life. DC TRUC) 19b. Mailing 7947 ca of Disposimetery, creme RDENS CO 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	ation DALE 10f. Zip Code 2123 as Decedent of It Yes, specify Cub Ves 2X No ont's Usual Occupind of work done O NOT use retire DALROSE ition (Name of ellory or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	Hours Mir Hours Mir Hispanic Origin? (Jan, Mexican, Pue Specify: pation during most of widding most of widing mos	Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Date 1/13/98 UNERAL BALTO,	inth yeer) 1924 10g. Citizen of V USA 10- 14. Race Blace Specify 16b. Kind of Bu ESSKAY 16, Maiden Surnem 16ber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	9. Birthplace (Stete Country) GERMANY 10d. Inside Country? 1 Yes What Country? 2 - American Indian, k, White, etc. WHITE isiness/industry MEATS 2) Stete, Zip Code) 7 City or Town, Stete PRE, MID 7									
TIMOR AVEI Married orced edent's Edighest green (12) MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI MEISTI	INUE 12. Wes Decedent It Armed Forces? 12. Wes Decedent It Armed Forces? 12. Wes 2 In It Yes, Give Year or Dates Wes ducation ede completed) College (1-4or 5 In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In It In In It In It In It In It In It In It In In It In In It In In It In In It In In In In In In In In In In In In In	73 10c. City, Ever in U,S to W II +) 20b. Pla	Town or Local ROSE 13. Will If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If It If I	ation EDALE 10f. Zip Code 2123 as Decedent of 1 Yes, specify Cub Yes, specify Cub Yes 2X0 No ent's Usual Occup ind of work done O NOT use retire CK DRIVE DALROSE ition (Neme of etory or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	Hours Mir Hours Mir Hispanic Origin? (Jan, Mexican, Pue Specify: pation during most of widding most of widing mos	Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Specify Yes or Note Rican, etc.) Date 1/13/98 UNERAL BALTO,	10g. Citizen of V USA Io- 14. Race Blace Specify 16b. Kind of Bu ESSKAY e. Maiden Surnem ber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	Country GERMANY 10d. Inside C 1									
Married orced edent's Edighest great 12) Indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indiana indi	INUE 12. Wes Decedent I Armed Forces? 12. Wes Decedent I Armed Forces? 12. Wes College I Pes, Give Year or Dates W ducation ede completed) College (1-4or 5 O) CSTER (Type, Print) ER / WIFE Removal from State by) Insee	10c. City, Ever in U,S to W II 20b. Pla cer GAF	Town or Local ROSE 13. Will 15. 16. Deceder (Give kir life. DC TRUC) 19b. Mailing 7947 ca of Disposit metery, creme RDENS C C C C C C C C C C C C C C C C C C C	TOALE 10f. Zip Code 2123: as Decedent of Indicate the Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of	Hispanic Origin? (Joan, Mexican, Pue Specify: pation during most of we did) R 18. Mother's Not MARY It end Number or R AVE RO ace) SEDALE F GACO AVE	Specify Yes or Norto Rican, etc.) Dorking Ame (First, Middl KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	10g. Citizen of V USA 10- 14. Race Blace Specify 16b. Kind of Bu ESSKAY e, Maiden Surnem ber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	10d. Inside C 1 □ Yes What Country? a - American Indian, k, White, etc. WHITE usiness/industry MEATS e) Stete, Zip Code) City or Town, Stete DRE, MID Approxime Interval Be									
AVEI Married orced edent's Edighest great 12) MEIST tionship (MEIST) MEIST to see the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	INUE 12. Wes Decedent I Armed Forces? 12. Wes Decedent I Armed Forces? 12. Wes College I Pes, Give Year or Dates W ducation ede completed) College (1-4or 5 O) CSTER (Type, Print) ER / WIFE Removal from State by) Insee	Ever in U,S lo W II +) 20b. Pla cer GAF	HOSE 13. W. If 1 16a. Decede (Give ki life. DC TRUC 19b. Mailing 7947 ca of Disposinetery, creme BDENS C 12. C 13. W. If 1 16a. Decede (Give ki life. DC) 17	TOALE 10f. Zip Code 2123: as Decedent of Indicate the Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of	Hispanic Origin? (Joan, Mexican, Pue Specify: pation during most of we did) R 18. Mother's Not MARY It end Number or R AVE RO ace) SEDALE F GACO AVE	ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	LISA John Maiden Surment John City or Town, MD 21237 BALTIMO HOME MD 21237	1 ☐ Yes What Country? a - American Indian, k, White, etc. WHITE usiness/Industry MEATS e) Stete, Zip Code) City or Town, Stete DRE, MD									
Married orced edent's Edighest gre 12) OFMEI: tionship (idel, Last) MEIST (Specific actions)	INUE 12. Wes Decedent I Armed Forces? 12. Wes Decedent I Armed Forces? 12. Wes College I Pes, Give Year or Dates W ducation ede completed) College (1-4or 5 O) CSTER (Type, Print) ER / WIFE Removal from State by) Insee	W II +) 20b. Pla	13. Will 15 16a. Decede (Give ki life. DC TRUC) 19b. Mailing 7947 ca of Disposimetery, creme BDENS C	as Decedent of Page 1, 20 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page	Hispanic Origin? (Joan, Mexican, Pue Specify: pation during most of we did) R 18. Mother's Not MARY It end Number or R AVE RO ace) SEDALE F GACO AVE	ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	LISA John Maiden Surment John City or Town, MD 21237 BALTIMO HOME MD 21237	what Country? a - American Indian, k, White, etc. WHITE usiness/industry MEATS e) Stete, Zip Code) City or Town, Stete DRE, MD									
Married orced edent's Edighest great 12)	12. Wes Decedent I Armed Forces? 12. Wes Decedent I Armed Forces? 12. Wes 2 In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12.	W II +) 20b. Pla	16a. Decede (Give ki life. DC TRUC 19b. Mailing 7947 ca of Disposi netery, creme BDENS 22. I	as Decedent of H Yes, specify Cub Yes, specify Cub Yes, specify Cub Over 200 No ont's Usual Occup ind of work done ONOT use retire ONOT use retire OALROSE OALROSE ition (Name of setory or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	Hispanic Origin? (Joan, Mexican, Pue Specify: pation during most of we did) R 18. Mother's Not MARY It end Number or R AVE RO ace) SEDALE F GACO AVE	ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	LISA John Maiden Surment John City or Town, MD 21237 BALTIMO HOME MD 21237	a - American Indian, k, White, etc. WHITE Isliness/Industry MEATS e) Stete, Zip Code) City or Town, Stete DRE, MD									
Married orced edent's Edighest great 12)	12. Wes Decedent I Armed Forces? 12. Wes Decedent I Armed Forces? 12. Wes 2 In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12. In No. 12.	W II +) 20b. Pla	16a. Decede (Give ki life. DC TRUC 19b. Mailing 7947 ca of Disposi netery, creme BDENS 22. I	Las Decedent of Ingenity of the Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Second of Seco	Hispanic Origin? (Joan, Mexican, Pue Specify: pation during most of we did) R 18. Mother's Not MARY It end Number or R AVE RO ace) SEDALE F GACO AVE	ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	14. Race Blace Specify 16b. Kind of Bu ESSKAY le, Maiden Surnern ber, City or Town, MD 21237 20c. Location - BALTIMO	a - American Indian, k, White, etc. WHITE Isliness/Industry MEATS e) Stete, Zip Code) City or Town, Stete DRE, MD									
orced edent's Eder ighest gree 12) DFMEI tionship (IMEIST) AEIST ar (Seecith	Armed Forces? 12X Yes 2 No Yes, Give Year or Dates W ducation ede completed) College (1-4or 5 No Year) CSTER CType, Print) ER / WIFE Removal from State by Insee	W II +) 20b. Pla	16a. Decede (Give ki life. DC TRUC 19b. Mailing 7947 ca of Disposi netery, creme BDENS 22. I	ont's Usual Occupind of work done O NOT use retire CK DRIVE Address (Street DALROSE ition (Neme of eatory or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	pation during most of we during most of we during most of we defend the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	Specify 16b. Kind of Bu ESSKAY le, Maiden Surnem ber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	white, etc. WHITE usiness/industry MEATS e) Stere, Zip Code) City or Town, Stete DRE, MD									
orced edent's Eder ighest gree 12) DFMEI tionship (IMEIST) AEIST ar (Seecith	In Yes, Give Year or Dates W ducation ede completed) College (1-4or 5 O) STER Type, Print) ER / WIFE Removal from State fy) In see	W 11 +) 20b. Pla	16a. Decede (Give ki life. DC TRUC 19b. Mailing 7947 ca of Disposi netery, creme BDENS 22. I	ont's Usual Occupind of work done O NOT use retire CK DRIVE Address (Street DALROSE ition (Neme of eatory or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	pation during most of we during most of we during most of we defend the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	Specify 16b. Kind of Bu ESSKAY le, Maiden Surnem ber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	WHITE islness/Industry MEATS e) Stete, Zip Code) City or Town, Stete DRE, MD									
edent's Ederative designest great (12) OFMET (15) MEIST (15) MEIST (15) OFMET (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) MEIST (15) ME	Year or DatesW ducation ede completed) College (1-4or 5 0) STER (Type, Print) ER / WIFE Removal from State (b) nsee	W 11 +) 20b. Pla	19b. Mailing 7947 ca of Disposimetery, creme BDENS C	Address (Street DALROSE ition (Neme of etory or other pla DF FAITH Name and Addre CVACH/RO	18. Mother's Not MARY It end Number or F AVE RO ace) SEDALE F ACO AVE	Ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	ESSKAY le, Maiden Surnem lber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	while isiness/industry MEATS e) Stete, Zip Code) City or Town, Stete DRE, MD									
ighest gre 12) Iddle, Last) PFMEI: tionship (1) IEISTI tion 3 □	College (1-4or 5	20b. Pla cer GAF	19b. Mailing 7947 ca of Disposimetery, creme BDENS C	Address (Street DALROSE ition (Neme of etory or other pla DF FAITH Name and Addre CVACH/RO	18. Mother's Not MARY It end Number or F AVE RO ace) SEDALE F ACO AVE	Ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	ESSKAY le, Maiden Surnem liber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	MEATS e) Stete, Zip Code) City or Town, Stete DRE, MD									
iddle, Last) OFMEI: tionship (identification 3 identification 3 identification 3 identification)	STER (Type, Print) ER / WIFE DRemoval from State by) Insee	20b. Pla cer GAF	19b. Mailing 7947 ca of Disposimetery, creme BDENS C	Address (Street DALROSE ition (Neme of etory or other pla DF FAITH Name and Addre CVACH/RO	18. Mother's Not MARY It end Number or F AVE RO ace) SEDALE F ACO AVE	Ame (First, Middle KOBLER Rurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	ber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	Stere, Zip Code) City or Town, Stete DRE, MD Approxime Interval Be									
DFMEI: tionship (** MEISTI tion 3 □ er (Specif)	STER (Type, Print) ER / WIFE Removal from State (h) Insee	GAF	19b. Mailing 7947 ca of Disposinetery, creme BDENS C	DALROSE DALROSE ition (Name of etory or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	18. Mother's No MARY It end Number or F AVE RO ace) ess of Facility SEDALE F ACO AVE	KOBLER Gurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	ber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	Stere, Zip Code) City or Town, Stete DRE, MD Approxime Interval Be									
DFMEI: tionship (** MEISTI tion 3 □ er (Specif)	STER (Type, Print) ER / WIFE DRemoval from State by) Insee	GAF	7947 ca of Disposinetery, creme BDENS C	DALROSE ition (Neme of etery or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	MARY t end Number or F AVE RO ace) ess of Facility SEDALE F ACO AVE	KOBLER Gurel Route Num SEDALE, Date 1/13/98 UNERAL BALTO,	ber, City or Town, MD 21237 20c. Location - BALTIMO HOME MD 21237	Stete, Zip Code) City or Town, Stete ORE, MD Approxime Interval Be									
tionship (in tionship (in tion 3 are (Specify vice cen	Type, Print) ER / WIFE Removal from State fy) nsee aplications that caused one cause on each line	GAF	7947 ca of Disposinetery, creme BDENS C	DALROSE ition (Neme of etery or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	AVE RO	SEDALE, Date 1/13/98 UNERAL BALTO,	MD 21237 20c. Location - BALTIMO HOME MD 21237	City or Town, Stete ORE, MD Approxime Interval Be									
MEISTI	Removal from State (fy) Insee	GAF	7947 ca of Disposinetery, creme BDENS C	DALROSE ition (Neme of etery or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	AVE RO	Date 1/13/98 UNERAL BALTO,	MD 21237 20c. Location - BALTIMO HOME MD 21237	City or Town, Stete ORE, MD Approxime Interval Be									
tion 3 er (Specif)	Removal from State fy) nsee applications that caused one cause on each lin	GAF	ca of Disposi metery, creme DENS C	ition (Neme of etory or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	ess of Facility ISEDALE FACO AVE	Date 1/13/98 UNERAL I BALTO,	BALTIMO HOME MD 21237	City or Town, State ORE, MD Approximating Interval Be									
vice Licen	nsee aplications that caused one cause on each lin	GAF	DENS C	etory or other pla DF FAITH Name and Addre CVACH/RO 211 CHES	ess of Facility SEDALE F SACO AVE	1/13/98 UNERAL I BALTO,	BALTIMO HOME MD 21237	PRE, MD									
vice Coen	nplications that caused one cause on each lin		22. I	Name and Addre CVACH/RO 211 CHES	ess of Facility SEDALE F ACO AVE	UNERAL I BALTO,	HOME MD 21237	Approxime									
5	aplications that caused one cause on each lin	the death.	12	CVACH/RO 211 CHES	SEDALE F	BALTO,	MD 21237	Approxime Interval Be									
e, or com List only		the death.	1					Approxime Interval Be									
e, or comp List only		the death. le.	Do not enter	r the mode of dyl	ing, such as cardi	ac of respiratory	arrest,	Interval Be									
	Arrhv			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Dea													
	Arrhy	Immediate Ceuse (Final disease or condition Arrhythmia															
	disease or condition ATTNYTNMLA resulting in death) ATTNYTNMLA																
Due to (or es e consequence of): Coronary artery disease Due to (or as e consequence of): Coronary artery disease Due to (or as e consequence of): Coronary artery disease Due to (or as e consequence of): The consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequ																	
			15 year														
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Due to (or as a consequence of):																	
									-	d							
															l car Di	44/4/0	
ditions co	contributing to death bu	not result	ing in the und	perrying cause gi	iven in Part I.			atribute to the cause									
heart	t failure,	diab	etes m	ellitus		- 1	Yes 2 No	3 Probably 4									
							is an autopsy	24b. Were autopsy									
al fa	ailure, hy	perte	nsion			per	formed?	available prior completion of of deeth?									
						10	Yes 2 No	1□Yes 2□									
dical					26 Place of D			10165 20									
Ulcai	Hospitel:	-1 205	D/Outpationt	all DOA Of	ther:			or (Coocibil									
				3LI DON	4 LI Nuising	7											
ending restination		Year)	Injury														
ould not be	On Dian of lak	urv - At hon	ne. farm. stree	et, factory, office		28f. Location	(Street and Numb	er or Rurel Route Nur									
27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homloide 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No 28c. Diacribe how injury occ Work? 1 Yes 2 No 28d. Describe how injury occ Injury at Work? 28d. Describe how injury occ Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Work? 28d. Describe how injury occ Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Injury at Yes Inju																	
tifying Phylical Evan	nysician: To the best of	of my knowl	ledge, deeth o	occurred at the ti	ime, date and place	ce, and due to th	e ceuse(s) end me	enner as steted.									
and manner stated.																	
rtifier																	
	1 (days			KD 2.	111		January	9, 1998									
	y y		22a) (Time D	30. Name and address of person wife completed ceuse of death (Item 23e) (Type, Print)													
rson wife	completed ceuse of de						cyland 21	.237									
rson wife	completed ceuse of de			are Dri	ve Balti	more Mai	yrand 21										
e de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de la constituit de l	restigation and between the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the mined of the min	Hospitel: 1 Inpatie 28a. Date of Inju (Month, De) 28e. Placa of Inju building, etc 1tying Physician: To the bast of and manner ste	Hospitel: 1 Inpatient 2 E 28a. Date of Injury (Month, Dey Year) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, etc. (Specify) 2 28e. Placa of Injury - At hon building, et	Hospitel: 12 Inpatient 2 EP/Outpatient and Inguing restigation and not be termined 28e. Placa of Injury - At home, farm, strebuilding, etc. (Specify) Ifying Physician: To the best of my knowledge, deeth ical Examiner: On the basis of examination and/or liverand manner stated.	Hospitel: 1 Ainpatient 2 ER/Outpatient 3 DOA or Injury (Month, Dey Year) 28b. Time of Injury M 28c. Injury M 1 Elemined 28e. Place of Injury - At home, farm, street, factory, office building, efc. (Specify) Ifying Physician: To the best of my knowledge, deeth occurred at the ical Examiner: On the basis of examination and/or investigation, in my and manner stated. 29c. Licen RD 2 son wife completed ceuse of deeth (Item 23e) (Type, Print)	Hospitel: 1 Inpatient 2 FR/Outpatient 3 DOA Other: 4 Nursing 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Ifying Physician: To the basis of my knowledge, deeth occurred at the time, date and placical Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at manner stated. 29c. License number RD 2111	Hospitel: Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Re	Hospitel: Minpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other Nursing Home State Nursing Home Nursin									

DHMH 16 Rev 6/95



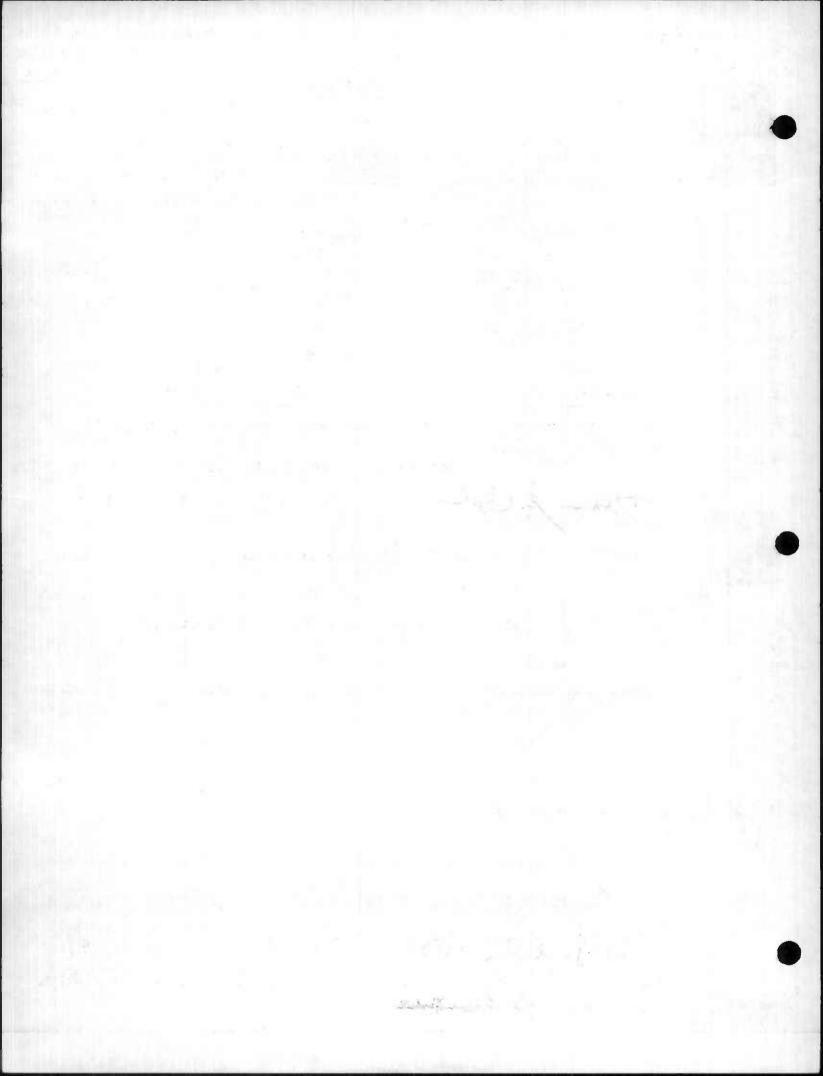
В.	K.S		1 lease		- dese		nt of Health		Lluais	SO C	000	282	
	NOLD J				ryland	•	nt of Health			20	UU	106	
Ite	ms:23a p	art	I,II,27 per MEO G-756			Certifica	te of Death		Reg of Death	. No.		3. Time of Der	n th
п	Physici	an	Decedent's Name (First, Middle, Las	1				Mon		Day	Year	0834	
	/Medic	al	Hypolo	<i>d</i>		0	ones	JA		5, 1998		0034	LAT.I
	Examir	er	4a Facility Name (If not institution, give 911 LEADENHALL S	street and number) TREET APT	.#205	,		own, or Location of LTIMORE	Death	4c. County	Death	,	
							ler 1 Year If Under	2.5	of Dieth	/Y	H	and Chata as Fo	
	Funeral		5. Social Security Number 6. Social Security Number 1.	ex M 2□F	(In yrs. las	Yrs. Month		Min. (Mon	of Birth			aca (State or Fo	reign
	Director		315-40-3457 Usual Residence of Decedent		00			6	- 13-	44	Mar	yland	
	ahow de		10a. State 10b. County		10c. City,	Town or Location					10	d. Inside City L	imits
	Man y	to	Marshad N/	A	F	Baltimo	100					1X(Yes 20] No
	288	9	10e. Street and Number				Zip Code		100	. Citizen of W	√hat Count	ry?	
	me 23a or 28a-f ahow	0	GII FADEN	HAIL ST	ree	7	2123	0		115	A		
	ours aner deam with the maryer al', or Nems 23s or 28s-f shot Example: mast be notified a	by Funeral Director	11. Marital Status	12. Was Decedent E		13. Was Dec	edent of Hispanic Or	Igin? (Specify Yes	or No-		- America		
0	or He	3	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 No	0		pecify Cuban, Mexice 2 No Specify		10.)		k, White, e		
02	and and	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 Tes	ZJENO Specify			Specify:	DI	ACK	
aryland 21215-0020	"natural", or fid	Be Completed	15. Decedent's Ed (Specify only highest gra-			16e. Decedent's Us	sual Occupation work done during mos use retired)	st of working	16	Sb. Kind of Bu	stness/Ind	ustry	
2	Hygiena. ther than "	du	Elementary/Secondary (0-12)	College (1-4or 5-	+)	life. DO NOT	use retired)			2 .11	A 648	1 -	
7	Hygiena ther thai	S	12 Satharda Nama (Sinat Middle 1 and	NIA		Cus	lodiar	ner's Neme (First, I	Aidelle Mr	DUI/dii		gincen	ana
and	over it of it	Be	17. Father's Name (First, Middle, Last)	1			18. Moth	e s Neme (First, 1	1		2/		
2	markad c	70	Orlando U.	Vones		AGE MARINE Address	ess (Street and Numb	Inor		191ns	Ctata Zia	Codel	
	4 0 2 2		19e. Informant's Name/Relationship (7		THO	Out.	1-111-	TAPTA		Pr. H			2 3 .
0 .	r Health tam 27 other to		20a. Method of Disposition	nes-MoTi	20b. Plac	ce of Disposition (A	lame of	Date		oc. Location -		MD, Zi	2.70
more,	6 = 5		1 Burial 2 □ Cremation 3 □		cem	netery, crematory o	r other place)	ma 1-10-9	10				7
-			4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Licen		MI	CALVAY	y Cemeta and Address of Facil	9		TIEN	Durr	nie, Mi	ν,
Ba	Depart Importu any inj		21. Signature of Furieral Service Licen) / 14	1	22. Ivanie		· Unin		70		Home	-
			Joseph K.	Valley	Du	, 108		T, AVE.			MP		1
			23a. P. rt. Enter the disease, or comp h.ck, or heart faiture. List only	olications that caused tone cause on each line	the death. e.	Do not enter the m	ode of dying, such as	s cardiac or respira	atory arres	1,		Approximate Intervat Betwee Onset and Dea	en
	hysician /Medical		Immediate Course (Final									Oriset and Dea	1011
	xaminer		Immediate Cause (Final disease or condition resulting In deeth)	a. HYPERTENS	IVE_AR	TERIOSCLERO	TIC CARDIOVA	ASCULAR_DIS	EASE				
	121.18	-			Due to (or a	as a consequence of	of):						
1	E E)	Examiner		b			0				-		
	95	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		DUE TO (OF 8	as a consequence o	r):						
997	Mag	cai	Cause (Disease or injury that Initiated events	C	lue to (or a	is a consequenca o	6).				-		
89	46	edi	resulting in death) Last		out to tor a	is a consequenca o	.,.						
Вох	ine law requires that the obsain certifies that been signed by the attending phypage 2 should be detached for use es in	Completed by Physician/Med		d							-		
00	e atte	icla	Part II. Other significant conditions of	ontributing to death bu	t not result	ing In the underlying	cause given in Part	1. 23	b. Did tob	acco use cor	ntributa to	the cause of d	Jeath?
P.O.	by th	hys							1 Yes	2 □ No	3 Prob	ebly 4 Uni	known
6	be de	y P	CIRRHOSIS OF THE LI	VER									
ğ	been sig should b	Pa						246	. Wes an		24b. We	ere autopsy findi ailable prior to	ings
O O	s been 2 shoul	plet							portorni		con	mpletion of ceus death?	5 0
ž į	ta has	Eo							1 Yes	2 No	1[Yes 2 No	,
a	certificata	BeC	25. Wes case referred to medical				26. Pted	e of Death (Check	only one)			
> 3	s cell	ToE	examiner? X⊠ Yes 2□ No	Hospital: 1 Inpatier	t 2 El	R/Outpatient 3	DOA Other: 4 N	Jursing Home 5	Mesiden	ca 6 □Oth	er (Specify)	
0	Attending Proyscian: or death. ector: After this certific by the funaral director,		27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day	Year) 2	8b. Time of Injury	28c. tnjury et Work?	28d. De	scribe hov	v Injury occurr	ed		
Ö i	w: Af	atic	2 ☐ Accident investigation	1		М	1 Yes 2]No					
Division of Vital Records,	or Attance efter deetl Director: 3 in by the	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Inju- building, etc.	ry - At hom (Specify)	ne, farm, street, fact	ory, office	28f. Loc City	ation (Stre	et and Numb State)	er or Rurai	l Route Number	Γ.
	e le le le le le le le le le le le le le												
	t hourself	edical	(Check only 2V) Wedical Exam	ysician: To the best of niner: On the basis of									
4	to the inspiration standard projection: the within 24 hours effect deeth. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Med	one) 2122	and manner stat									
F	1 × 0 0	=	29b. Signature and litle of certifier	11.			O.C.M.E			d. Date signed JAN . 7			
	_/		1 people	U. Rial-	2		0,0,11,1						
	X			completed caused de			oot Palt	imoro M-	7777	nd 212	01		
	U		THUBORE Miking	00 84			eet, Balti	more, Ma	пАта	KI Z120) T		
	Sta	_	31. Date filed (Month, Day, Year)	2 32. Hegistre	Davids	Tandoll.							
	Registi	uı -	JAM T W 199										

Statement - Will begand STATE PARKAGE STREET The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** JOHNSON SAUNDRA 12:05 /Medicai 4e. Facility Name (If not Institution, give street end number, 4b. City, Town, or Location of Deeth Examiner Good Samaritan Hospital Baltimore if Under 24 Hrs. 8. Dete of Birth (Month, Dey, April If Under 1 Year 5. Sociei Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1□ M 2 F Months Days $19^{(46)}, 1946$ 51 Yrs. Director 215-22-1500 Maryland Usuel Residence of Decedent 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits Nem 27 is marked other then "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be not not at Director 1∰Yes 2☐No Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21244 #10 Hanna Court U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. filed within 72 hours efter Hygiene. Never Merried 2 Married 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced Black Completed 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/industry Elementary/Secondery (0-12) Coilege (1-4or 5+) N/A Disabled N/A 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 should be f and Mental I 2 Clarence Callen Ruby Johnson 19e, informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 st Depertment of Health and Important: If Item 27 is m any Injury or other traum Ruby J.Rice-Mother #10 Hanna Court Baltimore, Md. 21244

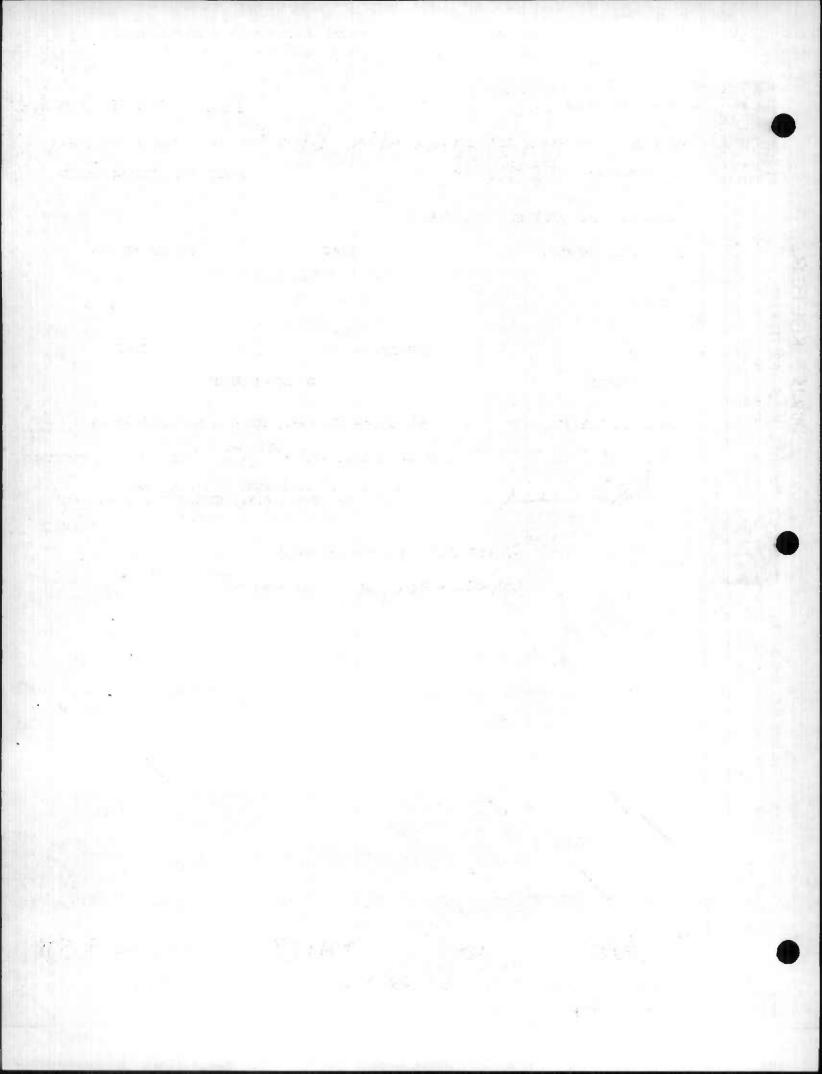
Dete 20c. Location - City or Town, Stete 20e. Method of Disposition
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest Vet.1/12/98 Owings, Mills Md. 22. Name end Address of Fecility CAPLE FUNERAL SERVICE 5502 WINNER AVE BALTIMORE, Md. 21215 officetions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, one cause on each line. Approximete Intervai Between Onset end Death **Physician** /Medical immediate Ceuse (Finel diseese or condition resulting in deeth) · INTRAOPERATIVE COMPLICATIONS 30 MIN Examiner Due to (or es e consequence of): Examiner HEPATIC LOBERTOMY
Due to (or es a consequenca of): attending physician end for use as the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last HEPATIC LORE (5) Box 68760. MASSIVE NEOPLASM certificate be Physician/Medical Due to (or es e consequence of) Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tohecco use contribute to the cause of death? Records, P.O. signed by t 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings avellable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 s 1 Yes 25 No of Vital 25. Was case referred to medical examiner? Be 26. Piece of Deeth (Check only one) 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 Certification 27. Manner of Deeth 1 2 Naturei 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Division 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, offica building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 5 24 hours Funerel Hospital 12 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the I 29b. Signeture end title of conflict 29c. License number 29d. Dete signed (Month, Dey, Year) ho completed cause of deeth (Item 23e) (Type, Print) 6000 SAMARITAN MD

State Registrar 31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

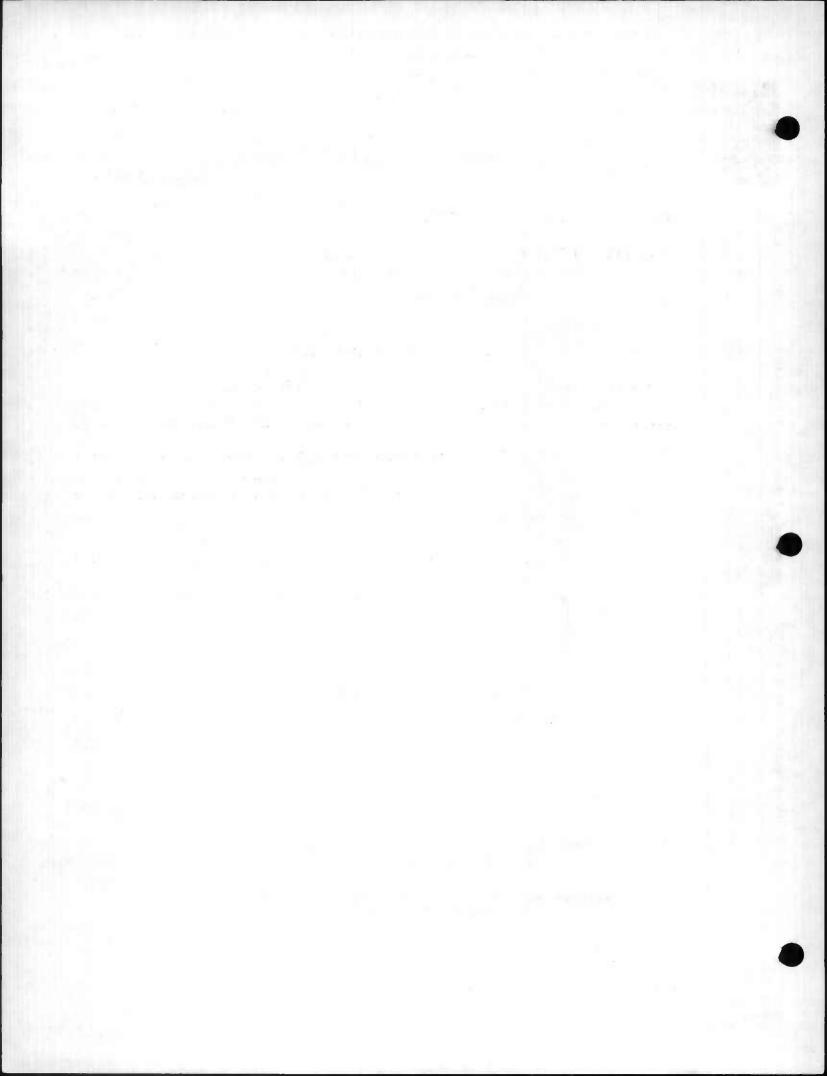
			27.5%				(Certific	cate of	Death		Reg. No.	U	1304		
	Physici	an	Decedent's Name (First, Middl)						2. Date of D	eeth Day	. Xeer	3. Time of D	eath	
	/Medic		DORIS I. KEEFE	R							Janua		1948	11:05	RM)	
	Examir		4a. Facility Neme (If not institution	n, give	street end nun	nber)		1 -	1.59	4b. City, Town, or I	Location of Dea	th 4c. Cour	nty of Death			
			North Arundel	Ho	spital	1 106 1	Hospi	ital]	DR	Glen B	ginne	An	ve Ar	leburg		
	Funeral		5. Social Security Number	6. Se	M 2 N F	7. Age (In yrs		Moi	Inder 1 Yeer		8. Date of Bi (Month, D	rth ev. Year)	9. Birthi	place (Stete or	oreign	
	irector		212-09-8243	10	1M 5671	78	Y	rs.			APRIL 29, 1919 MARYLAND					
5	*		Usuel Residence of Decedent 10a. State 10b. County			100.0	ih Tour	or Location					T.	1011-11-01	4.1	
ary.	sho M M	-		ADE	MDET			or Location	1					10d. inside City 1 ☐ Yes 2		
2	or 28a-f show	ecto	MARYLAND ANNE	ARC	MDEL	SE	VERN								123 IAO	
N III	- 44	ral Director	10e. Street and Number 585 DONALDSON A						f. Zip Code 21144			10g. Citizen o				
W 8	or items 23e	Funeral	11. Maritel Status		 Was Dece Armed For 	deni Ever in l ces?	U,S.	13. Wes D	Decedent of I specify Cut	Hispenic Origin? (Span, Mexican, Puert	pecify Yes or No o Rican, etc.)	o- 14. R	ace - Americ			
15-0020		by F	1 Never Married 2 Marr		1 Tes If Yes, Give	9			es 2 No			Spec	oihe			
Z1215-0020	stural, cel Exi		3 ☑ Widowed 4 ☐ Divorced		Year or Da	ites:							WH.	ITE		
(元) 成 元	ration of the	Completed	15. Decaden (Specify only highes	t's Edu st grad	cation e co <i>mpleted)</i>		16a. D	Decedent's Give kind o	Usuel Occu of work done	pation during most of wor ed)	king	18b. Kind of	Business/In	dustry		
X 50 mg	the M	a m	Elementary/Secondary (0-12)		Cotlege (1	-4or 5+)		MEMAK		9d)		OWN	HOME			
D 0	m, m	ပိ	8 17. Father's Name (First, Middle,	(act)			1101	TILL III II		40 Mathada Nasa	an /Final Adiabate					
	D A	Be	IRA PUMPHREY	Last						18. Mother's Nan GOLDIE		s, Meiden Sum	eme)			
R.15 arylan	marked other marked other imatic event,	2		_												
O WE N	6 2.0		19a, Informent's Neme/Reletions							t end Number or Ru						
0 - 5	Baltimore, N permit. Pages 1 and Caparitiment of Health important: if Hear 27 any Injury or other tr once.		DAVID F. KEEFE	CR /	SON	0.01				N AVE., SI						
0 83			20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion	3 □ P	lemovei from S		cemetery,	Disposition , cremetory	or other ple	eca) JAN	UARY 14	20c. Location	n - City or To	own, State		
E 4			4 □ Denetion 5 □ Other (S)			GI	LEN H	AVEN	MEM.	DV.	1998		BURNIE	, MARYL	AND	
Sall Sall			21. Signature of Funival Service	Licens	. 0			22. Nam	ne end Addre	ess of Facility UDDICK FU	MEDAT L	OME D	7\			
m 83			1 /ch o/c	ىد						HWY., S.				21061		
			23a. Part1. Enter the disease, or shock, or heart failure. List	compli	cations that ca	used the dea	ath. Do no							Approximate		
	ysician			o, o.		or mio.							1	Interval Betwe Onset and Dea	ath	
	ledical		Immediate Ceuse (Finel disease or condition		BAC	TERU AT	1	ENO	OLAN	201715						
EX	aminer		Immediate Ceuse (Finel disease or condition resulting in deeth) BACTERIAL ENSOLATEDITIS Due to (or es a consequence of): Due to (or es a consequence of):													
D	41	ine			CERE	\$520.	V ASC	LUIA	2	Acus	ENJ					
D, executed	/ Fig.	Examine	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Inlight)													
0, %	THE !															
68760,	18 4	Medical	thet initiated events resulting in deeth) Last Due to (or es a consequence of):													
diffic	ng phy as th	Med														
Box eath ce	attendir for use					1.							1			
dea	ed fo	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							ven in Part I.	23b. Did tobacco use contribute to the cause of g					
O. et a	igned by the a	hy			13						10	Yes 2□ No	3 □ Pro	bably 4 Un	kríown	
S the	p ed	by														
ord quire	W 0										24e. Was	an eutopsy ormed?	24b. W	ere autopsy find eilable prior to	sgnit	
00 8	s been 2 shoul	piet									pon	omiou i	00	mpletion of cau deeth?	50	
A 5	page 2	Completed									10	Yes 2 No		JYes 2□No	0	
in ta	certificate rector, pag		25. Was case referred to medical			/				OC Place of Dag				1165 20140		
Division of Vital Records, P.O. Box 6876(or Attending Physician: The law requires that the death certificate be	s certific director,	o Be	exeminer?	F	lospital:	patient 2	☐ ER/Outp	nations of	DOA Ot	26. Plece of Dee	ome 5 Res		What /Case!	6.1		
Of Phy	5 6	T. To	27. Menger of Deeth		28e. Date o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28b. Tin	ne of	28c. inju Wo	4 LI Nursing H		how injury occ		y/		
O ding	After	tior	Naturel 5 Pendin		(Month	, Day Year)		ury M		ork?]Yes 2□No		,,,,				
isio	ctor:	Certification:	3 Suicide 6 Could r	not be	28e. Placa	of Injury - At I	home farm	n street fa			28f. Location	Street and Nur	mber or Ruri	al Route Numbe	ır.	
S S	Dire	erti	4 ☐ HomicIde determ	inea	buildin	g, etc. (Speci	ify)	, 5,1001, 10	otory, omoo			wn, Stete)			,	
pital	filled	Ö	29a. Certifler D Certifyin	o Dhu	delen. To the l	nest of musica	audadaa .	danth accura						A-A- d		
DIV To the Hospital or within 24 hours whe	To the Funeral Director: completely filled in by the	edical		g enya Examin	ner: On the bea	sis of exemin	etion end/	or investiga	ation, In my	ime, dete and place, opinion, deeth occu	red at the time,	dete and place	e, end due to	teted. o fhe ceuse(s)		
the	the	Mec	29b. Signeture and fittle of certifier		eno mann	or SidleU.			29c. Licens	se number		29d. Dete sig	ned /Month	Day Year)		
F 3	100		A A						C 1.			-		0 0-	01	
			Bertin			MD			24	3911		January 9 A98 ms. 21061.				
1	1)		30 Name end address of person	who co	mpleted cause	of deeth (Ite	em 23e) (T	ype, Print)		- 0 -			1			
	V		Cypila Operun	n.	301 1	0381h	w d	Market	. 40	EN Bush	R. W	1210	61.			
	Sta	te	31. Dete filed (Month, Day, Year)	E .	32. Fle	gistrar's Sign	neture	00	*							



State of Maryland / Department of Health and Mental Hygiene 8 00385

							Ce	rtificat	e of	Death			Reg. No	0.	00		00
Dhusist		1. Decedent's Name (First, Mic	dia, Las	t)				1/00				2. Date of D			Year	3. Tir	me of Death
Physicia /Medic	_	JACK		1+				KRA	ME	R		JANUA		10	1998	3	100An
Examin		4a. Fecility Name (If not institut										ocation of Dea	ith 4c	c. County	of Death		
			NS	BAYVI	IEW +	tospi	TAL	Harris Control		BALT							
Funeral Director		5. Sociel Security Number 217–22–3255	6. Se	x X M 2□ F	7. Age (In 7]		rthday) Yrs.	If Under Months	Days		Min.	6-19-1	irth Ba <i>y, Year</i> 1 926)			tate or Foreign
pu .		Usual Residence of Decedent 10e. State 10b. Coun	hr		100	City, Tow	m or Le	nostion								Od Inci	de Oite Limite
a or 28a-f show	ctor	MD	n/	a		Balti											de City Limits Yes 2 No
23a or 2	Funeral Director	253 S. Clintor	St	reet				10f. Zip	Code 1224	1				itizen of V JSA	What Cour	itry?	
0 5	by Funer	11. Marital Status 1 Never Married 2 Mi 3 Widowed 4 Divorce		12. Was Dec Armed F 1 2 Yes If Yes, G Yeer or I	orces? (C 2 No ive	in U,S. D- [Q44 } - [946	t			Hispanic Ori en, Mexican Specify:		ecify Yes or N Rican, etc.)	10-	ck, White,	American Indian, White, etc. White		
netural',		15. Deced	ent's Edi	ucetion		16a	Dace	dant's Usu	al Occup	pation			16b. F	Kind of Bu	usiness/îne	dustry	
than .	Completed	(Specify only high Elementary/Secondary (0-12 12th	-) (1-4or 5+)	Ac	life.	kind of wo DO NOT us unt E	se retire		t of work	ing	Bea	uty	Salo	ns F	Etc.
d off	Be	17. Father's Nama (First, Middle Henry A. Kra										e (First, Middi	e, Maidei	n Sumam	10)		
markad markad matic a	2	19a. tnformant's Name/Relatio		ima Brintl C	istor	104	A A will	an Address	/Ctra			al Route Num	has City	or Tour	Cinto Tio	Codel	
27 is m		Doris George	isinb (1)	ype, rimi) 🝮.	ISCEL			-				1timor					16
oth oth		20a. Method of Disposition 120 Burial 2 Cremation			State C	b. Place o	f Dispo	osition (Nar	ne of ther pla			Date /15/98	20c. L	ocation -	City or To	own, Sta	nte
rtant		4 Donation 5 Other													e, Mar	-	
Department of Important: If any injury or once.		21. Signature of Funeral Service	e Licens	Janne	no	1	2	63 S.	Cor	nkling	St.	Balti	. Zar more	mino e, Ma	jr. Tyla	Fur nd 2	neralHM 21224
ysician		23a. Part Enter the disease, shoot, or heart failure. Li	or comp	cations that na causa on	caused the aach line.	eath. Do	not an	ter tha mod	la of dyi	ng, such as	cardiac	or respiratory	arrest,			Intarva	ximate at Batween and Death
Medical aminer		tmmediata Cause (Final disease or condition resulting in daath)		a AR	RHY	THI	Mi	A								41	125
	5					. 711-212		quance of):							1		
Insit	듄			b. COR	ONA			ERY	_D	ISEA	56					12-1	15 YRS
in and	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying																
										1							
. <u>⊆</u> ø	d.																
ned by the ettendi									d tobacci	o use co	ntribute to	o the ca	use of death?				
ed by	F.	AlcoHOLic						10	Yes :	2 No	3 Pro	bably	4 Unknow				
should be date	ed by								-			24a. Wa	s an auto	opsy	24b. W	are auto	opsy findings
e 2 sho	nplet								_	_		per	ioimea r		CO		n of cause
director, pege 2	ဝီ											1	Yes 2	No	10	Yes	20 No
ector	Be	25. Was case referred to medic examiner?		Hospital:					0		of Deat	n (Check only	ona)				
a d	2	1 Yes 2 No 27. Mannar of Death		1 (2)		2 ER/O	tpatier Tima o		JA			me 5 Res 28d. Describe				y)	
After fune	tion	1⊠Naturat 5 □ Pend		(Mor	of tnjury oth, Day Yea	r) 200.	injury	M	8c. tnju Wo			Zou. Describe	now my	ary occur	160		
ofter deal	Certification:	2 Accident 3 Sulcide 4 Homicide 2 Accident 3 Sulcide 4 Homicide 2 Se. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural City or Town, State)										al Route	Number,				
within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edical Ce	(Check only 2 Medica		ner: On the b	asis of exan							and due to the					use(s)
mple in	S E	one) 29b. Signature and title of certif	ior	and man	ner steted.			290	Licen	se number		Т	29d Dr	ate sinne	d (Month,	Day V	ner)
≥ ± 8			_	· hi	0				-		20						
.,)	-	att	5	1,00					NE	5 00			JIM	JUHN	24 10	211	777
XI	- 1	30. Nama and address of parso			se of death ((Item 23a)	(Туре,	Print)					2			- ^ -	1211
) '			IZA		, 50	HINZ	th	SPKIM	JS E	SAYVI	EW	HOSP.,	Dep	1 Of	- ME	: DIC	ING
Stat Registra	_	31. Data filed (Month, Day, Yea		198 32. 1	Ragil tray's S	Davidso	n-4	andell	•								
- ricgioti a		AULIA			7		-	0									

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent'a Name (First, Middla, Last) 2. Date of Death Month Murtle Kenda **JANUARY** 8, 1998 16:39 PM 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death THE JOHNS HOPKINS HOSPITAL Baltimore If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Age (in yrs. last birthday) Birthpiace (Stata or Foreign Country) Months Deys 1 □ M 2X F 83 Yrs. North Carolina 213-03-9443 May 6, 1914 Usual Residence of Dacedent 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Sussex Lincoln Delaware 10f. Zip Code 10g. Citizen of What Country? 19960 United States Lot 4 Ed's Trailer Park 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Datas: 1 □ Never Married 2 □ Married 1 ☐ Yes 2 XNo Specify: White 3 ₩ Widowed 4 Divorced Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Surnama) Carroll C. Clark Myrtle Rice Ester 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Relationship (Type, Print) 206 Commerce Street Harrington, DE 19952 Mr. Douglas Kendall Son 20a. Method of Disposition 20b. Piece of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stete 1 ☐ Burial 2 X Cremetion 3 ☐ Removal from State 4 □ Donetion 5 □ Other (Specify) Hilltop Service Corp. 1/12/98 Towson, Maryland 21. Signature of Funeral Service Licensee Timothy S. Harman 22. Name and Address of Facility Leonard J. Ruck, Inc. Funeral Home 23a. Part1. Enter the disease for complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Ust only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Finel disease or condition resulting in death) 4 days Sequentially list conditions, if any, laading to immediate ceusa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consaquence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Failure Renal 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2N No 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

Director

Funeral

by

Completed

Be

Funeral

Director

item 27 is marked other than "natural", or items 23s or 28s4 show other traumatic event, the Mou cal Examiner must be notified at

the Maryland

death with

filed within 72 hours after or Hygiena.

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiens. Important: if item 27 is merked other than any injury or other traumetre.

Baltimore, Maryland 21215-0020

Examiner attending physician Physician/Medical the signed by ò Completed peen has

Be

P

Certification:

Medical

27. Manner of Deeth

2 Accident

4 Homicide

(Check only one)

29b. Signature and title of certifier

31. Date filed (Month, Day, Yaar)

1 Natural

3 ☐ Suicide

29a. Certifier

5 Panding Investigation

6 Could not be detarmined

certificate

Box 68760. Records, P.O. Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completaly filled in by the funeral director.

State

Registrar

medical House staff

28a. Date of injury (Month, Day Year)

29c. License number RES-000

1 Tyes 2 □ No

28c. Injury at Work?

🛍 Certifying Physician: To tha best of my knowledge, death occurred at the tima, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated.

29d. Date signed (Month, Day, Year)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

28d. Describe how Injury occurred

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Krop MO Ign

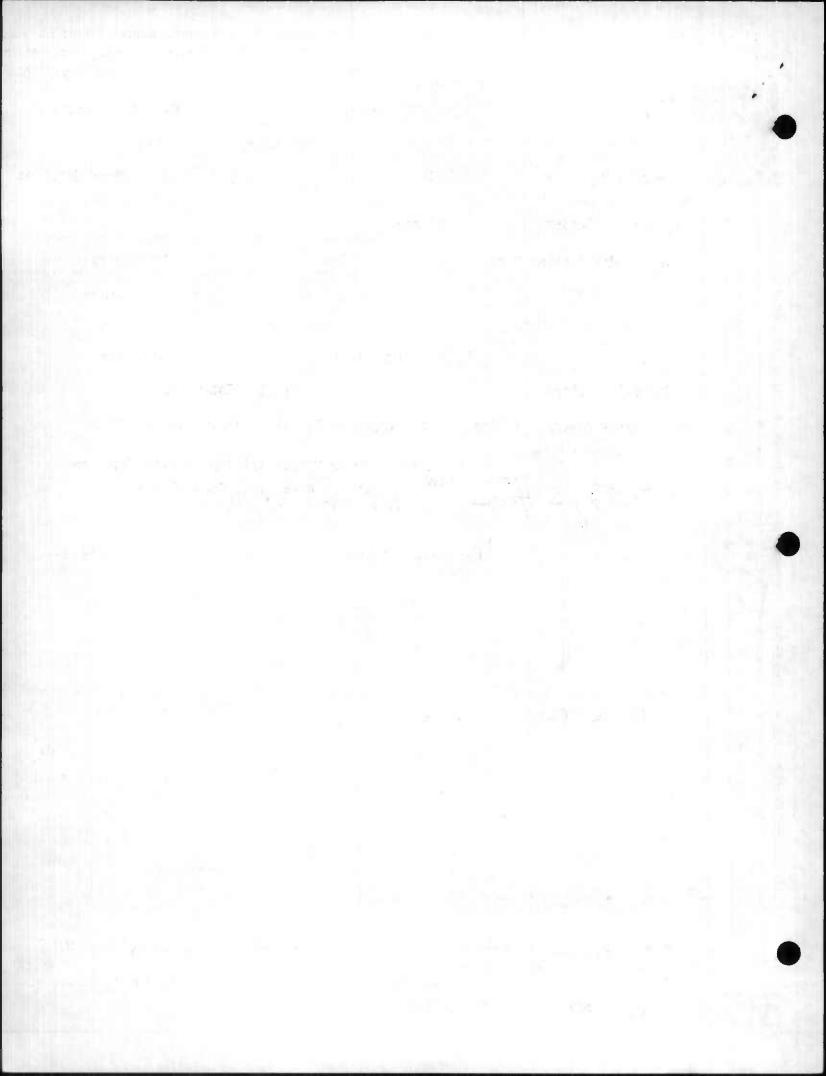
Tower 110 Johns Hopkins Hospital 600 N Wolfe St Baltimore MO

32 Regultar's Signetty Andell

1 Inpatient 2 ER/Outpatient 3 DOA

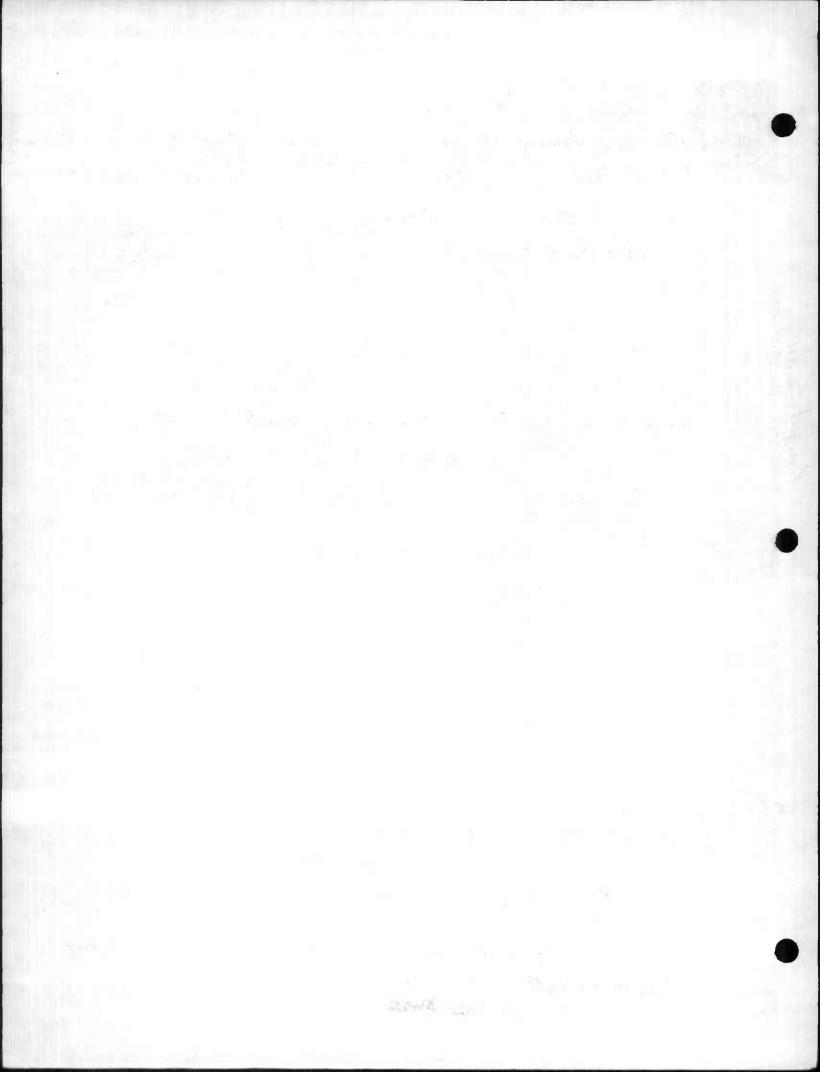
28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b Time of



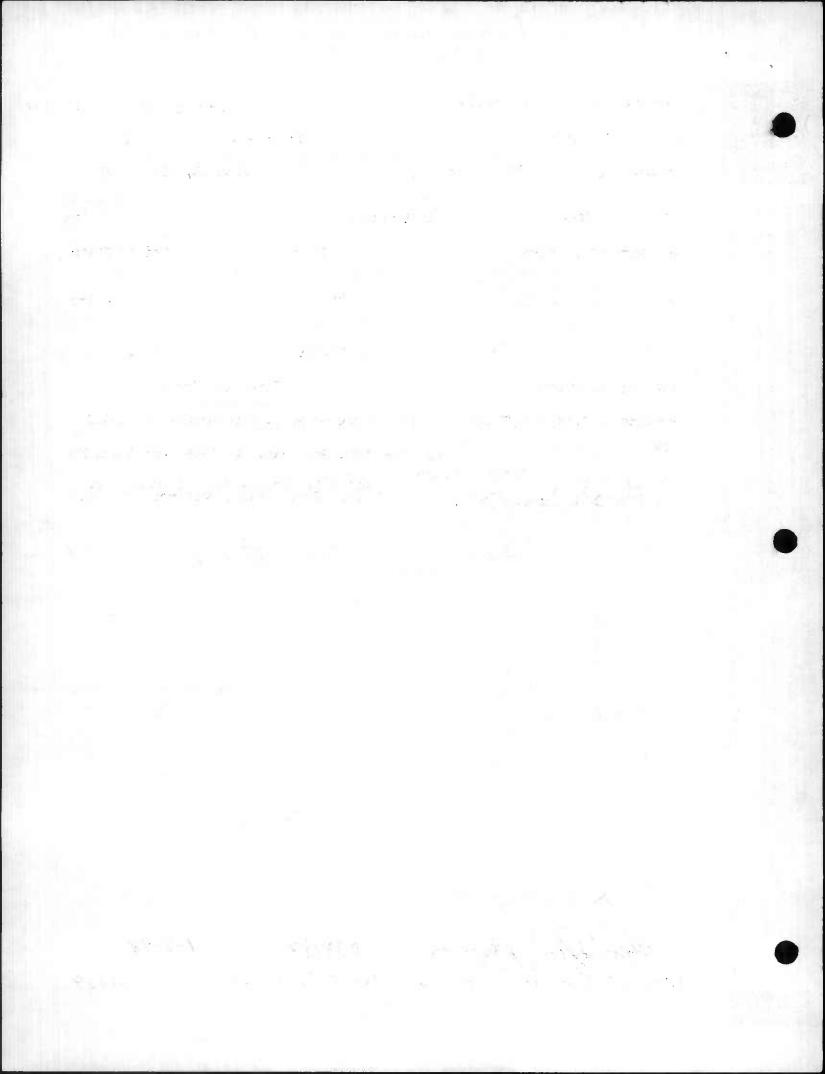
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death **Physician** 179 4b. City, Town, or Location of Death /Medical 4a. Facility Neme (If not Institution, give street and number) 4c. County of Death **Examiner** Himore 40 Baltimore
If Under 24 Hrs. General 5. Social Security Number Sata 6. Sex If Under 1 7. Age (In yrs. last birthday) Funeral 10 M 200F Months 246-30-791 Usual Residence of Decedent Country Yrs. Director the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits If item 27 is marked other than "natural", or itema 23s or 28s-f show or other traumatic event, the Medical Examinar must be inclined as 17 Yas 2 No Director imore, 10e. Street and Number 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with I Deperment of Health and Mental Hygiene. Important: if item 27 is marked other than "netural", or item 23a or any injury or other traumatic available. 1000 NORT more Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, Whita, atc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merital Stetus 17 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2☑No Specify: Black Completed by Specify. 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Sollege (1-4or 5+) Elementary/Secondery (0-12) 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Be 19p. Informant's Name/Relationship (Type, 19b. Mailing Address (Street and Number or Rural Route Number, City or 20b. Place of Disposition cometery cremetory 20e. Method of Disposition Dete 20c. Location - City or Town, State Burial 2 Cremetion 3 Removal from Stete
4 Donation 5 Other (Specify) 3 21. Signature of Pune al Servica Licansee 22. Name and Address of Fecility los val 712 West Nor 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart tellure. List only one cause on each line. Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as e consequence of): Box 68760. Physician/Medical Due to (or as e consequence of): signed by the attending p Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | No Nown þ 24b. Were autopsy findings available prior to completion of cause of death? page 2 should Completed 24e. Wes en eutopsy performed? ete has 1 Yes 26 No 1 ☐ Yes 20 No Be 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certifications To 1 patient 2 ER/Outpatient 3 DOA Hospital or Attending Pt. 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 5 Pending investigation 1 ☐ Yes 2 🗆 No 2 Accident 24 hours after deat Funeral Director 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 ☐ Homicide 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end plece, and due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 29b. Signature and titla of certified 29c. License number 29d. Date signed (Month, Day, Year) 110 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Soiland HZiZ, M.D. Yo Maryland General Hospital 31. Date filed (Month, Day, Year) State Registrar

DHMH 16 Rav 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

cian		Harrie	ne (First, Mid			m i 1 le			31		2. Dete of D	Day		Year	3. Time of Death
ical	1	4e. Facility Neme								b. City, Town, or	January	8, 1	.998	of Deeth	12:15ar
iner	_	Long Green				um <i>ber)</i>			1	Baltin		4G.		N/A	
		5. Sociel Security I 213–14–5	5501	6. Se	х Эм Ж Х F	7. Age (In)	yrs. last birthday) Yrs.	If Under 1 Months	1 Yeer Deys	If Under 24 Hr. Hours Mir		irth Year) 8, 19	21	9. Birthpla Country MD	ice (State or Forei y)
	-	Usuel Residence o 10a. State	10b. Count	nty		10c.	City, Town or Le	ocation						100	d. Inside City Limit
io		MD	N/	Ά			Baltin	nore M	D						15 Nes 2□N
Funeral Director		10e. Street end Nu 614 Mont		r St	reet			10f. Zip (1218				What Countried Sta	•
þ		11. Maritel Status 1 ☐ Never Man XXX Widowed			12. Wes Dec Armed F 1 Tyes If Yes, G Yeer or I	cedent Ever in Forces? 2 No iive Detes:		Was Decede If Yes, specif		ispenic Origin? (n, Mexican, Pue Specify:	Specify Yes or f to Rican, etc.)			e - American k, White, et Wh:	
Completed		(Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification	15. Decede cify only high ondery (0-12)			(1-4or 5+)	(Give	dent's Usuel kind of work DO NOT use	k done d e retired	during most of wo	orking			isiness/Indu	ernment
Be Co		17. Fether's Neme	(First, Middle	e, Last)	14/ 2		ICE	CHEH	WOL		me (First, Midd				eriment
To B		Franklin	n Mars	lett						Eli	zabeth	Krebs	3		
-		19e. Informent's N								and Number or F					
	2	Roberta 20e. Method of Dis		omps	on /Da	20	h Place of Disno	neition (Nem	e of	d Road,	Data	200 10	antina	21060 City or Tow	n Cinto
		Buriel 2 4 ☐ Donetion	□ Cremetion 5 □ Other ((Specify)		Stete G.	cemetery, cre-	en Mem	her pled Pa	e) ark Jan.	10, 19	98 E	Balt	imore	MD MD
any Injury o		21. Signeture of Fi	uneral Service	e Licens) VICO	F P. 10	> 15	Charle Charle 501 Ea	es]	s of Fecility L. Steve Fort Ave	ns Fune nue, Ba	ral H ltimo	lome	, Inc	i230
ı		Immediete Ceuse diseese or condition resulting in deeth)	(Finel	ist only of	ne cause on						tologo			C	Approximate interval Between Onset and Death
edical Examiner		diseese or condition	onditions, mmediate erlying r Injury	{		Due to		quence of):		g, euch es cardie				C	Interval Between Onset and Death
edical Examiner		disease or condition resulting in deeth) Sequentially list confidency, leeding to incause. Enter Under Ceuse (Disease or that initiated event resulting in deeth)	(Finel on on on on on on on on on on on on on	{		Due to	o (or as a consector (or es e consector)	quence of): quence of):	Ta	in O	tiology	P			ntierval Between Onset and Death
edical Examiner		disease or condition resulting in deeth) Sequentially list confidence, leading to incause. Enter Under Ceuse (Disease or that initiated event resulting in deeth) Pert tt. Other eignit	(Finel on on on on on on on on on on on on on	{		Due to	o (or as a consector (or es e consector)	quence of): quence of):	Ta	in O	23b. Di	d tobacco	uoo con	ntribute to t	Interval Between Onset and Death
edical Examiner		disease or condition resulting in deeth) Sequentially list confidency, leeding to incause. Enter Under Ceuse (Disease or that initiated event resulting in deeth)	(Finel on on on on on on on on on on on on on	{		Due to	o (or as a consector (or es e consector)	quence of): quence of):	Ta	in O	23b. Di	d tobacco	No	ntribute to t 3 Probe	interval Between Onset and Death
Completed by Physician/Medical Examiner	F	disease or condition resulting in deeth) Sequentially list confidence, leading to incause. Enter Under Ceuse (Disease or that initiated event resulting in deeth) Pert tt. Other eignit	(Finel on on on on on on on on on on on on on	{		Due to	o (or as a consector (or es e consector)	quence of): quence of):	Ta	in O	23b. Di 10 24a. We	d tobacco	No	ntribute to t 3 Probe 24b. Wern avail com of de	interval Between Onset and Death Onset and Death Ohour the cause of deat hably 4 Unknown the sutopsy findings lable prior to
Be Completed by Physician/Medical Examiner	F	disease or condition resulting in deeth) Sequentially list confidency, leeding to incause. Enter Under Ceuse (Disease or thet initiated event resulting in deeth) Pert tt. Other eignification of the confidency (Disease or the initiated event resulting in deeth)	onditions, medicle erlying rinjury is Last	ttone con	o.	Due to	o (or as a consector (or es e consector resulting in the u	quence of): quence of): quence of):	Ta.	en In Pert t.	23b. DI 1E 24a. We per	d tobacco	No Sy	ntribute to t 3 Proba 24b. Wern avail common of de	interval Between Onset and Death Onset and Death Ohour the cause of death ably 4 Unknown e autopsy finding labte prior to pletton of cause seath? Yes 2 No
To Be Completed by Physician/Medical Examiner	F	disease or condition resulting in deeth) Sequentially list on if eny, leeding to incause. Enter Und Geuse (Disease or that initiated event resulting in deeth) Pert tt. Other eignitudes of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	onditions, medicite entying rinjury is Last	ttone con	dospital: 1 28a. Date	Due to Due to Due to	o (or as a consect or or or or or or or or or or or or or	quence of): quence of): quence of): quence of):	a Othi	en in Pert t. 28. Piece of Deer: 4 Nursing	23b. Di 1E 24a. We per	d tobacco Yss 2 Ss an autopformed? Yes 2 One)	No Other	ntribute to t 3 Proba 24b. Were avail common of de 1 er (Specify)	interval Between Onset and Death Onset and Death Ohour. Ithe cause of death ably 4 Unknown authors from to pletton of cause seath? Yes 2 No
Certification: To Be Completed by Physician/Medical Examiner	F	disease or condition resulting in deeth) Sequentially list or if eny, leeding to incause. Enter Under Ceuse (Disease or that initiated event resulting in deeth) Pert tt. Other eignification of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	onditions, mediate erlying rinjury is Last	ttons continued in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the stigetion in the	dospital: 1 = 28a. Date (Mor	Due to Due to Due to Due to Due to	o (or as a consect or or or or or or or or or or or or or	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of):	A Othus Book Work	en In Pert t. 28. Piece of Do	23b. Di 1E 24a. We pet 1Check only Home 5 Re 28d. Describ	d tobacco Yss 2 Is an autopformed? Yes 2 Yone) Sidence 8 is how injury	No Other	ntribute to t 3 Probe 24b. Wern avail comm of de 1 Probe	interval Between Onset and Death Onset and Death Ohour. Ithe cause of death ably 4 Unknown authors from to pletton of cause seath? Yes 2 No
Certification: To Be Completed by Physician/Medical Examiner	F 2	disease or condition resulting in deeth) Sequentially list confidency, leeding to incause. Enter Under Ceuse (Disease or thet initiated event resulting in deeth) Pert tt. Other eignification of the confidency (Disease or the initiated event resulting in deeth) 25. Was case reference examiner? 1 Yes 2 27. Menner of Deet 1 Neturel 2 Accident 3 Sulcide	conditions, mediate errlying rinjury is Last rificant conditions. Tried to medic the condition investigation investigation investigation investigation in the condition in the c	ttone continued ting Physical Residues and the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second stigetion of the second	dospital: 1 28a. Date (Mor	Due to Due to Due to Due to Due to Due to Due to	o (or as a consect or (or as a consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or co	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quenc	A Othur World 1	en In Pert t. 28. Piece of Do	23b. Di 1 [24a. We per 1 [24b. Location City or T	d tobacco Yss 2 ss an autop formed? Yes 2 rone) sidence 8 a how injury (Street and own, Stete)	No Other	ar (Specify) are or Rural i	interval Between Onset and Death Onset and Death Ohour the cause of deat ably 4 Unknown e autopsy findings lable prior to pletton of cause seath? Yes 2 No Route Number,
To Be Completed by Physician/Medical Examiner	F 2 2 2	disease or condition resulting in deeth) Sequentially list confidency, leading to incause. Enter Under Geuse (Disease or that initiated event resulting in deeth) Pert tt. Other eignit of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the	onditions, medicite errlying r Injury Is Last rred to medicity the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condit	ttons conditions and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	dospital: 1 28a. Date (Mor	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	o (or as a consect or (or as a consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or co	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence	ause given	28. Piece of De er: 4 Nursing yet '?' Yes 2 \sum No	23b. Di 1 [24a. We per 1 [24b. Location City or T	d tobacco Yss san autop formed? Yes one) sidence a how injun (Street ann own, Stete) e cause(s) b, date and	No Other occurry	ar (Specify) are or Rural i	the cause of deat the cause of deat the cause of deat ably 4 Unkno e autopsy findings lable prior to pletion of cause eath? Yes 2 No Route Number, ted. the cause(s)
edical Certification: To Be Completed by Physician/Medical Examiner	F 2 2 2	disease or condition resulting in deeth) Sequentially list confidency, leading to incause. Enter Under Geuse (Disease or that initiated event resulting in deeth) Pert tt. Other eignit of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the	rred to medic No th Certify: Certify: Certify: Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certif	ttons conditions and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	dospital: 1 28a. Date (More Duilden: To the bend mer	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	o (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or as a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a consect of (or a	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quenc	ause given	en In Pert t. 28. Piece of De Br: 4 Nursing y et (?? Yes 2 \[\] No	23b. Di 1 [24a. We per 1 [24b. Location City or T	d tobacco Yss san autop formed? Yes one) sidence a how injun (Street ann own, Stete) e cause(s) b, date and	No No No Other Y occurry and me piace, a	24b. Wern avail control of de 1	the cause of death O House O Hous
edical Certification: To Be Completed by Physician/Medical Examiner	F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	disease or condition resulting in deeth) Sequentially list confidency, leading to incause. Enter Under Geuse (Disease or that initiated event resulting in deeth) Pert tt. Other eignit of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the confidency of the	rred to medic No th Certify: Certify: Certify: Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certify: The Certif	ttons continued the stigetion of not be mined the stanting Physics at Examinating Physics a	dospital: 1 28a. Date (More Duilden: To the bend mer	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	o (or as a consect or (or as a consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or consect or co	quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quence of): quenc	A Othor World 1 office the time in my of	28. Piece of De er: 40 Nursing yet: '77 Yes 2 \sum No ne, dete end place olinion, deeth occur en number	23b. Di 1 [24a. We per 1 [24b. Location City or T	d tobacco Yes Yes Yes Yes Yone) Sidence Sidence Sidence Sidence Sidence Sidence And And And And And And And An	No No No No No No No No No No No No No N	24b. Wern avail control of de 1	the cause of death the cause of death the cause of death the cause of death the cause of death the cause of death the cause of death? Houte Number, ted. The cause(s)

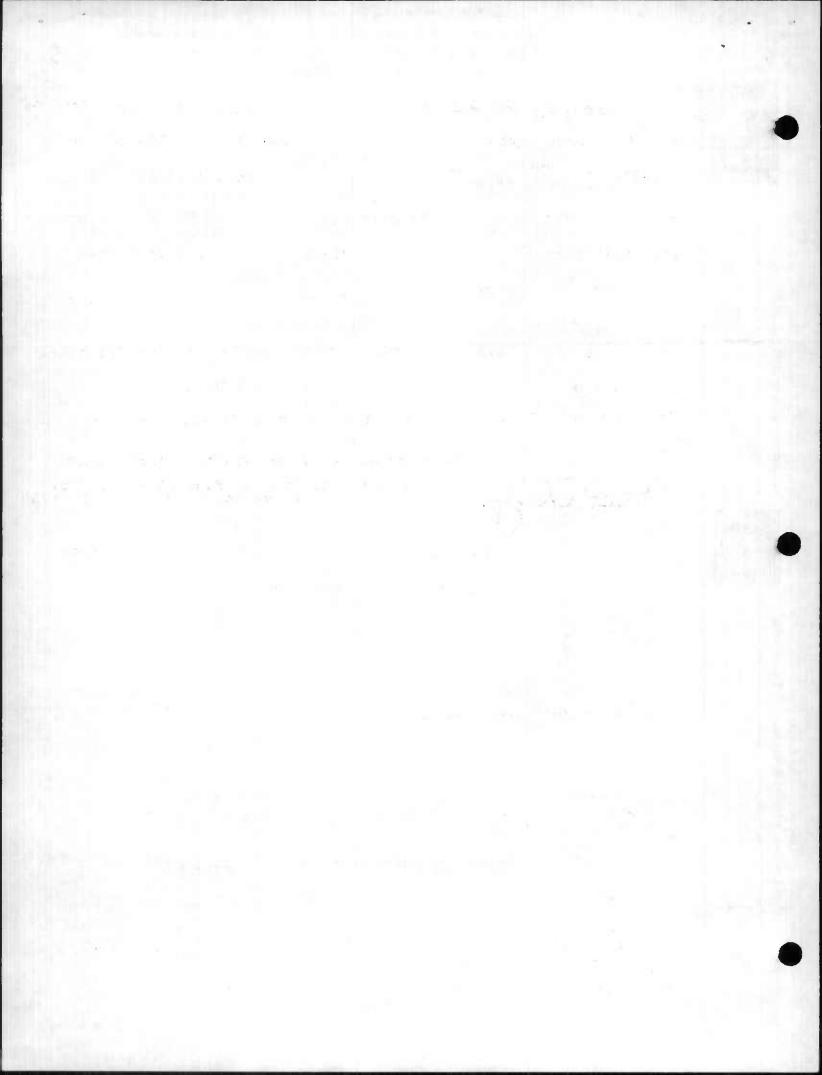


State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Henry M. Larken.

4e. Facility Name (If not institution, give street and number) 11:00 Res 1998 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Howard County General Hospital Howard County Columbia 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 1€3M 2□ F Yrs 93 Director 216-03-7153 Oct. 16,1904 MD Usual Residence of Decedent 10e. Stete 10c. City, Town or Location 10d, Inside City Limits show "natural", or items 23a or 28a-f show 1√es 2 No Director N/A Baltimore City 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1414 Belt Street 21230 United States Funeral 14. Rece - American Indien, 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. filed within 72 hours after Yes XXNo 1 Never Married Married 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry ges 1 end 2 should be filed within to Health and Mental Hygiena. If item 27 is marked other than ", ar other traumatic event. College (1-4or 5+) N/A Elementary/Secondery (0-12) 6th Grade Paint Mixer Reeder Paint Co. Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) John Larkin Margaret Hutton 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) William Larkin / Son 1414 Belt Street, Baltimore Maryland 21230 Baltimore, 20b. Piece of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State Pages 1 permit. Pages Department of Important: If it any injury or o tX Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 □ Donetion 5 □ Other (Specify) Loudon Park Cemetery January 12, 1998 Baltimore Maryland 22. Name end Address of Facility Charles L. Stevens Funeral Home, censee Victor P. Doda, Jr. 1501 E. Fort Avenue, Baltimore , MD 21230 23e. Pert1. Enter the disease, or complications that baused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete intervel Between Onset and Deeth Physician /Medical Immediate Ceuse (Finel disease or condition resulting In deeth) AZOTEMIA Examiner Due to (or es a consequence of): Examiner aiseas 3 heimen the burial-transi Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest pue Due to (or es e consequença of) Box 68760. physician The law requires that the death cartificate be Physician/Medical Due to (or es a consequence of): 80 USB Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Heart per Cere Records, ð 2 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed paga 2 certificata 1 ☐ Yes 218 NO 1 Yes 2 No Division of Vital or Attending Physician: funeral director. 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 2 ER/Outpetlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes No Certification: To this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation Natural 1☐ Yes 2☐ No daath. 2 Accident 24 hours efter daal Funeral Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homlcide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) within 2 the 29b. Signature and with a certifier 30. Name and eddrese of person who completed cause of deeth (Item 23e) (Type, Print) 11055 Gillo Atrical of Colorado Mil 2009 1. Dete filed (Month, Dey, Year) I. Lie 1000 32. Registra's Signature State Registrar



Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygierie Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death TAV OHN 5:10 PM 4a. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death Laurel Regional Hospital Prince George Laurel 7. Age (In yrs. last birthday) | If Under 1 Year | Months | Days If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) Birthplace (Stete or Foreign Country) 1₽M 2□ F 577-24-6292 73 Yrs. Aug. 20, 1924 Washington, DC Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. tnslde City Limits 1 ☐ Yes 2 No Howard Laurel 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 9327 All Saints Road 20723 USA 12. Was Decedant Evar in U.S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 X Yes 2 ☐ No If Yes, Give Year or Datas: 1 Naver Married 2 Married 1 ☐ Yas 2 🗓 No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Carpet Layer US Government 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Albert Liesch Georgie Nothey 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary Liesch / Wife 9327 All Saints Road, Laurel, Maryland 20723 20b. Placa of Disposition (Neme of cemetary, crametory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1XXBurial 2 Cremation 3 Removal from Stata 5 Other (Specify) 4 Donation MD Veterans Cemetery 1/8 Cheltenham, Maryland 22. Name and Address of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laure1, Maryland 20707 Ications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ne cause on each line. Approximate Interval Between Onsat and Death Immediate Cause (Final disease or condition resulting in death) week Rans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 20 No 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 1 DNatural 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending Investigation

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

12

Director

Funeral

þ

Completed

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at

filed within 72 hours efter Hygiena. rther then "natural", or ite

s 1 and 2 should be filed w f Haalth and Mantel Hygier tem 27 la marked other th

permit. Peges 1 end 2 Department of Haalth e Important: If Item 27 le any injury or other tra

Baltimore, Maryland 21215-0020

the Marylend

burial-transit the that the death certificate 臣 98 esn ŏ the 3 signed t should pege 2 hes

Box 687

P.O.

Division of Vital Records,

certificate Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certificantelly filled in by the funeral director, in 24 hours the Funeral Olive

To the Hosp within 24 hor To the Fune completely fi State

Physician/Medical Examiner þ Completed Be Certification: To 29a. Certifier Medical

2 Accident

4 Homicide

3 ☐ Suicida

Descritiving Physician: To the best of my knowledge, deeth occurred at the time, dete and placa, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29b. Signature and title of a

8 Could not be

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

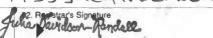
29c. License number

1 ☐ Yes 2 ☐ No

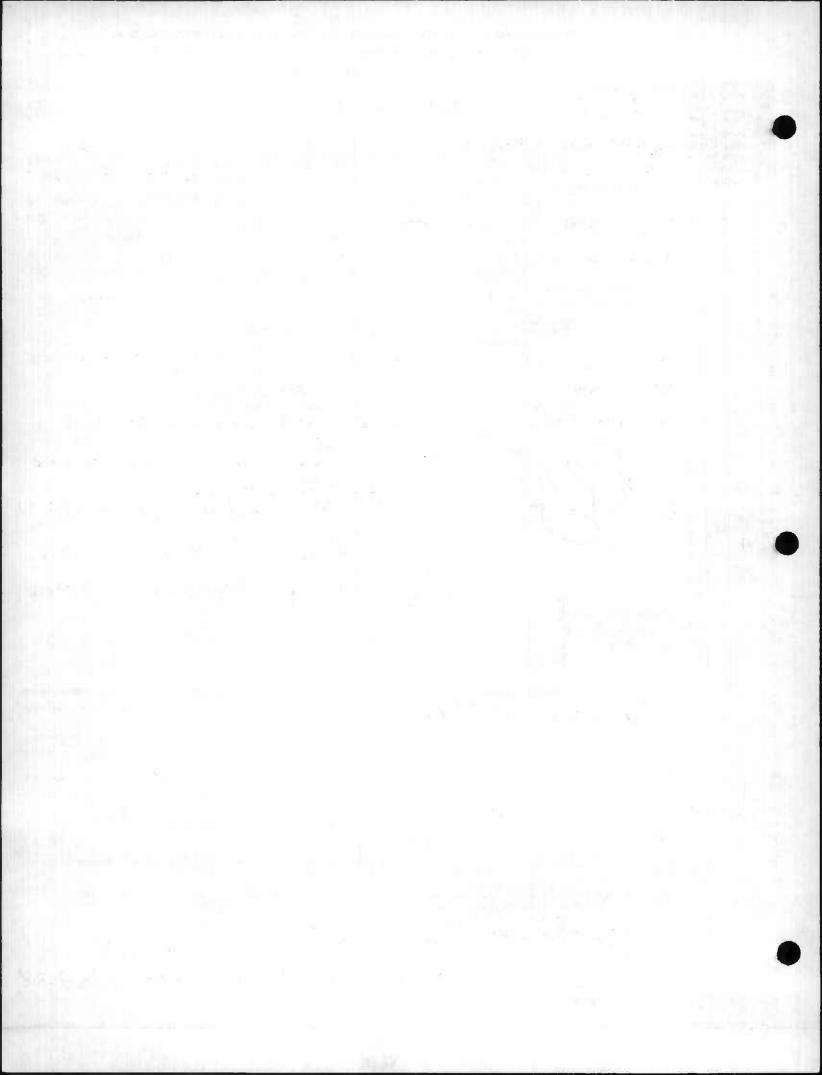
29d. Date signed (Month, Day, Year)

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

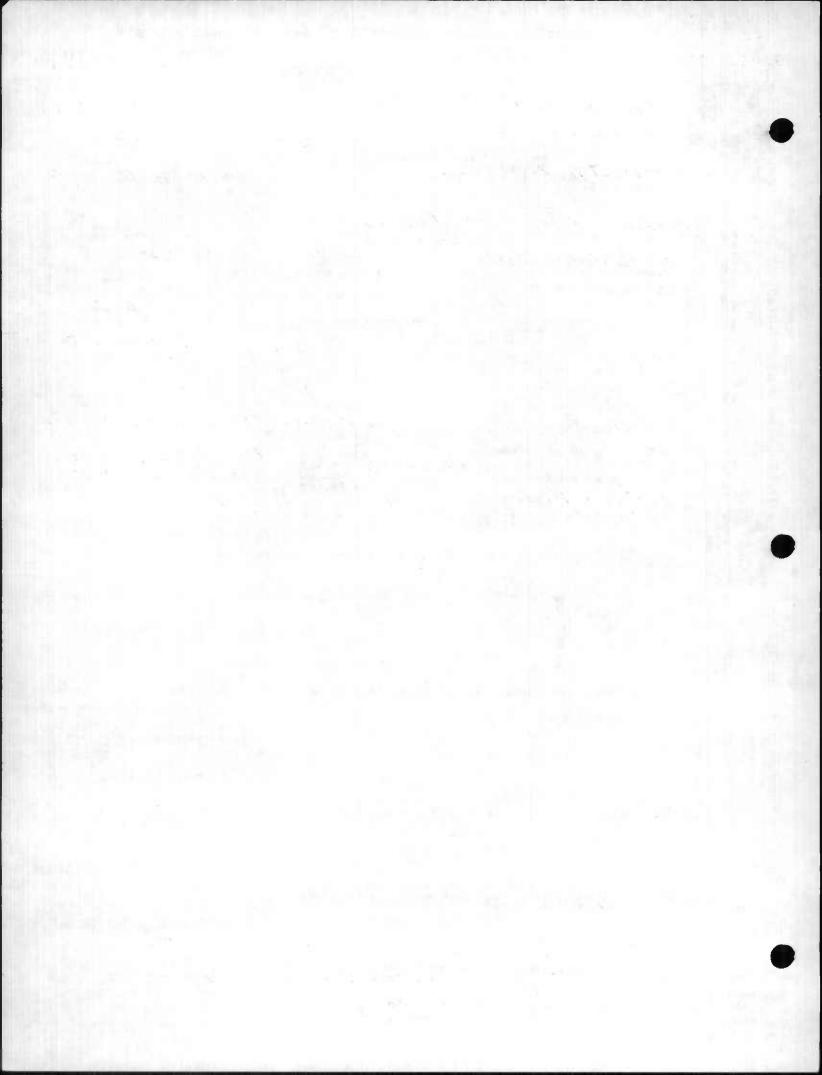
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SYED SADIQ 14333 LAUKEL-BOWIE RD # 208, LAUKEL MS 20708



Registrar



	RVIN MAR		IN t I,27,28a-f per MEO G	State of Maryla	nd / Depart	ment o	of Health and l	Mental Hyg	jieneg 8	00	391
			1. Decedent's Name (First, Middle, La	st)				2. Date of Dea	th		3. Time of Death
	Physician	_	Macuin LE	E Martin				JAN.	5, 199	Yeer 8	2131 PM
1	/Medica Examine	_	4a Facility Name (If not institution, give				4b. City, Town, or		4c. County		
A			BON SECOUR HOSE	PITAL E.R.			BALTIMO	RE	1	119	
	Funeral		5. Social Security Number 6. S		M	f Under 1 Y	ear If Under 24 Hrs ays Hours Min.	8. Date of Birth	Year)	9. Birthple	ace (State or Foreign
L	Director		2/4-64-57-9/ Decedent	M 20 F 42	Yrs.		3,0	Jan 29	1,1955		ilaro
	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Examiner must be notified at		10a. Stete 10b. County	10c. C	ity, Town or Locati	ion				10	d. Inside City Limits
	urs after death with the Maryle alf, or items 23a or 28a-f shor Examiner must be notified at	Director	Karylono 11/1	9	BATTE	ore					Tes 2 No
	or 28	Jre	10e. Street and Number	1, 26	2 dl. 1	10f. Zip Co			log. Citizen of \	What Count	ry?
	ter death w	<u></u>	601 ASHBURTON	Street	0	2	1217		USH		
	eme	runerai	11. Maritel Status	12. Was Decedent Ever in the Armed Forces?	J,S. 13. Was	s Decedent es, specify	of Hispenic Origin? (S Cuban, Mexican, Puer	pecify Yes or No- o Rican, etc.)		a - America ck, White, e	
50	or h		1 Never Merried 2 Married	1 ☐ Yes 2 No If Yes, Give		Yes 2			Specifi	,	
00	aral.	S D	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:						5/a.c.lo	
21215-0020	n 72 hours natural',	Completed	15. Decedent's E- (Specify only highest gra	ducation ade completed)	16a. Decedent	t's Usual O d of work o NOT use r	lone during most of wo	rking	16b. Kind of Bi		
12	within ene.	E	Elementary/Secondary (0-12)	College (1-4or 5+)	LIVAT +	1	DELISENS		ADIA		Mosing
	Hygie Hygie ther the		10 E g-ad E 17. Fether's Neme (First, Middle, Last	1	FOITH			ne (First, Middle,	ON Mp		
land	t be t	ď	1-	4n, SR.			Addi			16)	
2	2 should be filled and Mental Hygi is marked other surratic event,	0	19a. Informant's Name/Reletionship (10h Malling A	Address (C	treet and Number or Ri			State 7in i	Codel
Mary	2 4 4 5		19a. Informant s Name/Heletionship (Type, Print)				7- # 109	P. 12	State, Zip	2/2/27
e,	other tr	1	20a. Method of Disposition	20b.	Place of Disposition	, - , .		Date	20c. Location -	City or Toy	vn. Stete
altimor	0 = 5	-	12 Surial 2 □ Cremation 3 □	Removal from State	cemetery, cremato	ory or othe	r place)	-10-98	BAH		
Itin	Department Department Important: any Injury once.	-	4 Donation 5 Other (Specif	1100	- 710N	Cam	etery o	1/10 -	1-		Ten
Bal	Departm Departm Importa eny Inju		21. Signature of Funerel Service Lice	900	22. Na	un R	eddress of Facility C	HATHA	- NATI	11 6.	~.
	40200		23a. Part1. Phter the disease, or com	reio	BA	/ tine	or, hed a	1211			
	Physician /Medical Examiner	10	shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	e ACUTE ETH	HANOL AND N		C INTOXICATIO	ON			Interval Between Onset and Death
	be axecuted ician and buriel-transit	Examiner	Sequentially list conditions,	b Due to (or as a consequen	nce of):					
00			Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury								
8760	5 26 6	2	that initiated events resulting in death) Lest	Oue to (or es e consequen	nca of):					
68	auth certificate attending physic for use as the	Ž									
Вох	attand for us	Jan		0.						1	
	tha a hed f	rnysicianymed	Part II. Other significant conditions of	ontributing to death but not re	sulting In the under	rlying caus	e given in Pert I.	23b. Did t	obacco uae co	ntribute to	the cause of death?
P.0	that the de ed by the detached							101	'es 2□ No	3 Prob	ably 4 Unknown
of Vital Records,		200						24e. Wes	n autoney	24b. Wei	re autopsy findings
Ö	been si should	Completed						perfor	med?	con	itable prior to apletion of cause
36	has has	0									léeth?
<u>_</u>	certificate ha							127	es 2 No	12	Yes 2□ No
VIII.	Physician: this certificaral director,	ן ם	25. Wes case referred to medical exeminer?	Magaital				ath (Check only o	ne)		
of	Big F		XIX Yes 2□ No			3 DOA		lome 5 ☐ Resid)
			27. Manner of Death 1 □ Netural 5 □ Pending	28a. Date of Injury (Month, Day Year)	Injury		Injury at Work?	28d. Describe h	ow injury occur	red	
Division	tal or Attending P rs after death. el Director: After t led in by the funera	Sas	2 Accident Investigation 3 Suicide 6 A Could not b	100110 1/3/30	9:05	М	1 ☐ Yes 2 KMNo	unknown			
Ξ	aftar deatl Director: I in by the		4 Homicide determined	28e. Place of Injury - At I building, etc. (Spec	nome, farm, street, ify)	, fectory, of	fice	28f. Location (S City or Tow	n, State 601	Ashburt	ton Street,
	is all led i			found at home				Baltimore,			
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the funeral Director After and Attending Completely filled in by the funeral formal	200	29e. Certifier 1 Cartifying Ph (Check only one) Medical Exar	ysician: To the best of my kn niner: On the basis of examin end manner stated.	owledge, deeth oc etion and/or invest	curred at ti tigetion, in	he time, date and place my opinion, deeth occu	e, and due to the durred et the time, d	ause(s) and ma lete end plece,	anner as ste and due to	ited. the cause(s)
	within 2 To the comple	_	29b. Signature and title of certifier			29d. Date signe	d (Month, E	Day, Year)			
	->-0		· R	1 Ch A.		C	C.M.E		JAN. 6	, 199	8
		-	30. Name and address of person who	completed cause of death /lin	m 23a) (Tuna Drin	nt)					
			- 71	fute mo	111 Penn	Stre	et, Baltim	ore, Mar	yland 2	21201	
	State		31. Dete filed (Month, Day, Year)	32. Regular's sign	aluro G						
	Registra	7	IAN 1 2 19	198 Autia Da	Maran-hand	7436					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death atthews gragret Month bruary 30a. 2, 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daath Secour Hos Baltimore 5. Sociat Security Number 6 Sex 7. Age (In yrs. last birthday) if Under 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) 1□ M 2♥F Months Days 212-24-8428 Yrs. Hebruary 29, 1904 Usual Residence of Decedent 10a. State 10h County 10c. City, Town or Location 10d. Inside City Limits NA Baltimore Ves 2□No 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? en Street 5.4 15 21 12. Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Datas: Race - Amarican Indian, Black, White, etc. 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 11. Maritai Status 14. Race 1 ☐ Naver Married 2 ☐ Married 1□ Yes 2 No Black Specify: 3 Widowad 4 □ Divorced 15. Dacedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Cotlega (1-4or 5+) UNKNOWN UNKNOWN UNKNOWN ONKNOWN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) oseph Stevens lower Maula 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) Barber - Nephew 2306 Tes Street Winchester 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal Irom Stata Memorial 4 Donation 5 □ Othar (Specify) 21. Signature of Funeral Service Lices 22. Nama and Address of Facility H. West Walash 4300 Avenue Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata tntarvat Batween Onsat and Death tmmediate Causa (Final ego disaase or condition resulting in daath) Ywac Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last Due to (or as a consequence of). Dua to (or as a consequence of) Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy lindings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 ☐ Yas 200 No 1 ☐ Yes 2 ☒ No 25. Was case rafarred to medicat 26. Place of Daath (Check only one) Other: 4 Nursing Home 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 ☐ Rasidence 6 ☐ Other (Specify)

Physician /Medical Examiner 68760,

P.O.

Records,

Division of Vital

this certificate has Ather

Physician

/Medical

Examiner

Funeral

Director

na 23a or 28a-f show

items :

ò

"natural",

Hygiene.

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy.
Important: If Item 27 is marked other
any injury or other traumatic avera-

7 is marked other traumatic event.

filed within 72 hours aftar

Baltimore, Maryland 21215-0020

the Medical Examiner

Director

Funerai

by

Be Completed

20

Physician/Medical Examiner þ Completed Be 2

death. affer death Director: 6

To the Hospital or within 24 hours at To the Funeral D completely filled is

Certification: Medical

Registrar

31. Date filed (Month, Day, Year)

JAN 1 2 1998

29b. Signatura and title of certifiar

Hmatun

27. Mannar of Death

1 Naturat

3 Suicide

29a. Certifier

4 Homleide

(Check only

2 Accident

5 Pending invastigation

6 Could not be determined

30. Nama and addrass of parson who complated cause of death (ttem 23a) (Type, Print)

AMATUM MACEM SOID A . 32. Ragistrar's Signature

H. Macem

28a. Data of Injury (Month, Day Year)

28b. Tima of

28e. Ptace of tnjury - At homa, larm, street, factory, office building, atc. (Specify)

28c. Injury at Work?

1 Cartifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and dua to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the causa(s) and manner stated.

Dol

29c. Licensa number

1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29d. Data signed (Month, Day, Yaar)

telige A many in the

the second of the first of the market to make the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decement's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day 98 Trick JAL 4e. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Glen Burnie DITA nundel 105 Worth 5. Social Security Number 7. Age (In y last birthday) If Under 1 Yea 8. Dete of Birth (Month, Day, Year) Feb. 3, 1951 If Under 24 Hrs. 9. Birthplace (State or Foreign Hours Months 110 M 2□ F Davs Carlisle, Pa. Yrs 218-56-7067 46 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Anne Arundel Jessup 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 20794 30 A Holiday Estates 12. Wes Decadent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 X Yes 2 □ No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☒ Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Gas Station Dispatcher Year 12 Grade 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Anna M. Thomas Charles L. Miller 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Charles L. Miller Lusby, Md. 20657 155 Thumberbird Dr. 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Cumberland Valley Memorial 1/10/98 Cumberland Co. Pa. 21 Signature of Funeral Service Licenses 22. Neme end Address of Facility 11824 Reisterstown Road Reisterstown, Md. 21136 ELINE FUNERAL HOME ince 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, hock, or heer failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final Myocardial Infarction UNK disease or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Due to (or es a consequence of): Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 2 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ FR/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

physician and s the burief-transit thet the death certificate be been signed by the ette should be deteched for pege 2 certificete

P.O. Box 68760

Division of Vital Records,

To the Hospital or Attanding Physician: within 24 hours effer death.

To the Funeral Director: After this certifice

director,

funeral

the

filled in by

completely

Certification:

Medical

Physician

/Medical

Examiner

Director

Funeral

à

Completed

2

10a. Stete

Md.

Funeral

Director

the Maryt

and 2 should be filed within 72 hours after de.

17 is marked.

17 is marked.

Baltimore, Maryland 21215-0020

7 is marked other than "nature", or items 23s or 28e-f show traumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 st Department of Health and Important: If them 27 is in any injury or other traum once.

Physician /Medical

Examiner

Examine Physician/Medical p Completed Be P

1 Yes 2 No 27. Menner of Death

5 Pending Investigation

1 2 1998

6 Could not ba

28a. Dete of Injury (Month, Day Year)

28b. Time of

28c. Injury at Work? 1 Yes 2 No 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier

1 Natural

2 Accident

4 Homicide

3 ☐ Suicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29b. Signature and title of certifier

Deputy

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29d. Date signed (Month, Day, Year)

d cause of death (Item 23a) (Type, Print) ones, mo

State Registrar

32. Registrar's Signature - Handall

attack that they are watt Terror BULL A FIRE S The Markey of Share's a The last than the rest of the A. Callery Street Free Concerns. The state of the second section of the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the second section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Dey Year MARY IRENE MERTEN JANUARY 1998 5:45 AM 7. 4b. City, Town, or Location of Death 4c. County of Deeth 4a Fecility Neme (If not institution, give street end number) Saint Joseph Medical Center Towson Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dev. Year) 9. Birthplece (Stata or Foraign 10 M 2 F Months Deys Hours Min MARYLAND Yrs. 105-10-4765 92 4/19/05 Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ◯ No RIDGELEIGH BALTIMORE 10g. Citizen of Whet Country? 10a. Street end Number 10f. Zip Code USA 21234 1835 WHITE OAK AVENUE 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian. Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE 3 ₩ Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Busineas/Industry 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) 12TH GRADE College (1-4or 5+) ACCOUNTANT MCKENNA PONTIAC 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) MARY C. CREIGHTON PETER W. FLANNERY 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1510 PLAINFIELD AVE. BALTIMORE, MD WILLIAM E. FLANNERY 20b. Plece of Disposition (Neme of cematery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 1/10/98 BALTIMORE CITY, MD NEW CATHEDRAL CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Licensee 22. Name end Address of Fecility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 23e. Parl. Enter the disaasa, or complications that caused tha daath. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one cause on eech line. Approximete Intervel Between Onset end Deeth Immediate Cause (Finel disease or condition resulting in deeth) CONGESTIVE HEART FAILURE YEARS Due to (or es e consequenca of) RENAL FAILURE YEARS Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in death) Last Due to (or es e consequenca of): Due to (or es a consequenca of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 ☐ Yes 2 ☐ No 3 Probably 45 Unknown 24b. Were eutopsy findings available prior to 24e. Wes en eutopsy performed? complation of cause of deeth? 1□ Yes 2 No 1 ☐ Yes 2 No 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 □ Yes 2 □ No investigation 2 Accident 6 Could not be determined 3 Suicide

Examiner certificate be executed ician and bunal-trans physician Physician/Medical the ! 98 USB for the Š signed t sion of Vital Records, by Completed hes nding Physicien: Be 10 funeral Certification:

Physician

/Medical

Examiner

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

þ

Completed

with the Maryland

deeth

permit. Pages 1 and 2 should be filed within 72 hours after dee, Department of Health and Mental Hygiene. Important: if Item 27 is marked other the any Injury or other traumers.

25. Was case referred to medical exeminer? 1 Yes 2€ No 27. Menner of Deeth

4 ☐ Homicide

29a. Certifier

28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

2 Medical Examiner: On the basis of axeminetion and/or investigation, in my opinion, deeth occurred at the time, dete and pleca, and due to the cause(s) end menner steted. (Check only one) 29b. Signature and title of cou

29c. License number 25886

1🗲 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plecs, end due to the cause(s) end menner es stated.

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of daeth (Item 23e) (Type, Print)

LILIA CEBALLOS, M.D., 7505 OSLER DR., TOWSON, MARYLAND 21204

State Registrar

Medical

31. Dete filed (Month, Dey, Year) 32. Registrar's Signature Julia Saidon-Randalle DESCRIPTION OF SELECT

restored masters

mined labilities against felice.

Boron and

5.1

20.712.00

egent-mag

and the transfer avitagement in a

THULLES JOHN

Bulliav

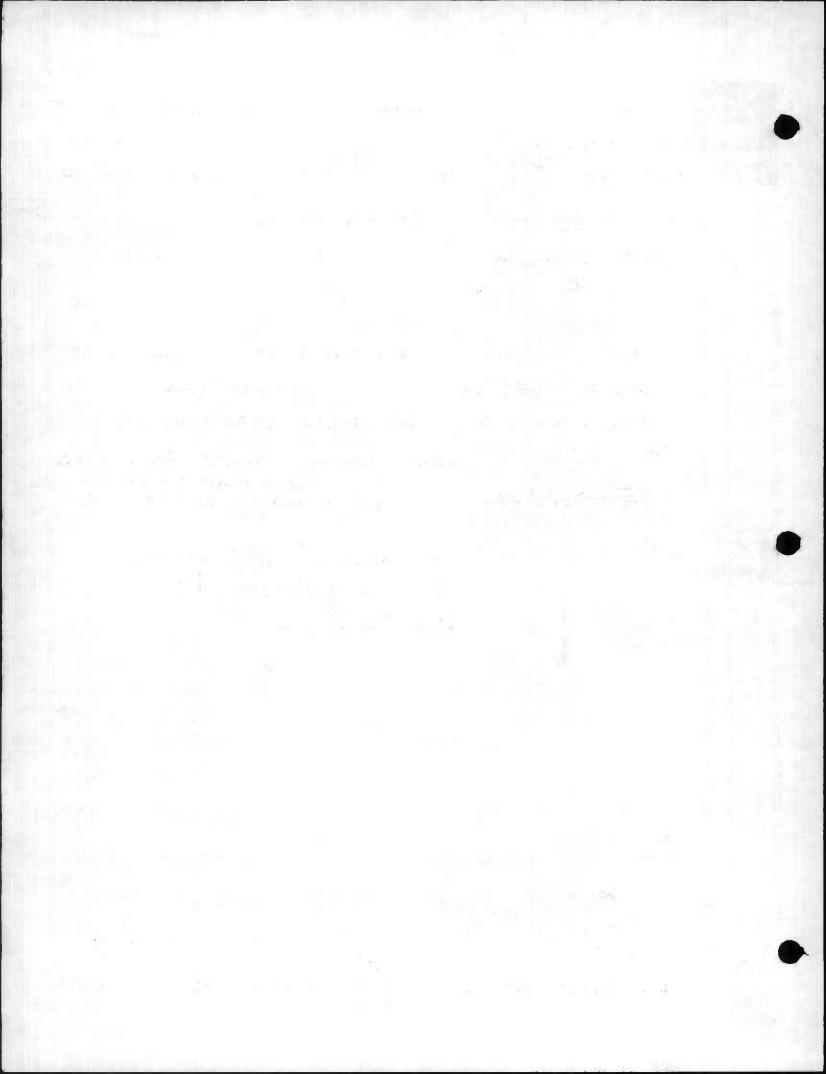
CAUSE OF

LA CERNILLARIA, M. D., YEUS DOLLA DELLA COLLAN, MARCHARIN ELEM

State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate	e of	Death		Reg. N	lo. 9 () (1	0393	
		1. Decedent's Neme (First, Middle, L	.est)						2. Dete of	Deeth		V	3. Tima of Deeth	
Physician /Modical	-	JOHN			MYE	RS			JANUA:	ey C	39	998	10:55 AM	
/Medical Examiner	-	4a. Facility Neme (If not institution, g	ive street end numb			L\D_		4b. City, Town	, or Location of D			of Death		
LAGIIIII	ı	STELLA MARIS	HOSPICE					Tows	02			BALTI	moRE	
Euparal	1			Age (In yrs. lest b	irthdev)	If Under	1 Yaar	If Undar 24		Birth		-		
uneral irector		215-10-2412 Usual Residence of Decedent	19M 20 F	80	Yrs.	Months	Deys	Hours	Min. 8. Dete of (Month,	Dey, Yea	रीत	Counti	ece (Stete or Foreign ツ) リレルルD	
M III	-	10e. Stete 10b. County		10c. City, Tox	n or Loc	cation						10	d. Inside City Limits	
or 28a-f sh be notified Director			TIMORE	1	BAL			Co- 1	ND .				1 ☐ Yas 2 ₺ No	
al Dir		10e. Street and Number 28 25 ToPf	12 RD			10f. Zip		134		10g. C	itizen of	Whet Count	ry?	
dical Examiner must be notified at letted by Funeral Director		11. Marital Status 1 □ Never Married 2 ☑ Marriad 3 □ Widowed 4 □ Divorced	12. Was Decede Armed Force 1 Tes 2 If Yes, Give Yaar or Dete	es?				lispenic Origin an, Maxican, F Specify:	n? (Specify Yes or Puerto Rican, etc.)	No-		ce - Americe ck, White, e		
		15. Decedent's (Specify only highest g	rade completed)		(Give I	ent's Usue kind of wor OO NOT us	k done	during most of	f working	16b.	Kind of B	usiness/Indu	ustry	
E E		12 th	College (1-4)		FN	SURA	NCE	BROK	ER	5	INU	LIFE	Co.	
0 J		17. Fether's Neme (First, Middle, Las	st)					18. Mother's	Name (First, Mic					
Be		JOHN J. 1	NYERS	SR.				000	OLINA	PAUL	. [,		
To		19a. Informent's Neme/Relationship					/Ct			1		0-1-70-1	0.41	
traumatic event, tra M	1					_			or Rural Route Nu				,	
other tr	-	JOHN J. P	nyers #					RD.	BALTIMOR			71934		
to 1	1	20e. Method of Disposition	Removel from Sta	20b. Plece o	ny, crem	sition (Nem letory or ot	ne of thar pla	ce)	Date	20c.	Location -	- City or Tow	vn, Stete	
any Injury or one	1 Deturial 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Cemetery, cremetory or other place)									98 BALTIMORE, MD				
Ē .		21. Signeture of Funeral Service Lice	ensee		-					_	-			
any onc	1	a to	.00 10											
	4	21. Signeture of Funeral Service Licensee 22. Name and Address of Facility HAFTLEY MILER FUNERAL HOME 7537 Harford RD. BALT, MD 21834.												
	П	23a. Pert1. Entar tha diseesa, or con shock, or heart failure. List onl	mplications that caus y one ceuse on eecl	sed the daath. Do h line.	not ente	er the mode	e of dyir	ng, such as ce	rdiac or respirator	y arrast,			Approximeta Interval Between	
ian												1	Onset end Deeth	
cal	1	Immediete Ceuse (Final		SAL	0			-1	1.0.			1		
ner	L	diseese or condition resulting in deeth)	e	146		rall	a	nt	Mela	101	مع	-		
ja ja	1			Due to (or es a	consequ	uende dt):		A L		1 -		į		
듣	1		b	CI	306	ma	4	MY	ery !	300				
Examiner	1	Sequantielly list conditions, if eny, leading to immediate ceuse. Enter Underlying												
		Cause (Disease or injury							7			1		
Medical		thet initiated events										1		
ledic ledic		resulting in deeth) Lest										Ì		
			d											
detached for use es	1	Pert II. Other significent conditions	contributing to death	h but not rasulting	n the un	derlying ce	eusa giv	ran in Pert I.	23b. [ld tobacc	O USE CO	intribute to	the cause of death?	
P 9									1	☐ Yss	2 No	3 Prob	ably of Unknown	
2									_					
should leted									24e. V	les en eut	opsy		re eutopsy findings liebla prior to	
page 2 should	-									anomied?		com	pletion of cause	
ge 2											10	010	Gautt	
rector, page									1	☐ Yes	2 25 NO	1 🗆	Yes 2□ No	
director.	1	25. Wes cese referred to medicel exeminer?						26. Place of	Deeth (Check or	ly one)				
		1 Yes 2 No	Hospital:	atient 2 ER/O	utpatient	3□ DO.	A Oth	er: 4 Nursi	ng Home 5□R	esidence	6 DOtt	nar (Specify)	HOSPICE	
		27. Manner of Deeth	28a. Dete of I		Time of	28	8c. injur Wor		28d. Descri					
Certification:		1 Neturel 5 Pending Investigation		Dey Year)	Injury	М		k? Yes 2⊡No						
the fune		3 Sulcide 6 □ Could not	be one Place of	Injury At home for	arm otro	ot footons	office		284 Locatio	n (Stroot	and Mumi	hor or Purel	Route Number,	
i i	4 Homicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)								City or	Town, Sta	te)	our or ridiar	riodie raditioer,	
ű												_	~	
completely filled in by Medical Certifi	1	29a. Certifier (Check only one) Certifying P Certifying P Certifying P Certifying P	hyalclan: To the be miner: On the basis end manner	s of examinetion er	e, death nd/or inv	occurred e estigetion,	et the tin	ne, data and p pinion, deeth	place, end due to occurred et the tir	he ceuse(ne, dete e	s) end m nd plece,	enner es ste end due to t	eted. the ceuse(s)	
completely filled in by the functional Medical Certification									29d. D	ate signe	ed (Month, D	Pey, Year)		
0	D111/12							26		1/0	100	7		
	04410							~0		1/4	17/2			
	3	30. Name and address of person who	completed ceuse of	of deeth (Item 23e)	(Type, F	Print)					•			
	1	DR. PENELOPI	E-EDWARD	S. 2300	DI	LANE	Y Y	ALLEY	RD.	TIMO	NIII	M. MI	21093	
State	3	31. Dete filed (Month, Dey, Year)	32. Regi	star's Significant	-	35								
egistrar		JAN 1 2	1998	Julia David	100n-1	andell	-							
J	L	DWIA T N	1000	1										

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 2. Data of Death 3. Time of Death 1. Decedent's Nama (First, Middla, Last) **Physician** 1998 NEAL 6:55 pm Eleanor January /Medical 4b. City. Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Franklin Square Hospital Center Rosedale Baltimore If Under 1 Year If Undar 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Dev. Year) **Funeral** Days 10 M 20 F 213-03-0449 Yrs. Director MAY 22, 1920 Virginia Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Modical Experience must be mortified at MD Baltimore 1 ☐ Yes 2 ☐ No Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 5 Joppa Ridge Circle Apt. 1B 21234 USA Funeral 72 hours efter death 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: White Aq 3 Widowed 4 □ Divorced Completed permit. Pages 1 and 2 should be filed within 72 i Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natu any injury or other traumatic event, in Head-any energian." 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Domestic 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Frank Spitzer Caty Coakley 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frank Neal/son Consett Court Baltimore, MD 21236
Date 20c. Location - City or Town, State 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20a. Method of Disposition 1 ☐ Burial 2X Cremation 3 ☐ Removal from State Metro Crematory, 4 ☐ Donetion 5 ☐ Other (Specify) Inc. 1/9/98 | Baltimore, MD 22 Name and Address of Facility Cremation Society of Maryland, Inc. 21. Signature of Funeral Service License Dawn F. McDonald

23a. Parti. Enter the disease, or complications that shock, or heart feilure. List only one cause on 299 Frederick Rd. McDonald se, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the cause on each line. Baltimore, MD 21228 Approximate interval Between Onsef and Death **Physician** /Medicai Immediate Cause (Final disaese or condition resulting in death) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury P.O. Box 68760 that initiated events resulting in death) Last Due to (or as a consequence of) 23b. Did tobacco use contributa to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. signed by t 3 Probably 4 Unknown 1 Type 2 No Division of Vital Records. þ The law requires 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed peen s completion of ceuse of death? certificate hes 1 Yes 2 No Physician: 25. Was case referred to medical examiner? Be 26. Place of Daath (Check only one) A in 24 hours after death.

in 24 hours after death.

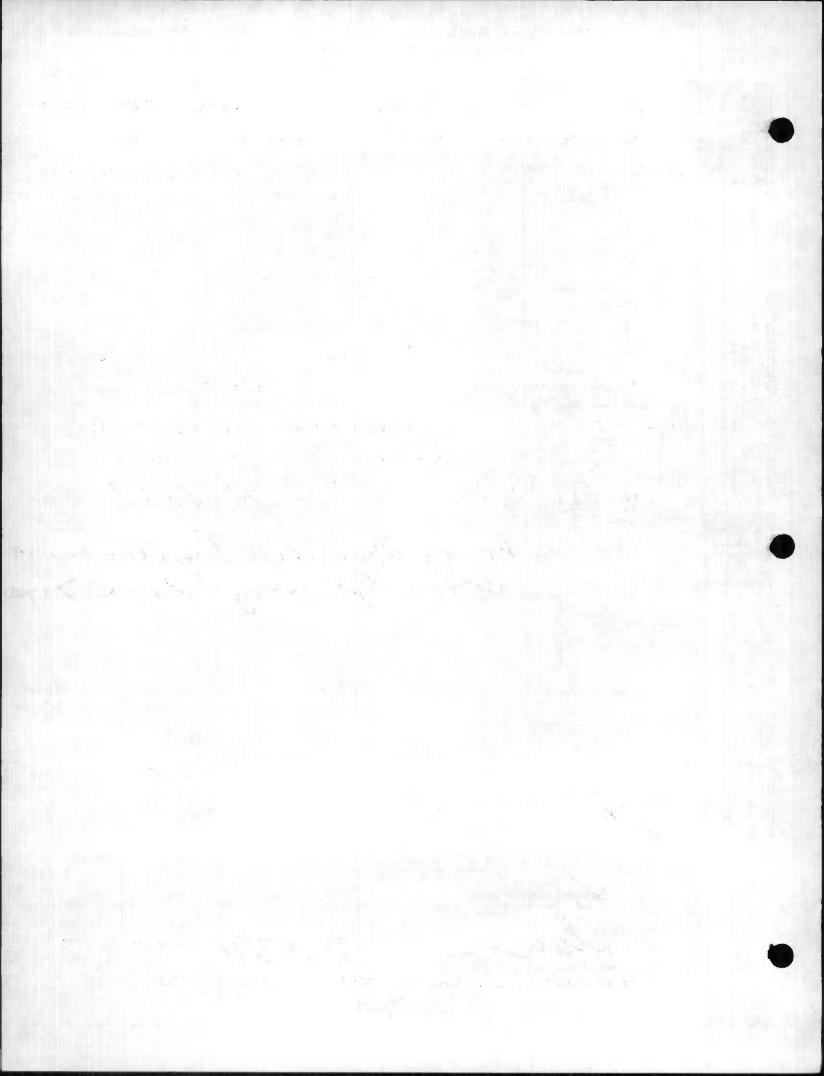
the Funeral Director: After this ce Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Inpatient 2 FVOutpafient 3□ DOA 1 Yes 28a. Date of Injury (Month, Day Year) 27. Manner of D of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: or Attending 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospitai 29a. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, and due to the cause(s) and manner as stated. Medical pletely 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. (Check only one) within 2 29b. Signature and fitte of certain 29c. Licensa number 29d. Date signed (Month, Day, Year) 0 January 8, 1998 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print) 5601 Loch Raven Blvd. Mohammed Khan M.D. Baltimore, MD 21239

State Registrar

DHMH 16 Rev 6/95

31. Date filed (Month, Day, Year)

JAN 1 2 1998



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene. Certificate of Death Reg. Nd 3. Time of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death Day Month Year **Physician** 1998 Owens 6 /Medical 4a Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner imor 10 If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Year Sirthplaca (State or Foreign Country) 7. Age (In yes. lest birthdey) Funeral Days Months Hours 219-03 5500 Juai Residance of Decedant 1 M 2 VIVGI Director the Maryland 10a. State 10b. County 10d. Inside City Limits 10c. City, Town or Location in than "natural", or itema 23a or 28a-f show the Medical Examiner must be inclined at 1 Dres 2 No Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 0 0 ber 1510 Funeral death 14. Race - American Indien, Black, White, etc. Spegify: 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus permit. Peges 1 and 2 should be filed within 72 hours affer to Department of Health and Mental Hygiene. In mortant: if Nem 27 is marked other than "natural, or then any Injury or other traumatic avent, traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent, and any Injury or other traumatic avent. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates: 2 No 1 ☐ Yes 2 PNo Specify. þ 3 Widowed 4 □ Divorced merican Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede complated) Elemantary/Secondary (0-12) Collage (1-4or 5+) Th C 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Be LAW 2 6 reverick 19a. Informant's Name/Relationship/(Type, Print)(Nephew) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) TAIKE 4 20a. Method of Disposition #0b. Pla on (Neme of 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 Removal from State BAITO 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licanses 32. Name as 23a. Ant. Enter the isease, or complications that caused the death. Do not sock, or haar ailure. List only one cause on each line. Approximate Interval Batween Onset and Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Concer **Examiner** Dua to (or as a consequanca of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last physician and s that burial-tran Due to (or as a consequence of) Physician/Medical Due to (or as a consequenca of) attending for use as ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 2 Slo 3 Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? bluods 24a. Was an autopsy Completed has 9 2 r this certificate has eral director, page 2 2 1□ Yes 1 TYas within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Yeer) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

Certifying Physician: To the best of my knowledge, death occurred at the tima, date and placa, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at tha tima, date and placa, and due to the causa(s) and menner stated.

Med.

29c. License number

29d. Date signad (Month, Dey, Year)

South Paca Street, Baltinery Med 21201

The law requires that the death certificate be executed Box 68760 P.O. Records, Division of Vital or Attending Physician: Hospital the

Baltimore, Maryland 21215-0020

State

Medical

4 Homicide

(Check only one)

29b. Signature end titla of certified

30. Name and addrass of person who

31. Date filed (Month, Dey, Year) JAN 1 2 1998

Ken

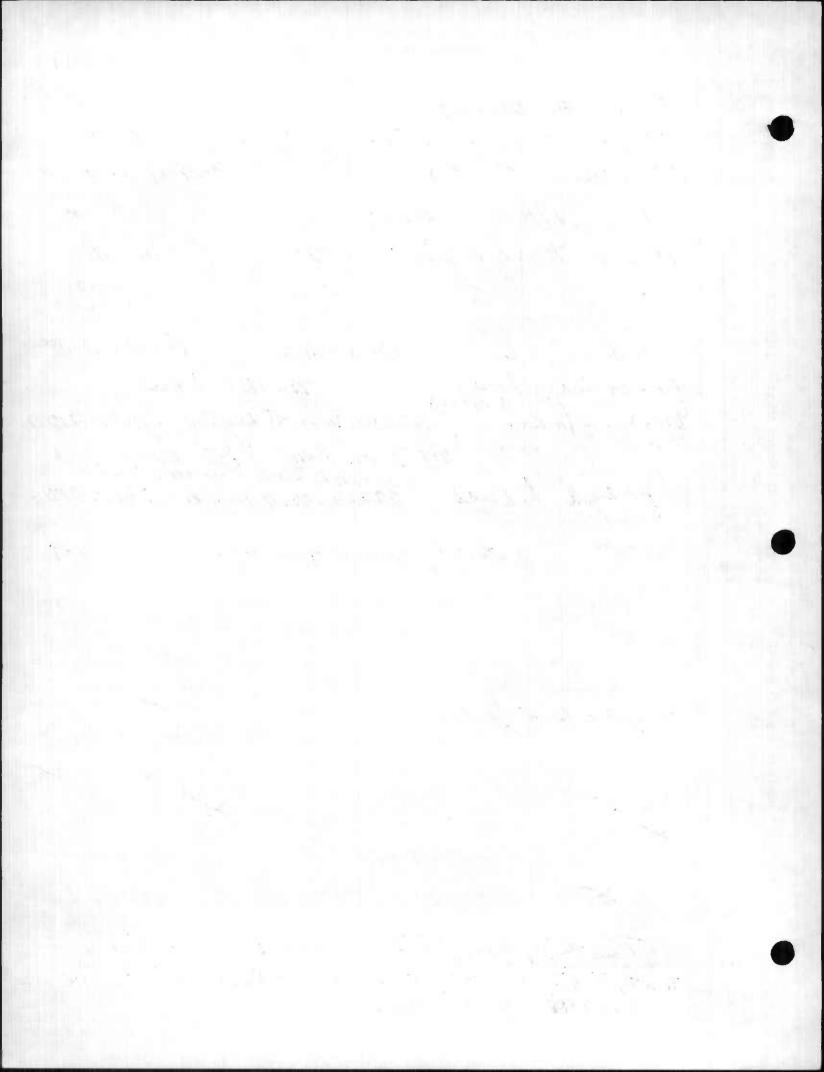
KEZ

complated causa of deap (Item 23a) (Type, Print)

a Day ason

29a. Cartifier

0



AUBREY POPE

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 🔾 Certificate of Death

0	0	3	9	8

3. Time of Death

1205 PM

Birthplace (Stete or Foreign Country)

10d Inside City Limits

Yes 2□ No

MD

		Phys /Me Exan	-
L	D	uner: irecto	al or
Maryland 21215-0020	id 2 should be filed within 72 hours after death with the Meryland	train meleta hypothethen "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at	To Be Completed by Funeral Director

permit. Peges 1 end 2 should be file.
Deperment of Health and Mental Hy
Important: If Item 27 is merked othe
any Injury or other traumatic event

Physician /Medical

Examiner

physician s the bun

the

88 attanding USB 20

detached

signed by I

peen

certificate

this

i or Attending F. efter death. Aftar

24 hours e Funeral C

To the To the To the

page 2

funeral director,

2

Box 68760

P.0.

Records.

Division of Vital

90

Examiner

Physician/Medical

à

Completed

Be

P

Certification:

edicai

Baltimore, Maryland 21215-0020

20

Completed

4a Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth 3800 west BELVEDERE AVENUE APT. #1012 BALTIMORE If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5 Social Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year 6 Sex 1 M 2□ F Months Days 66 220-24-2482 Oct. 5 1931 Usual Residence of Decedent 10a State 10c. City. Town or Location 10b. County MD NA BALTIMORE 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 3800 W. Belvedere Ave. Apt 1012 21215 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian Black White etc. 1X Yes 2 No 120451 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: BLACK 3 ☐ Widowed 4 ☑ Divorced Year or Dates: 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+)

17. Father's Name (First, Middle, Last) Be HOWARD POPE 19a. Informant's Name/Relationship (Type, Print)

12th

1. Decedent's Name (First, Middle, Last)

AUBREY R. POPE

NAOMI SMITH 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 6003 IVYDENE TERRACE BALTO., MD

18. Mother's Name (First, Middle, Maiden Surneme)

2. Date of Death

Day

1998

NA

8,

Month

JAN.

YOLANDA CASH- DAUGHTER 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Neme of cemetery, cremetory or other plece) Date Carrison Forest Veteran Cem. 1-13-98

20c. Location - City or Town, Stete Owings Mills, MD

CEMETERY

21. Sign a of Funeral Service Libensee am the three sease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, rheart faiture. List only one cause on each line.

NA

22. Name and Address of Facility
Wm C. March Funeral Home West, Inc. 4300 Wabash Ave. Balto., Md

tmmediate Cause (Finel disease or condition resulting in death)

Arteriosclerotic Cardiovascular Disease

LANDSCAPER

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequence of): Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the ceuse of death? 1 Ves 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

Approximete Intervei Between Onset and Death

INSPECTION 1 ☐ Yes 2 No

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? XXYes 2□ No

1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 28b. Time of

28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)

26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home XX Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred

27. Manner of Deeth XXNeturei 5 Pending Investigation 2 Accident

6 Could not be

28c. Injury at Work? Injury 1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one)

3 Suicide

4 Homicide

1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number O.C.M.E

29d. Date signed (Month, Day, Year) JAN. 8, 1998

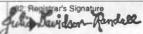
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

David Fowler, M.D.

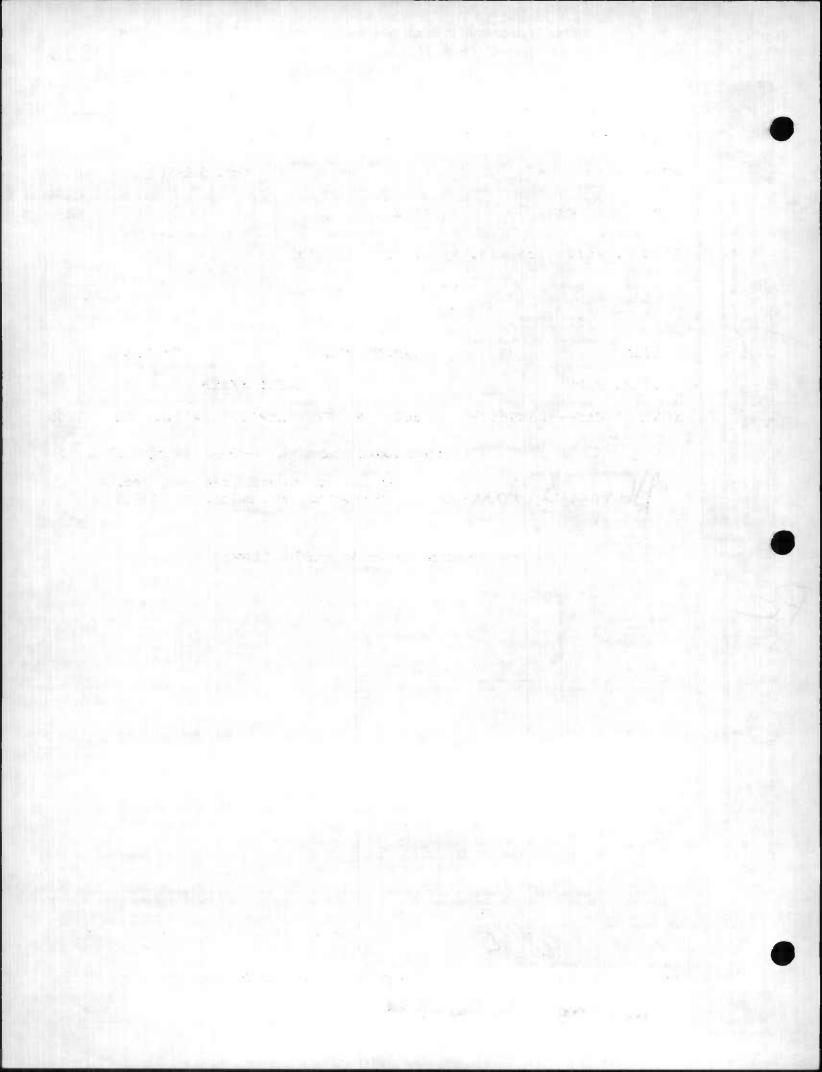
111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Date filed (Month, Dey, Yeer)



DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Item #29d per Phy G755 1/21/98. Item #1,2 per Phy G755 1/21/98 EW Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Vincent Pietrogiacomo ISr. Dey 1998 Yaar **Physician** Month Pietrogiccomo Jan it (am 0 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Johns Hopkins Bayview Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 1**X** M 2□ F 213-16-3464 76 Yrs Director Maryland Usuel Residance of Decedent the Manyland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Modical Examiner must be notified at MD n/a Baltimore 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3810 E. Pratt Street 21224 USA Funeral death 12. Wes Decedant Ever In U.S. Armed Forces? 14. Race - American Indien, Black, White, etc. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Ryas 2 No 6-1943 Il Yes, Give Yaar or Dates: permit. Pages 1 and 2 should be filled within 72 hours after Department of Health and Mental Hygiena. Important: If them 27 is marked other than "natural", or its 1 Never Merried 250 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Industrial Engineer Bethlehem Steel 12th 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Anselmo Pietrogiacomo Anna DiProsperi 19e. Informent's Neme/Reletionship (Type, Print) Spouse 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Josephine Pietrogiacomo 3810 E. Pratt St., Baltimore, Maryland 21224 other 20b. Plece of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State injury or 1/14/98 Baltimore, Md. 4 □ Donation 5 □ Other (Specify) entonb. Oaklawn Cemetery ra of Funeral Service Licensee 22. Neme end Address of Fecility Joseph N. Zannino jr. Funeral Hm. 263 S. Conkling St. Baltimore, Maryland 21224 unninco o, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Lat only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Cause (Finel disease or condition resulting In death) (ena tailur Examiner Examiner Hea-Hransit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceusa (Diseese or Injury that initiated events resulting In death) Last Du. Due to (or as e consequence of): Box 68760, Physician/Medical phyd the Due to (or as a consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 Unknown 1□ Yes 2□ No p 24b. Wera autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed Deen 2 No 20 No certificate 1 Yes Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Mannar of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred I or Attending P. after death. 5 Pending Invastigation Neture 1 Yes 2 No 2 Accident 6 Could not be determined To the Hospital or Atterwithin 24 hours after dea To the Funeral Director completely filled in by the 3 ☐ Sulcida 28e. Pleca of Injury - At homa, farm, street, lactory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicida 29a. Certifler (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29b. Signature and titla of certifiar 29c. License number 29d. Dete signed (Month, Day, Year) Physician 1998

Baltimore, MO

Registrar

Enc

Sec.

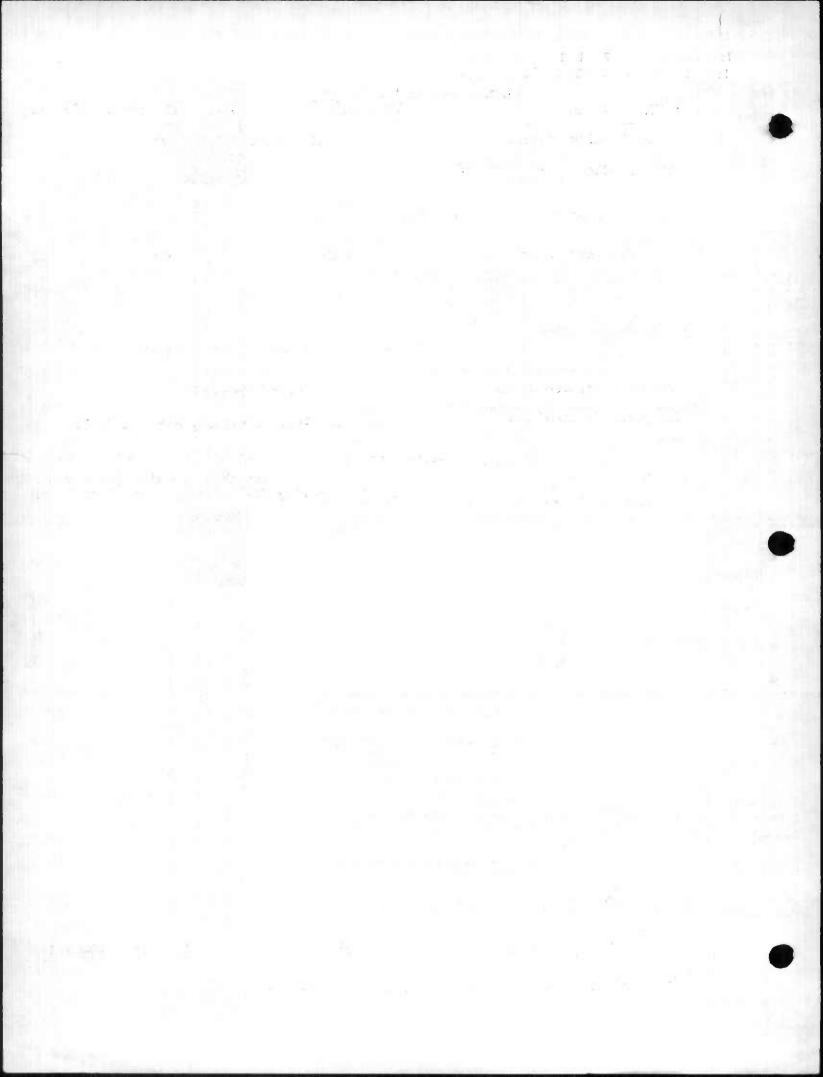
JAN 1 2 1998

31. Date liled (Month, Dey, Yeer)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

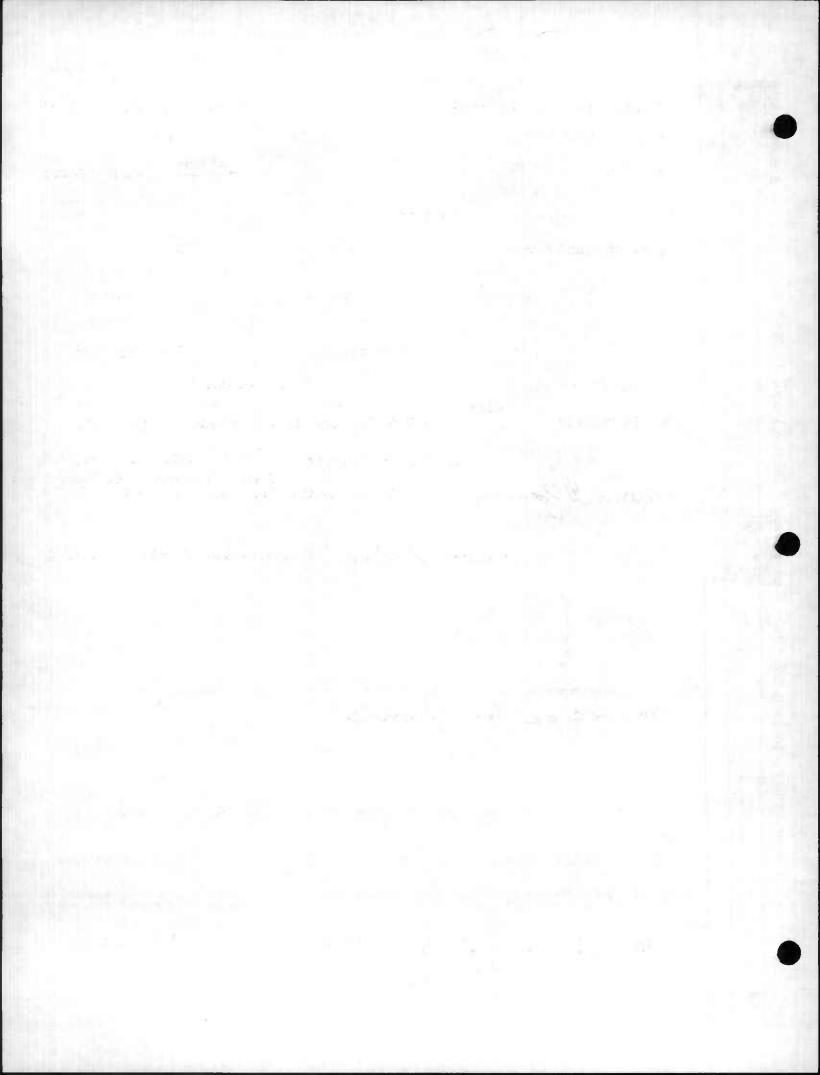
Bryview

Medical



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physic	ian	1. Decedent's Name (First, Middle, Last					2. Date of Dee	Day Yea		
/Medi	cal	Galileo Giusep 4e. Facility Name (If not institution, give		illo		4b. City, Town, or L	January		9:25pm	
Exami	ner	213 S. Highland Av				Baltimore	oodion of Doorn	n/a	90(1)	
Funeral Director		213-03 3333	7. Age (lin	yrs. last birthday) Yrs.	If Under 1 Year Months Days		8. Date of Birth (Month, Day 5-13-1	9. E 913 Wi	Birthplace (State or Foreign Country) Lkes, BarrePA	
Meryland f show	tor	Usual Residence of Decedent 10e. State 10b. County MD n/a		c. City, Town or Lor Baltimore					10d. Inside City Limits 1 XYes 2 □ No	
th with the 23s or 26s	Funeral Director	10e. Street and Number 213 S. Highland A	venue		10f. Zip Code 212 2	24		I 0g. Citizen of What	Country?	
and 21215-0020 be filed within 72 hours after death with the Menyland hal thyglene. d other than "naturel", or items 23s or 28s-f show event, the Medical Examinar must be notified at	by	11. Maritel Stetus 1 ☐ Never Married 2 ∰ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Vas Decedent of Yes, specify Cul ☐ Yes 2 No	Hispanic Origin? (Spoan, Mexicen, Puerto Specify:	ecify Yes or No- Ricen, etc.)	14. Rece - Al Black, W Specify: W		
Maryland 21215-UU20 d 2 should be filed within 72 hours af th and Mental Hygiene. 7 is merked other than "naturel", or traumetic event, the Med cal Exern	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cetion e completed) College (1-4or 5+)	(Give I	ent's Usual Occu kind of work done OO NOT use retine ctriciar	during most of worked)	ing	16b. Kind of Busines Self Emp		
should be filed and Mental Hygie marked other imatic event, it	To Be C	17. Father's Name (First, Middle, Last) Giuseppe Petrosil	10		18. Mother's Name (First, Middle, Maiden Surname) Lucia Antonelli					
Maryla 12 should 12 should 12 should 15 marks raumetic		19a. Informant's Name/Relationship (Ty	pe, Print) wife					r, City or Town, State		
ges 1 en t of Heal if item 2 or other		Mary Petrosillo 20a. Method of Disposition 1 Burial 2 TCremation 3 R 4 Donation 5 Other (Specify)	emover from State	213 S 20b. Place of Dispos cemetery, crem Greenmoun	sition (Name of natory or other pla	ice)	Date	e, Marylan 20c. Location - City Baltimore		
Demit. Pe Departmen Important: any injury once.		21. Signature of Funeral Service Asserts		22.	Name end Addr	ess of Facility Jos	seph N.	Zannino J	r. Funeral H	
Physician / Medical Device of Physician / Medical Examiner of Physician June Physician June Physician (Paris) as the bunel fransit	edicai Examiner	Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	Due	to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or as a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a consequence to (or a conseq	uence of):	Pros	tale	CA	Onset end Death	
net the death cerd by the attendin	by Physician/M	Pert II. Other significant conditions con		ot resulting in the un	1	ven in Part I.	23b. Did to 1 Y	es 2 No 3	probably 4 Unknown . Were autopsy findings aveilable prior to	
ne law re e has be	Completed							0.0	completion of cause of death?	
ysician: The la is certificate ha director, page	0	25. Wes cese referred to medicel				26. Place of Deat	1 ☐ Y		1 ☐ Yes 2 ☐ No	
To the Hospital or Attending Physician: The law requires the within 24 hours after death. To the Funeral Director: After this certificate has been signed completely filled in by the funeral director, page 2 should be	examiner?			me 5 A Residue 28d. Describe h 28f. Location (S City or Town and due to the c	ence 8 Other (S) ow injury occurred treet and Number or n, State) ause(s) and manner	Rural Route Number,				
To the To the comp	Me	29b. Signeture and title of certifier M. Welun		1-13.	29c. Licen	2792)	2	9d. Date signed (Mo	nth, Day, Year)	
Sta Registr		30. Name and eddress of person who co	mpleted ceuse of death	(Item 23a) (Type, F	Print) 1	nd. 2	-122	+		

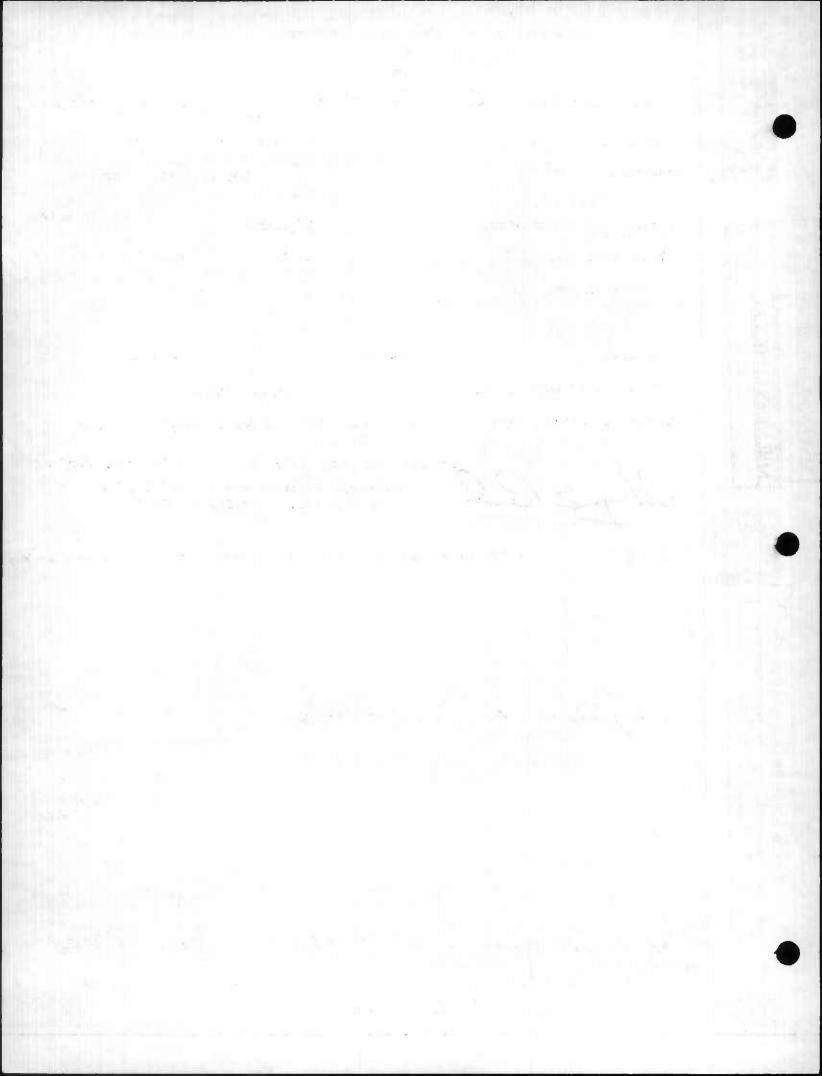


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death WALTER PALMER **Physician** Month Tan, 3, 1998 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner Church Home Hospital Baltimore City If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpiace (State or Foreign Country) **Funeral** ₹\ M 2□ F Yrs. 219-16-4489 73 Director May 22,1924 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 TYes XX No Director Maryland Baltimore Edgemere ã 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? b 7922 Shore Road 21219 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 [32Yes 2 □ No If Yes, Give Year or Dates: WWII 11 Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes ŽÍNo Specify: PV Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 10 Years Steelworker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Walter Coward Palmer, Sr. Addie Anderson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Evelyn F. Palmer / Wife 7922 Shore Road Edgemere, Maryland 21219 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 □ Cremation 3 □ Removal from State Baltimore, Maryland Oak Lawn Cemetery 1/6/1998 21. Signature of neral Service I Icensee 22. Name end Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 design or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, that cause on each line. Approximate Interval Between **Physician** /Medical Immediate Ceuse (Final METASTATIC CANCER OF STOMACH. Few Manth diseese or condition resulting in death) Examiner Due to (or as a consequence of) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting In death) Lest Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of) Box (Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Remal 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were autopsy findings evelleble prior to completion of cause of death? Completed 24a. Was en eutopsy performed? 1 Yes 2 PNo of Vital or Attending Physician: 25. Was cese referred to medical Be 26. Place of Death (Check only one) EXTENDED Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 12 Other (Specify) CARCE 0 1 Yes 2 No 27. Manner of Death 28b. Time of 28c. fnjury at Work? 28d. Describe how Injury occurred Division 1 Natural 5 Pending s after death. 1 Yes 2 No investigetion 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier 29c. License number 017322 29b. Signature end title of certifier 29d. Date signed (Month, Dey, Yeer) A. R Nagemi no 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

A-P-NALEMI, M-P. CHUNCH HOSPITAL, BALT. MP.

DHMH 16 Ray 6/95

State Registrar 31. Date filed (Month, Day, Yeer)



State of Maryland / Department of Health and Mental Hygiene

	State of Maryland	Certificate of De	ath	Reg. No.								
Physicia /Medic	NICOOLIC	Phillips	2. Dete of De Month January	Day Year								
Examine	4e Facility Name (If not institution, give street end number)	4b. C	ity, Town, or Location of Death									
	Good Samaritan Hospital	Y 12 12	altimore Under 24 Hrs. 8. Date of Bin	N/A								
Funerai Director	5. Social Security Number 215-28-8316 Usuel Residence of Decedent 6. Sex 1 M 2 F 68		ours Min. (Month, De	9. Birthplece (State or Foreign Country) 20,1929 New York								
dand wa		own or Location		10d. Inside City Limits								
Mary Fr sh	Maryland Baltimore Co. Park	ville		1 ☐ Yes 2 🕅 No								
h the	Maryland Baltimore Co. Park	10f. Zip Code		10g. Citizen of What Country?								
th wit		21234		United States								
O20	2818 Glendale Avenue 11. Marital Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U.S. Armed Forces? 1 X Yes 2 No If Yes, Give Year or Dates: 1951–195	1 Yes 2 No Sa	nic Origin? (Specify Yes or No exicen, Puerto Rican, etc.) pecify:	14. Race - American Indien, Bleck, White, etc. Specify: White								
21215-0020 d within 72 hours aft glene. or than "natural", or it is medical Exert.	Elementary/Secondary (0-12) College (1-4or 5+)	6e. Decedent's Usual Occupation (Give kind of work done durin, life. DO NOT use retired)	g most of working	16b. Kind of Business/Industry								
		Carman	Mother's Name (First, Middle,	Railroad Maiden Sumeme)								
ed late	Peter Phillips	983	Bessie S	akellarakous								
Maryla d 2 should th and Mar 7 is marke traumatic				er, City or Town, Stete, Zip Code)								
C = 0 P	20e Method of Disposition 20b. Place	2611 Evergreen Ro	Date	aryland 21113 20c. Location - City or Town, State								
0 80 2 2	1 ☐ Burial 2 🛣 Cremation 3 ☐ Removal from State	etery, cremetory or other plece)										
Baltimo permit. Pag Department Important: If any Injury o		op Service Corporat		Towson, Maryland								
Bany limpo	21. Signature of Funerel Service Licensee Brian A. Willem 22. Name end Address of Facility Leonard J. Ruck Funeral Ho											
-	Buon a. Willen 23a Part Frier the disease or complications that caused the death F	5305 Harrford I		Maryland 21214								
Physician	23a. Part1. Enter the disease, or complications that ceused the death. I shock, or heart failure. List only one cause on each line.	or not onto the mode of dying, at	or as our old or respiratory o	Interval Between Onset and Death								
/Medicai	immediate Cause (Final	muonothu										
Examiner	resulting in deeth)	myopathy se consequence of):		1								
		, o ostrooquoriso (1).										
) de la constante	Sequentially list conditions, if any, leading to immediate cause. Enter I lander/ung.	a consequence of):										
0												
68760	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as	e consequence of):										
death cert e attendin of for use				1								
P.O. ust the de did by the delached	Part ii. Other algnificant conditions contributing to death but not resulting	g in the underlying cause given in		tobacco use contribute to the cause of death?								
E 2 17			10	Yes 2□ No 3□ Probably 420 Unknown								
Vital Records, sician: The law requires to certificate has been signs matter, page 2 should be	observe oddinarec		24a. Wes	en eutopsy rmed? 24b. Were autopsy findings available prior to completion of ceuse								
Rec select				of deeth?								
Vital Relations That I	8			Yes 2□No 1□Yes 2⊠No								
of Vita Physician: mis certific ral director,	25. Was cese referred to medical examiner?	Other:	Place of Deeth (Check only o									
P P P		b. Time of lnjury at Work?	Nursing Home 5 Resi	how Injury occurred								
On ding	1 Natural 5 □ Pending (Month, Dey Year) 2 □ Accident investigation	Injury Work? M 1 ☐ Yes	2 No									
Division or Attending after death, Director: After d in by the tune	27. Manner of Deeth 1 X Natural 2 Accident 3 Suicide 4 Homicide 28a. Dete of injury (Month, Dey Year) 28e. Plece of fnjury - At home building, etc. (Specify)	, farm, street, factory, office	28f. Location (City or To	Street end Number or Rural Route Number, wn, Stete)								
	29a. Certifier (Check only one) 2											
of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of the of	29b. Signeture and title of certifier	29c. License nu	mber	29d. Date signed (Month, Dey, Year)								
	1 march 14	511										
X	30. Name and address of person who completed cause of deeth (item 23	JANUARY 9, 1998 BALTIMORE RAVEN BLVD MDZERY										
0	NANAKO KURUPA MD GOOD SAMAR	MAN HOSPITAL	5601 LOCH 1	RAVEN BLUD MPZEZS								
	24 Date filed (Month Day Very)											

Registrar

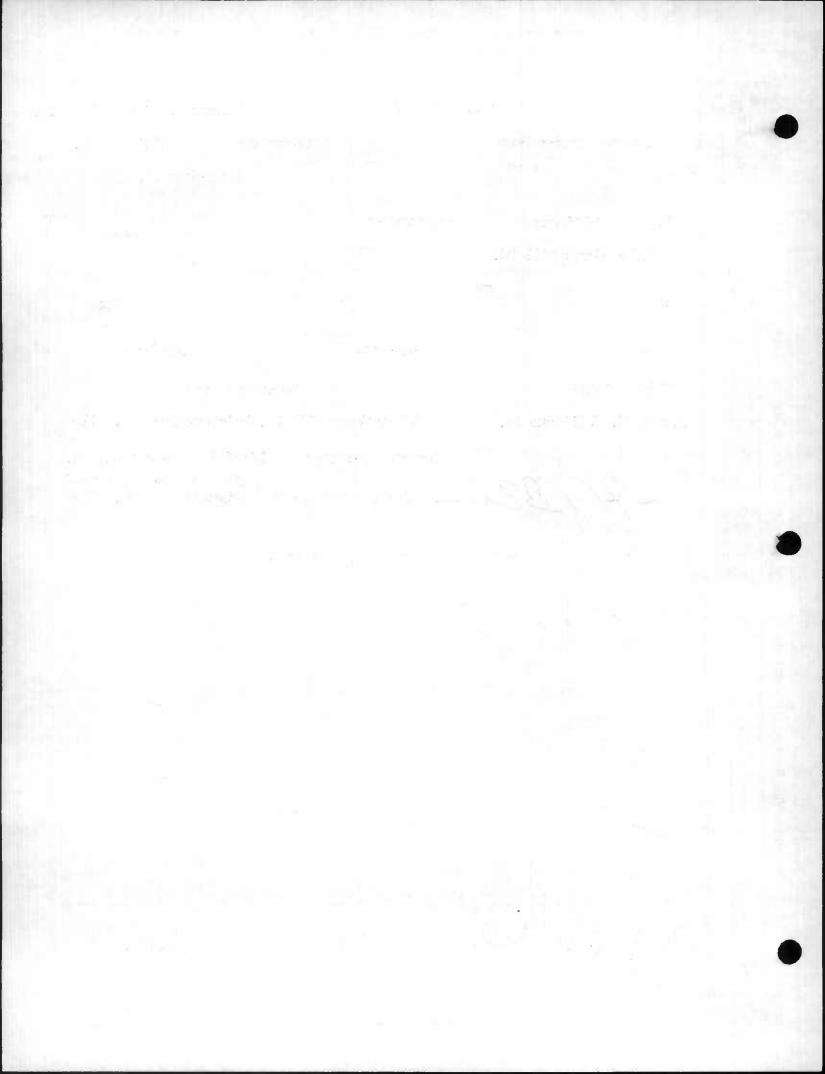
. . . Surface of the Control MANAGEMENT OF THE PARTY. 250-475 4 end in the proof of the mention of the property of the testing many to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon to the lateral of the other

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day **Physician** Month LENA S. PFISTERER January 8, 1998 7:50a.m. /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cherrywood Nursing Home Reisterstown Baltimore Co. 5. Social Sacurity Number If Undar 1 Yaar 8. Data of Birth (Month, Day, Yaar) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1□ M 250 F Months Days Hours Min. Yrs. 216-12-7484 82 Director September 28, 1915 MD Usuai Rasidance of Dacedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show "natural", or items 23s or 28s-f show suited Examiner must be notified at 1 ☐ Yas 2 ☐ No Director Baltimore Reisterstown 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 21136 12730 Gores Mill Rd. USA Funeral 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yas ②ONo If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after one of Health and Mental Hygiene.
Int: If fem 27 Is marked other than "natural", or itee
Inty or other traumatic event, the Menical Expanings.
Inty or other traumatic event, the Menical Expanings. 1 □ Navar Marriad 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐No Specify: white by Specify: 3 Nidowad 4 □ Divorced Completed 15. Dacadant's Education (Spacify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Eiamantary/Sacondary (0-12) Coilaga (1-4or 5+) housewife own home 4th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Alfred Satti Domenzina Bassatti 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Charles C. Scilipote Jr. 12730 Gores Mill Rd. Reisterstown, Md. 21136 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial ②☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or once. 1/12/98 Carroll Cremation Hampstead. Md. 22. Nama and Addrass of Facility 11824 Reisterstown Road Reisterstown, Md. 21136 FLINE FUNERAL HOME contributions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line. Onsat and Death **Physician** /Medicat Immadiata Causa (Final Auter. disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) Physician/Medical Examiner hysician and the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or injury that Initiated avants rasulting in daath) Last Dua to (or as a consequence of) that the death certificate be busco Box 68760. Dua to (or as a consequence of): P.O. F Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? s been signed by the should be detach 1 Yes 2 No 3 Probably 4 Unknown Records, by The law requires 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy parformad? e Dishal complation of cause of death? has page 2 1 Yas 2 →NO 1 ☐ Yas 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t Be 25. Was casa rafarrad to medicai 28. Placa of Daath (Chack only ona) Hospitai: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Norsing Homa 5 Rasidanca 8 Othar (Specify) Certification: To 1 Yas 2 No 27. Mannar of Briath 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Panding Invastigation 1 BNatural 1 Yas 2 No 2 Accident 3 Suicide 6 Could not be datamined Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 4 T Homicide 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifian Medical (Check only one) 29b. Signature and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and authrass of parson who complated causa of death (Itam 23a) (Type, Print) YdeL Mirkove Rententon 1 romain ST. 31. Data filed (Month, Day, Yaar) 32. Ragistrar's Signatura State JAN 1 2 1998 Registrar Julia Savidson Randale

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Date of Daath 3. Time of Death P4ACH JAN95 11.00 M JANVARY 6, 1998 4a. Fecility Nema (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death RANDALLSTOWN BAUTIMORE NORTHWEST HOSPITAL If Undar 1 Yaar | If Under 24 Hrs. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) Birthplace (Steta or Foraign Country) Months Deys Hours 1 MM 2□ F Yrs. 218-30-6013 an 17, 1930 Maryland Usual Rasidanca of Dacadant 10a Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☑ No Maryland Baltimore Granite 10e, Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 10636 Old Court Rd. 21163 USA 12. Wes Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11 Maritel Status 14. Raca - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Give Yeer or Detas: 1 53 Navar Marriad 2 ☐ Marriad 1 ☐ Yas 2 ₺ No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Dacadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 6 years None Disabled 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) James Oliver Peach, Sr. Florence G. Ensor 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Frances Kirk (Sister) 4314 Deer Park Rd. Randallstown, MD 21133 20b. Placa of Disposition (Nema of cametery, cramatory or other place) 20a. Mathod of Disposition Dete 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Lake View Memorial Park 1-9-98 Sykesville, Maryland 21. Signature of Funeral Sarvica Licansae 22. Name end Addrass of Facility Loring Byers Funeral Directors, Inc. Hyn 23a. Part / Entar tha disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. 21133 Approximata Interval Batween Onsat and Deeth ATHEROSCLEROTIC Immediate Causa (Final CARDIOVASCUCAR DISEAGE disaasa or condition rasulting in death) Dua to (or as a consequence of): Saquantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Dua to (or as a consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Wera autopsy findings available prior to completion of cause of death? 25. Was casa rafarred to madical 26. Placa of Daath (Check only ona) Hospital: 1 | Inpatiant 2 No 2 ER/Outpatient 3□ DOA Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 27. Mannar of Death 1 Natural 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury et Work? 5 Panding invastigation 1 Yes 2 No 2 Accident 6 Could not ba 3 ☐ Suicide 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At home, ferm, straat, factory, offica building, atc. (Specify) 4 - Homicida

Examiner and The law requires that the death certificate be execu Box 68760, been signed by the a should be detached to P.O. Records, page 2 certificate Division of Vital Hospital or Attending Physician: director funeral After To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al illed in by

Physician/Medical by Be Completed Certification: To

Physician

/Medical

Examiner

Funerai

Director

28a-f ahow

6 Нета 23а

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iten any injury or other traumetic event, its Medical Examples once.

Physician

/Medicai

Examiner

Examiner mant be notified at

Directo

Funeral

Completed by

Be

with the Maryland

death

Maryland 21215-0020

Baltimore,

29a. Certifier

Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of cartifie

MD

29c. Licanse number

29d. Date signed (Month, Day, Yaar)

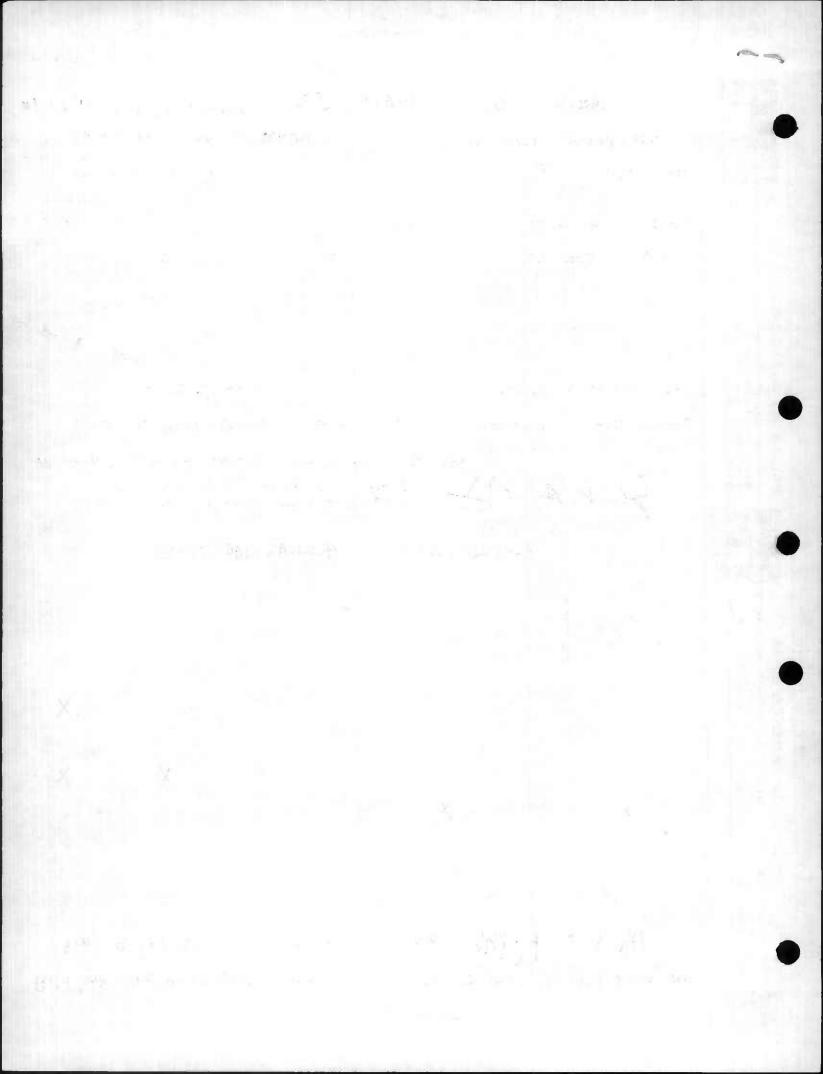
30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print)

NORTHWEST HOSPITAL CENTER SYOI OLD LOVET ROAD RANDALLYTUN MARYLYND 31. Data filad (Month, Day, Yaar)

State Registrar

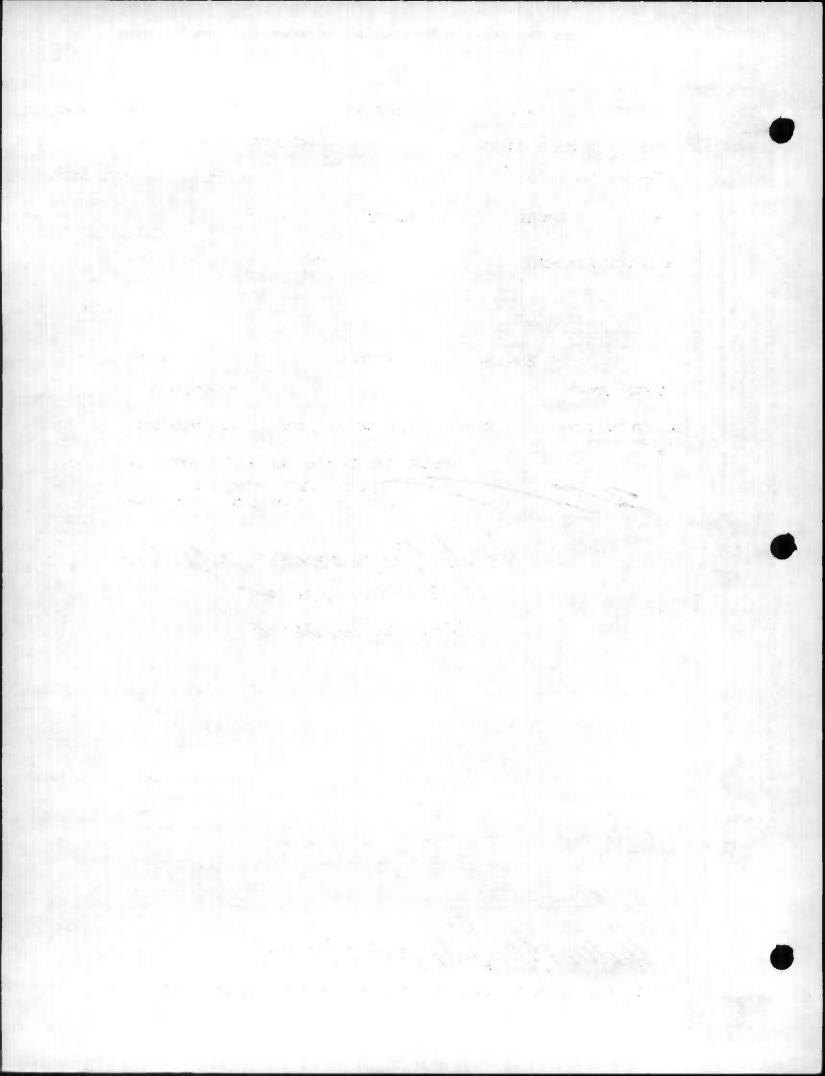
edicai





Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8

		me (First, Middle,	Last)						2. Dete of Dee Month	th Dey	Year	3. Time of Deeth						
/sician ledical	BETT	Y	PHYLLIS		PLUI	MMER			JAN.		1998	2:46 P.M						
iedicai iminer	4a Facility Neme	(If not institution,	give street end num	ber)	11 11 11		4b. City, T	own, or Lo	ocation of Death	4c. Cou	nty of Deeth							
	COOD S	λΜΑΡΤͲλΝΙ	HOSPITAL				BALT	IMOR	E CITY		N/A							
al —	5. Sociel Security					If Under 1 Yea	r If Unde	r 24 Hrs.	8. Date of Birth (Month, Day			oplece (State or Foreig						
or	217-12- Usuel Residence		1□M 2 汉 F	74	Yrs.	Months Dey	s Hours	Min.	1/16/2	3		YLAND						
	10a. Stete	10b. County		10c. Cit	ty, Town or Local	ition						10d. Inside City Limits						
to	MD	BALTI	MORE		TOWSO	N						1 ☐ Yes 2 📉 No						
Funeral Director	10e. Street and Nu	umber				10f. Zip Code				10g. Citizen	of Whet Cou	untry?						
o je	1521 DE	LLSWAY R	OND			21	286		USA									
ner	11. Maritel Stetus	TEOMAT V	12. Wes Deced	ient Ever in U	,S. 13. We			rigin? (Sp	ecify Yes or No- Rican, etc.)		ican Indien,							
by Fu		ried 2 Married		No No		Yes 2√2 N			Specify:									
8		15. Decedent's			16a. Deceden	nt's Usual Occ	upetion			16b. Kind o	WIT.	ITE ndustry						
Completed		cify only highest	grede completed)		(Give kin	nd of work don NOT use reti	e during mo	st of work	ing									
E	Elementary/Sec	ondary (0-12)	College (1-		SEC	RETARY				OFFI	CE							
De C	17. Fether's Neme	(First, Middle, La	2 YEARS)		WATTER	18. Moth	er's Nem	e (First, Middle,									
0	OSCAR	MATEER						CARL	SUMMER	FIELD								
	19e. Informent's N	leme/Reietlonship	(Type, Print)	Print) 19b. Melling Address			et end Numi	ber or Run	al Route Numbe	r, City or To	wn, State, Zi	ip Code)						
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	DONALD P	LUMMER	н	JSBAND	1531	DELLSW	AY ROA	D T	OWSON, I	MD 21	286							
	20e. Method of Dis			20b. F	Plece of Dispositi	tion (Neme of			Dete		on - City or T	Town, Stete						
		Cremetion 3 5 ☐ Other (Spe	☐Removel from S cify)	tate	ANEY VA			R. I	/12/98	OCKEY	SVILL	E. MD						
	21. Signeture of F	unerel Servica Lic	ensee		22. N	Name end Add	ress of Feci	lity			D 1 1 1 1 1	<u> </u>						
	21. Signeture of Funerel Servica Licensee 22. Name end Address of Fecility JOHNSON FUNERAL HOME, P.A.																	
	220 Ford Enter	the disease of or	mulications that as		JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TOWSON, MD 21286													
r	Immediate Ceuse diseese or conditi resulting in deeth)	(Finel	a A	used the deet	ch. Do not enter to	nor	ying, such e	s cardiec		rest,	m	Approximete Intervel Between Onset end Deeth						
edicai	diseese or conditi	(Finel on on onditions, mmediate lerlying r injury is	b	bye to ic	er of a conseque	ance of control of the second	ying, such e	s cardiec		rest.	m	Approximete Intervel Between Onset end Deeth						
	Sequentieily list or if eny, leeding to icause. Enter Und Ceuse (Diseese o that initiated event resulting in deeth)	(Finel on on onditions, mmediate erlying r injury is	• 4	Due to to	or as a conseque	ance of):	dia esoi oss	l s	or respiratory er	inte	contribute	Onset end Deeth						
	Sequentieily list or if eny, leeding to icause. Enter Und Ceuse (Diseese o that initiated event resulting in deeth)	(Finel on on onditions, mmediate erlying r injury is	b d contributing to dea	Due to to	or as a conseque	ance of):	dia esoi oss	l s	23b. Dld t	inte		Approximate Interval Between Onset and Death Onset and Death to the cause of death obably 4 Unknown						
edical	Sequentieily list or if eny, leeding to icause. Enter Und Ceuse (Diseese o that initiated event resulting in deeth)	(Finel on on onditions, mmediate erlying r injury is	• 4	Due to to	or as a conseque	ance of):	dia esoi oss	l s	23b. Did t	obacco use	0 3□ Pro	to the cause of death						
	Sequentieily list or if eny, leeding to icause. Enter Und Ceuse (Diseese o that initiated event resulting in deeth)	(Finel on on onditions, mmediate erlying r injury is	• 4	Due to to	or as a conseque	ance of):	dia esoi oss	l s	23b. Did t	obacco use	0 3□ Pro	to the cause of death						
3	Sequentieily list or if eny, leeding to icause. Enter Und Ceuse (Diseese o that initiated event resulting in deeth)	(Finel on on onditions, mmediate erlying r injury is	• 4	Due to to	or as a conseque	ance of):	dia esoi oss	l s	23b. Did t	obacco use /es 252 N en eutopsy med?	0 3 Pro	to the cause of death obably 4 Unknow Were autopsy findings iveliable prior to completion of cause						
be completed by ringsicial imedical	Sequentieily list or if eny, leeding to icause. Enter Und Ceuse (Diseese o that initiated event resulting in deeth)	(Finel on on on on on on on on on on on on on	b d	Due to to	or as a conseque	ence of):	given In Peri	n	23b. Did t 1 1	obacco use /es 25/N	0 3 Pro	to the cause of death obably 4 Unknown Were autopsy findings invelleble prior to completion of cause of death?						
	Sequentially list of if eny, leading to it cause. Enter Und Ceuse (Disease of that initiated event resulting in deeth) Part II. Other significant of the exeminer? 1 Yes 2 27. Menner of Dee 1 Pature!	onditions, medical or medical	Hospital: 1 In In 28a. Dete of (Month)	Due to to to to to to to to to to to to to	or as a consequent	ance of): since of): serlying cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	26. Plea	I. Dee of Deet	23b. Did t 1 1	obacco use /es 20 N en eutopsymed? /es 20 N ene) lenca 6 □	24b. V a C C C C C C C C C C C C C C C C C C	to the cause of death obably 4 Unknown Were autopsy findings ivelleble prior to completion of cause of death?						
idation: To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequenticity list or if eny, leeding to it cause. Enter Und Ceuse (Disease or that initiated event resulting in deeth) Part II. Other significant or it is a cause. Enter Und Ceuse (Disease or that initiated event resulting in deeth) Part II. Other significant in It is a cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the ca	(Finel on onditions, mmediate lerlying r injury is Lest	Hospital: 1 In In 28a. Dete of (Month) ion be 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca o	Due to to to to to to to to to to to to to	ER/Outpatient 28b. Time of Injury	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	26. Pleating the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	I. Dee of Deet	23b. Did t 1 1 2 24e. Wes perior 1 28d. Describe in	obacco use /es 22 N en eutopsy med? /es 2 N ene) lenca 6 I ow injury oc itreet and Ni	24b. V	to the cause of death obably 4 Unknown Were autopsy findings ivelleble prior to completion of cause of death?						
Certification: To Be	Sequentielly list or if eny, leeding to it cause. Enter Und Ceuse (Disease or that initiated event resulting in deeth) Part II. Other significations of the exeminer? 1 Yes 2 27. Menner of Dee 1 Naturel 2 Accident 3 Sulcide 4 Homicide	onditions, mmediate letrying r injury is Lest Ifficant conditions orred to medical Ano th 5 Pending investigat 6 Could not determine	Hospital: 1 In In In In In In In In In In In In In	Due to to to to to to to to to to to to to	ER/Outpatlent 28b. Time of Injury ome, farm, street	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	26. Pled Dither: 4 Nork?	I. ce of Deet lursing Ho	23b. Did to 1 24e. Wes performed to 1 28d. Describe in 28f. Location (S. City or Town	obacco use /es 22 N en eutopsy med? /es 2 N ene) lenca 6 □ low injury oc street end Na m, Stete)	24b. Van Company of the Company of the Company of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin of Ruin	onset end Deeth to the cause of death obably 4 Unknown Were autopsy findings ivelleble prior to completion of cause of death? I Yes 2 No						
Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequenticity list or if eny, leeding to it cause. Enter Und Ceuse (Disease or that initiated event resulting in deeth) Part II. Other significant or it is a cause. Enter Und Ceuse (Disease or that initiated event resulting in deeth) Part II. Other significant in It is a cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the ca	onditions, mmediate lerlying r injury is Lest Ifficent conditions orred to medical orred to medical orred to medical orred to medical	Hospital: 1 In In 28a. Dete of (Month) ion be 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca of 28e. Pieca o	Due to to Due to to Due to to Injury Patient 2 (A) Injury Paty Year) of Injury - At ha J, etc. (Specification of my known is of examples)	ER/Outpatient 28b. Time of Injury owne, farm, street	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	26. Pleating at the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	te of Deet	23b. Did t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use Yes 25 N en eutopsy med? Yes 2 N ene) lenca 6 □ row injury oc street and N m, Stete)	24b. V a c c c c c c c c c c c c c c c c c c	to the cause of death obebly 4 Unknown Vere autopsy findings ivaliable prior to completion of cause of death? 1 Yes 2 No cify)						
cation: To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequenticity list or if eny, leeding to it cause. Enter Und Ceuse (Disease or that initiated event resulting in deeth) Part II. Other significant or in the examiner? 1 Yes 2 27. Menner of Dee 1 Part urel 2 Accident 3 Sulcide 4 Homicide 29a. Certifier (Check only)	onditions, mmediate lerrying r injury is Lest Ifficant conditions investigat 6 Could not determine	Hospital: 1 In In In In In In In In In In In In In	Due to to Due to to Due to to Injury Patient 2 (A) Injury Paty Year) of Injury - At ha J, etc. (Specification of my known is of examples)	ER/Outpatient 28b. Time of Injury owne, farm, street	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	26. Pleating at the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	te of Deet lursing Ho I No	23b. Did t 1 1 2 24e. Wes performed to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	obacco use (es 25 N en eutopsy med? (es 2 N ene) lenca 6 lenca 6 lenca 6 lenca 6 lenca 6 lenca 6 lenca end N ene, Stete) ceuse(s) end date end pia	24b. V a c c o o o o o o o o o o o o o o o o o o	to the cause of death obebly 4 Unknown Vere autopsy findings ivaliable prior to completion of cause of death? 1 Yes 2 No cify)						
edical Certification: To Be Completed by Physician/Medical	Sequenticity list or if eny, leeding to it cause. Enter Und Ceuse (Disease or that initiated event resulting in deeth) Part II. Other significations of the examiner? 1 Yes 2 27. Menne of Dee 1 Naturel 2 Accident 3 Sulcide 4 Homicide 29a. Certifier (Check only	onditions, mmediate lerrying r injury is Lest Ifficant conditions investigat 6 Could not determine	Hospital: 1 In In In In In In In In In In In In In	Due to to Due to to Due to to Injury Patient 2 (A) Injury Paty Year) of Injury - At ha J, etc. (Specification of my known is of examples)	ER/Outpatient 28b. Time of Injury owne, farm, street	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	26. Pleconter: 4 North Perfork? Yes 2 Ce time, date e	te of Deet lursing Ho I No	23b. Did t 1 1 2 24e. Wes performed to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	obacco use (es 25 N en eutopsy med? (es 2 N ene) lenca 6 lenca 6 lenca 6 lenca 6 lenca 6 lenca 6 lenca end N ene, Stete) ceuse(s) end date end pia	24b. V a c c o o o o o o o o o o o o o o o o o o	to the cause of death obably 4 Unknown to the cause of death obably 4 Unknown to the cause of death? I Yes 2 No care Route Number, stated. to the cause(s)						
edical Certification: To Be Completed by Physician/Medical	Sequentially list or if any, leeding to it cause. Enter Und Ceuse (Disease or that initiated event resulting in deeth) Part II. Other sign! 25. Wes case refe exeminer? 1 Yes 2 27. Menner of Dee 1 2 Nature! 2 Accident 3 Sulcide 4 Homicide 29a. Certifier (Check only	onditions, mmediate leriving r injury Is Lest Micant conditions S Pending investigat Could not determine	Hospital: 1 In In In In In In In In In In In In In	Due to to Due to to Due to to Atth but not res Injury Dey Yeer) Injury - At had a set of my known is of examples a set of my known is of examples a set of my known is of examples.	ER/Outpatlent 28b. Time of Injury ome, farm, street	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	26. Pleconter: 4 North Perfork? Yes 2 Ce time, date e	te of Deet lursing Ho I No	23b. Did t 1 1 2 24e. Wes performed to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	obacco use (es 25 N en eutopsy med? (es 2 N ene) lenca 6 lenca 6 lenca 6 lenca 6 lenca 6 lenca 6 lenca end N ene, Stete) ceuse(s) end date end pia	24b. V a c c o o o o o o o o o o o o o o o o o o	to the cause of death obably 4 Unknown to the cause of death obably 4 Unknown to the cause of death? I Yes 2 No care Route Number, stated. to the cause(s)						
edical Certification: To Be Completed by Physician/Medical	Sequenticity list of resulting in deeth) Sequenticity list of reny, leading to it cause. Enter Und Ceuse (Disease of that initiated event resulting in deeth) Part II. Other significant of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of the sequential of th	onditions, mmediate leriving r injury Is Lest Micant conditions S Pending investigat Could not determine	Hospital: 1 In In In In In In In In In In In In In	Due to to to to to to to to to to to to to	ER/Outpatlent 28b. Time of Injury ome, farm, street	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	26. Piec 26. Piec 26. Piec 26. Piec 26. Piec 27. Piec 28. Piec 29. Piec 29. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Piec 20. Pi	the of Deet lursing Ho	23b. Did t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use yes 252 N en eutopsy med? yes 2 D N enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D enca 6 D	24b. V a c c o o o o o o o o o o o o o o o o o o	to the cause of death obably 4 Unknown to the cause of death obably 4 Unknown to the cause of death? I Yes 2 No care Route Number, stated. to the cause(s)						



State of Maryland / Department of Health and Mental Hygiene 8 00406

						Cert	ificate of	Death		Reg. No.	00	400
Ph	ysicia	an	Decedant's Nama (First, Middla, Li		•				2. Data of Dea Month	Day	Yaar	3. Tima of Death
	Medic		4a. Facility Nama (If not institution, gi	PoGG				4b. City, Town, or L	→AN.		998	8:30AM
EX	camin	er	241 S. EXE		5T.				· CITY	40. County	2/4	
Fun	neral		5. Social Sacurity Number 6.	Sax 7.	Aga (In yrs. las		If Undar 1 Yaar	if Undar 24 Hrs.	8. Data of Birtl (Month, Day	Yanal	9. Birthpla	ca (Stata or Foraign
Direc			2/7-22-0884 Usual Rasidanca of Dacadani	1□ M 2₽F	8	6 Yrs.	Months Days	Hours Min.	July. 16		M	Ď.
with the Marylend	3		10a. Stata 10b. County		10c. City, 1	Town or Loca	alion				100	d. Insida City Limits
the Maryler 28a-f show	diffe	cto	MO N/A		1 1	BELT	To. Ci	Ty				JE Yas 2□No
vith th	20	Dire	10e. Street and Number				10f. Zip Coda			10g. Citizan of W		y?
death w	THE .	erai	241 S. EXE		- E	40.00		-02			SA	
	B	by Funeral Director	11. Marllal Slatus 12 Navar Marrled 2 Marriad 3 Widowed 4 Divorced	12. Was Daceda Armed Forca 1 Yas 2 If Yas, Giva Yaar or Data	s? ZNo		Yas, specify Cut	Hispanic Origin? (Spean, Maxican, Puarto Specify:	DECITY YAS OF NO-	No- 14, Race - Amarican India Black, Whita, atc. Specify: //) H TE		c.
15-002 n 72 hours	dical	Completed	15. Decedant's E	ducation		16a. Deceda	nt's Usuai Occu	pation	dae	16b. Kind of Bu		
1	nd 2 should be filed within sith and Mental Hygiene. 27 is marked other than " r treumetic event, the Men		(Spacify only highast gr Elamantary/Secondary (0-12)	Coilaga (1-40	or 5+)	lifa. Do	O NOT usa retire	during most of worked)	ang	0.		
Nogier than			12+	5+		OWN	ICA DI	RUG STO		PHAR		
Maryland d 2 should be file th and Mental Hy 7 is marked oth			17. Fathar's Nama (First, Middla, Last	Poggi				18. Mothar's Nam				
hould de			GABRIEL 19a. Informant's Name/Ralationship	ELiZA				Na da Y				
Ma nd 2 s lith an			BETSY McEVOY		12011		YCE AUE	-	son 2		A	
	otto		20a. Mathod of Disposition		20b. Piac	a of Disposi	tion (Nama of		Data	20c. Location -		
Saltimore emil. Pages 1. Repartment of He reportant: If then	Injury or		Donation 5 ☐ Other (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co		ta Nex	U CAT	HEDRA	1 CEM	18/98	BACTO	M	d.
Ball permit Depart Import	any in		21. Signature of Funeral Service Lice	none	- 0	1	Nama and Addr	ass of Facility	NS FUI	versel i	HOME	241
			25a Part Entar Iha diseasa, or com shock, or heart failure. List only	pilcations that caus	sed tha death.	ئستے Do not anlar	tha moda of dy	ing, such as cardiac	or raspiratory ar	Berto rest.		Approximata ntarval Between
Physic /Medi Exami	lical iner	ner	Immediata Causa (Final disaasa or condition rasulting in death)	a Bela	Dua to (or as	lsc s a consequ	enca of):	201110	dista	-0		One week
Box 68760, eeth certificate settending physican end	as the bur	n/Medical Examiner	Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Diseasa or injury that initiated evants rasulting in daath) Last	c. Basi	Dua to (or as	glea	n des	ish				
Geette e ette	pd for	sicia	Part II. Other significant conditions of	contributing to death	but not rasultir	ng In the und	leriving causa gi	van in Part i.	23b. Did to	obacco use con	tribute to t	he cause of death?
dS, P.O.	a detach	by Physician/	Congeste	I he	ert of	Lail	wu		101	aa 219-N6	3 Probe	bly 4 ☐ Unknown
aw req	2 shou	Completed	Dilated	Caro	lion	yo,	balk	9	24a. Was a perfor	an autopsy mad?	avall	a autopsy findings abla prior to pletion of cause lath?
E et et	director, page	5	Corprar	y arte	ercy.	des	lass		1 □ Y	as 20No	1 🗆 '	Yas 2□ No
Vital Indicate certificate	actor,	Be	25. Was casa refarred to medical axaminer?					28. Place of Deat	th (Check only or	na)		
the signature	at I	2	1 ☐ Yas 2 ☐ No 27. Mannar of Death		itiant 2 ER		3L DOA		oma 5 4 nesid			
C 5 5	fune	ou	1 ONatural 5 Panding	28a. Data of In (Month, L	Day Year) 28	b. Tima of Injury	28c. Inju Wo	ryat irk?]Yas 2 □ No	28d. Dascribe h	ow injury occurr	ed	
Vision Attend	in by the	Certification:	2 Accidant Invastigatio 3 Suicida 6 Could not b 4 Homicida datarmined	II, factory, office		28f. Location (S City or Tow	treet and Numbern, Stata)	er or Rural F	Routa Number,			
To the Hospital or within 24 hours after To the Funeral Director	yely filled	Medical Ce	29a. Cartifier (Check only one)	occurred at tha ti	ma, data and place, opinion, death occur	and due to tha c	ausa(s) and mai lata and place, a	nnar as stat	ed. na cause(s)			
ithin o	MD I	M M	29b. Signalura and titia of certifiar	and mannar	aidieU.		29c. Licen	sa number	2	29d. Data signed	(Month. Da	ay, Year)
F ¥ F 8	6		/al star 1	A	-	- h				en 1	07/1	18
1)		-	30. Nama and addrass of person who	complated cause of	I death (Item 22	(Type P		2302		0//	07/9	0
7			A	Complated causa of	- 307	540	1 Loca	PAVEN B	200 1	BAITA	mh	717 30
	Stat	A	31. Data filed (Month, Day, Year)	32. Regis	rays Signature		2.00	. 7007				01077

na mili ya sayar THE MARKET P. LEWIS CO., LANSING The general gift mention white arms I will Personal Relation for the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland

Department of Health and Mental Hygiene. Important: if item 23s or 28s-f show any Injury or other traumatic event, the Medical Example must be notified as any Injury or other traumatic event, the Medical Example must be notified as any once.

29a. Certifier (Check only one)

Directo

Funeral

þ

To Be Completed

Physician

/Medical

Examiner

Funeral

Director

Plea	Time or	Drint in I	Dlask In	delible	lak	Accu	A	II Conies	A	to Logi	iblo.		
Flee	ase Type or State o	of Marylan	nd / Depa		of H	Health a		Mental Hy		ene 98	00	40	7
Decedent's Neme (First, Middle	de Last)			trice				2, Dete of De	-	No.		3. Tir	me of Death
Amelia Carme		alone						Month JANUAI		Dey 8, 1	Yeer 1998		: 55PM
4a Fecility Name (If not institution						4b. City, Tov		ocation of Death		4c. County		1	
GREATER BAL			L CEN	TER		TOWS				-	TIMOL	RE	
5. Social Security Number	6. Sex	7. Age (In yrs.		If Under 1		If Under 2	24 Hrs.	8. Dete of Birt	rth .		9. Birthr	niece (Si	tete or Foreign
217-20-9176	1□M 2 F	90	Yrs.	Months	Deys	Hours	Min.	June 1	av. Ye	1907	Coun	ylar	
Usuel Residence of Decedent		1.0.0										1 2 1	
Maryland Baltim			ity, Town or Lo Ckeysvi								1		de City Limits Yes 2 No
10e. Street and Number		4		10f. Zip C				100.	. Citizen of W	What Cour	ntry?		
16 Beehive Plac	ce, Apartm	ment F		2103						U.S.A.		Ary.	
11. Marital Status	12. Wes Dac	cedent Ever in U	J.S. 13. Wes Decedent of Hispenic Origin? (Spe If Yes, specify Cuban, Mexican, Puerto					ecify Yes or No		14. Race	ce - America		an,
1X Never Merried 2 ☐ Man	Armed Fo	orces? 2 No live		If Yes, specify 1 ☐ Yes 25			Puerto	Rican, etc.)			ck, White,	etc.	
3 Widowed 4 Divorced	d Yeer or D										Wh.	nite	
	est grede completed)	(1-4or 5+)	16a. Decer (Give life.	dent's Usuel (kind of work DO NOT use	Occup done retire	pation during most of ed)	of work	ing	16b	b. Kind of Bu	usiness/Inc	dustry	
8th Grade	Ouiogo,	1-401 5+1	Homem	aker					O	wn Hon	me		
17. Fether's Neme (First, Middle,								e (First, Middle,		iden Sumem	пө)		
Libero		Pasqual				Carme					tropa		
19a. Informent's Name/Reletions	ship (Type, Print)		19b. Maili	ng Address (Street	t and Number	r or Run	ral Route Numbe	er, C	lity or Town.	Stete, Zip	Code).	21030
Theresa M. Paso	malone/Si	ster	16 B€	ehive	Pl	ace. A	apt.	F, Coc	ke	vsvil?	le. M	lary.	land
20a. Method of Disposition 1 ■ Burial 2 □ Cremation 4 □ Donation 5 □ Other (5	3 □Removel from	20b. F	Plece of Dispo cemetery, crer St Holy	osition (Neme emetory or other	e of her plea	ece) 1/12	2/98	Dete	20c	c. Location -	- City or To	own, Stel	ete
21. Signature of Funeral \$1.50 cm. 23a. Pert1. Eller the disse, or shock, or heert fell ura. List	11/20	caused the deal aech line.	Jo 64	ohn C. 115 Bel	Mi] lair	ess of Fecility ller, r Road ing, such as c	Inc.	altimor	e,	Mary]	land	Approx	
Immediete Causa (Finel disease or condition resulting In deeth)	e. C.	ardio	re a	orhy	th	imia		1991			15	Zmi	me d'ali
	- h 7	Due to (o	me h	luence of):	-0	hisea	se					21	necks
Sequentielly list conditions, if eny, leeding to Immadiate cause. Enter Underlying Causa (Diseese or Injury	5	Due to (o	or es e consec	quence of):							1		
thet Initiated events resulting in deeth) Lest	d	Due to (o	or es e conseq	uance of):							1		
A SALL THE RESIDENCE OF THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SALL THE SA			. Man I			2541		1 con Did	- Ang		- 24-1-18-m P	*** **	danth?
Part II. Other significant condition	ons contributing to u	eath but not res	ulting In tha u	ndarlying cau	JSA giv	ven in Pert i.	H		tobac	/			use of death?
									s an a formed	ed?	cor	veileble p ompletior I death?	n of cause
dament to modice						7.						1 100	21110
25. Wes case referred to medica examiner?	Hospital:	/			T Ot	thar:		th (Check only o				-	
1 Yes 2 No	112		ER/Outpetier		M	4 🗆 IAUL		ome 5 Resi			her (Specify	y)	
27. Menner of Deeth 1 Natural 5 Pendir 2 Accident investi	ing (Mon	of Injury onth, Dey Year)	28b. Time of Injury	of 280	Bc. Injur Wor 1 🗌	ury et ork?] Yes 2 N		28d. Describe	how	injury occur	red		
3 Suicide 6 Could determ	not be nined 28e. Place build	e of injury - At he ding, etc. (Specif	ioma, farm, st	reet, fectory.	offica			28f. Location (City or Tot	Stree	et and Numb State)	per or Rum	al Route	Number,

Physician /Medical Examiner edical Certification: To Be Completed by Physician/Medical Examiner within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buffat-transit To the Hospital or Attending Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

29b. Signeture and title of certifier

12 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data end plece, end due to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, daeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29d. Dete signed (Month, Day, Year) 29c. License number 01-09-98 D 52197

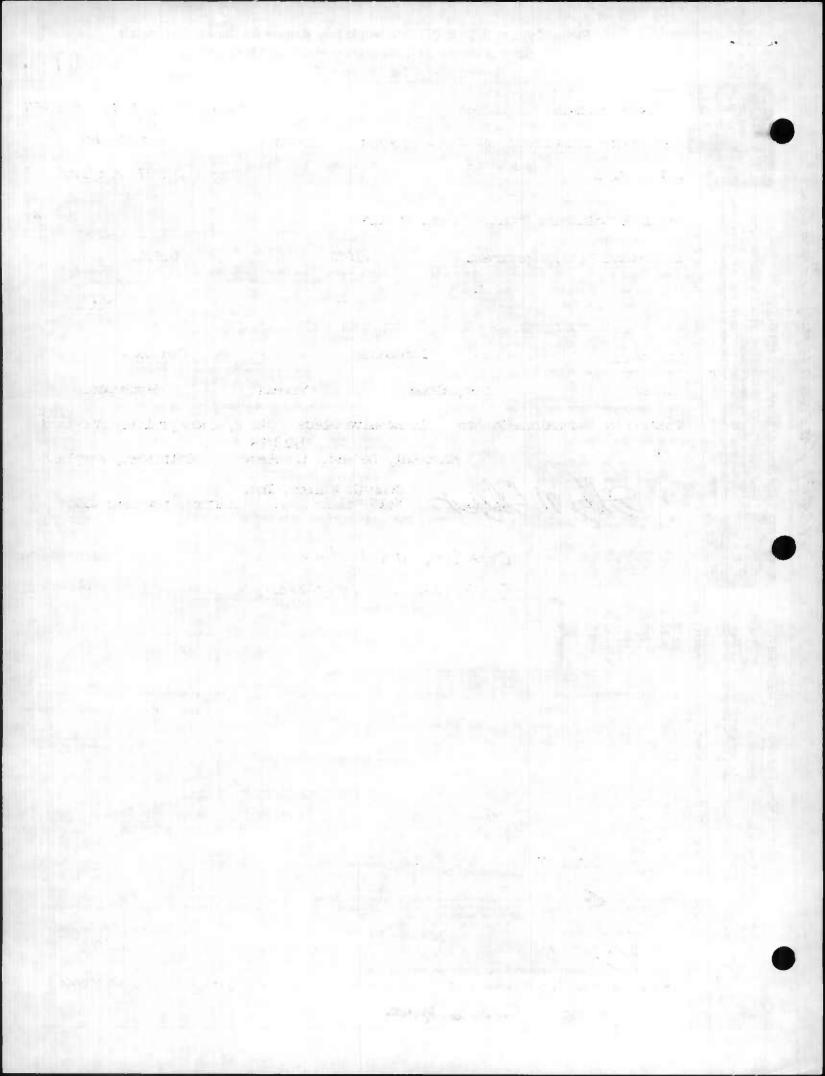
30. Name end ederass of person who complated cause of deeth (Item 23a) (Type, Print)

2 1998

6701 N-CHARLES ST BACTIMORE MD 21204 REKHA MOTAGE GBMC

31. Date filed (Month, Day, Year) State Registrar

32. Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth RUTKOWSKI Month heonard G. 7 PM 99 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Bayview HODKINS DundalkiMD Hohns 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Months Deys If Under 24 Hrs. Birthplace (Stete or Foreign Country) 120 M 2□ F 219-03-4227 Maryland Uaual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Dundalk Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21222 1728 Stokesley Road United States 12. Wes Decedent Ever in U,S.
Armed Forces?
1≿ΩX'es 2 □ No
If Yes, Give
Yeer or Dates: WW. 14. Raca - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: Specify. WWII 3 Widowed 4 □ Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent'a Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buaineas/Industry College (1-4or 5+) Years Elementery/Secondary (0-12) Electrical Engineer Electrical 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Julius Rutkowski Bronislawa Palanowski 19e. Informent's Name/Relationship (Type, Print) Grand -19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. DePaula Kemmer/ daughter 2811 Quarry Heights Way Baltimore, MD 21209 20e. Method of Disposition 20b. Placa of Disposition (Neme of cometery, cremetory or other pleca) Date 20c. Location - City or Town, State DEBuriai 2 Cremation 3 Removal from State Baltimore, Maryland 1/12/1998 Oak Lawn Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 22. Neme end Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. Pe 1. Enter the disease, or completations that caused the deeth. shock, or heert feilure. List only one ceuse on each line. 7922 Wise Ave. Dundalk, Maryland Approximate Interval Between Onset and Deeth t enter the mode of dying, such es cardiac or respiretory errest, Immediate Cause (Final disease or condition resulting in death) IWA Due to (or es e consequence of) Due to (or as e consequenca of): Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were autopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en autopsy performed? 1 ☐ Yes 2 No 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA

Physician /Medical Examiner

attending

E

100

Athur Attending

Director:

death.

after:

Hospital

24 To the Within 2 To the þ

Completed

89

To

edical Certification:

Physician

/Medical

Examiner

Funeral

Director

28a-f show

ò

Items 23a

"natural", or

permit. Pages 1 end 2 should be filed within: Department of Health and Mental hygiene. Important: If Item 27 Is marked other than "nany injury or other traumatic event, trained any injury or other traumatic event, trained

Baltimore, Maryland 21215-0020

68760

Box (

o

ď

Records,

Division of Vital

Director

Funeral

by

Completed

Be

traumatic event, the Medical Examiner must be notified at

the Maryland

Examine Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Physician/Medical 96

Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.

Parkinson's Dz

1 Yes 2000 28b. Time of 28d. Describe how injury occurred

27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide

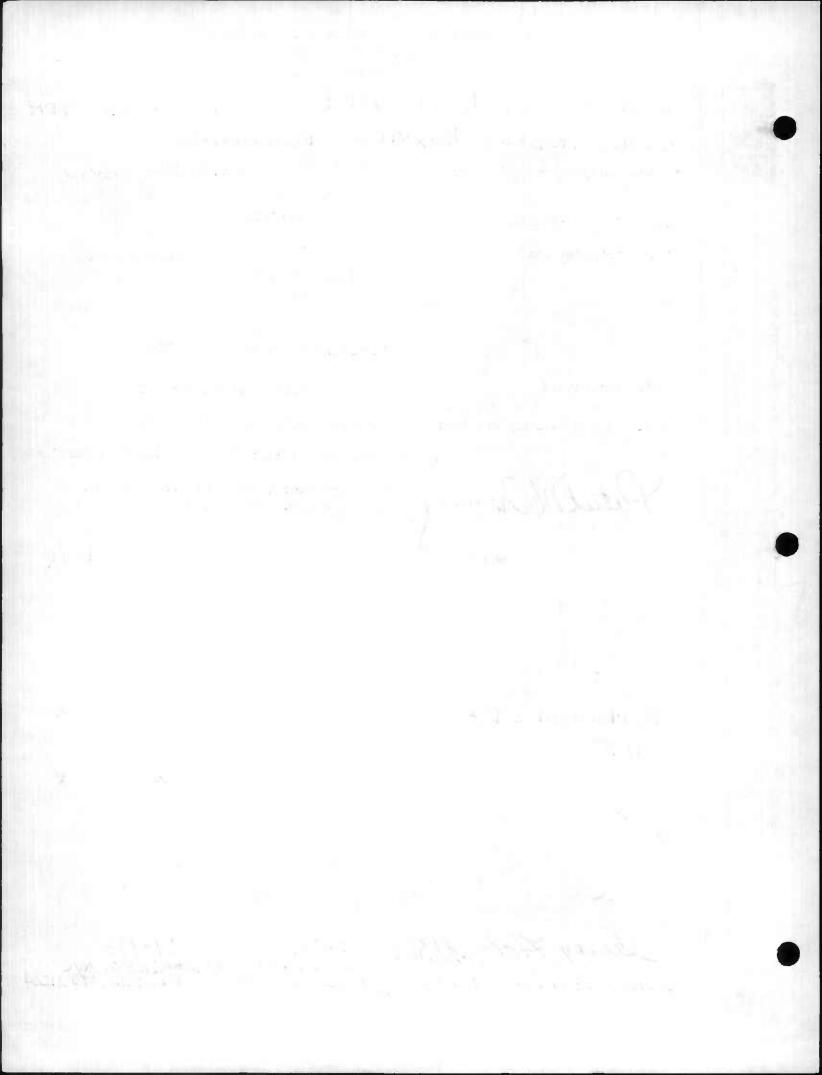
13 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end placa, end due to the ceuse(s) and manner stated. 29a. Certifier

29d. Date signed (Month, Dey, Year) 29b. Signature end title of cartifier 29c. License number 91017

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SUSAN HOBBEY DAMES 38KM AVE UONNS HOPKINS BOUVIEW MEDICAL CONTER DUNGAIK, MD 21224

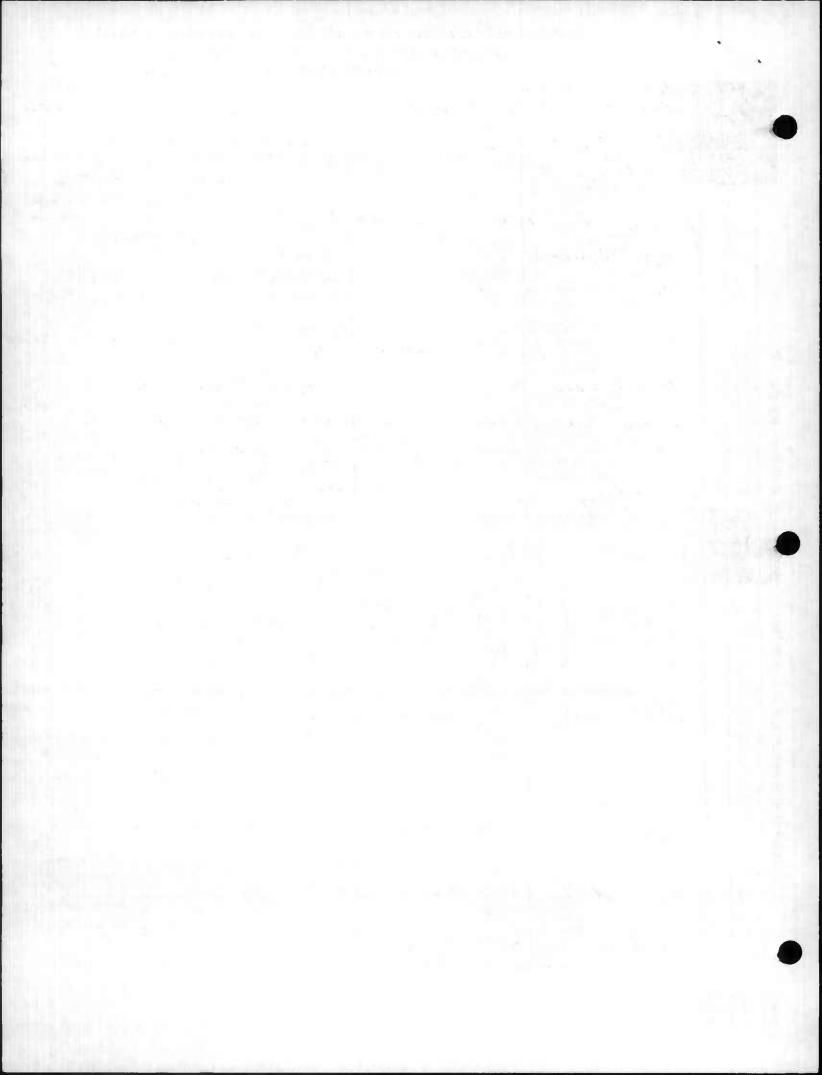
31. Date filed (Month, Day, Year) JAN 1 32. Registra s Sign force

Registrar



State of Maryland / Department of Health and Mental Hygieneg

		1. Decedent's Name (First, Middle, Las	· .				2. Date of Deet			Time of Death
hysiciar		MICHAEL L	lughgene.	Smith			Month Jan.	Dey /99	Yeer	10:300
/Medica Examine		4a. Facility Name (If not institution, give				4b. City, Town, or L	1	4c. County o		- ///
-Adminio		6734 TOWNER	ook Dride	6		WOODLA	لان	Balti	MATE	
ıneral		5. Social Security Number 8. Se	7. Age (In	yrs. last birthday)	If Under 1 Yeer	If Under 24 Hrs.	8. Date of Birth			(Stete or Foreig
rector		2/3 - 64 - 7363 Durant Residence of Decedent	M 20 F 39	Yrs.	donths Days	Hours Min.	Month, Day,		Hary!	
M #		10a. State 10b. County	100	c. City, Town or Locat	tion				10d. I	nside City Limit
18	į	narylan BAH	S'MOE	Woud.	LAUR				1	Tes 201
128	Director	10e. Street and Number		HE	10f. Zip Code		1	0g. Citizen of W	hat Country?	
98	2	6734 TOWNBro	ook Drive		é	21207		V51	7	
E S	Funeral	11. Marital Status	12. Wes Decedent Ever i	in U,S. 13. Was	s Decedent of	Hispenic Orlgin? (Spoan, Mexican, Puerto	ecity Yes or No-		- American Ir	ndlan,
0 5 .	Dy Fu	1 Never Married 2 Married 3 Widowed 4 Divorcad	Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates:		es, specify Cut Yes 2, PNo		Hican, etc.)		Black	
natural', edical Exc		15. Decedent's Edu		16a Deceden	it's Usual Occu	nation		16b. Kind of Bus		
	Completed	(Specify only highest green	de completed) College (1-4or 5+)	(Give kin life. DO	d of work done NOT use retire	during most of worked)	ring	JUHN K		//
S E	3	17. Father's Name (First, Middle, Last)	14000	0-10.00			- (Final Miles)	4-14 0		
marked other than matic event, the M	o ne	Paniel Smit	, Sc.			18. Mother's Nam)	
a Hara		19a. Informant's Name/Reletionship (T		19b. Mailing A	Address (Stree	t and Number or Rui	al Route Number	City or Town, S	Stete, Zip Cod	10) 2/20
or tra		DAHAN Smith	BroTHER	6734	TOWN	usrook Z	or # E	Baltia	IOTE L	ul
if item 27 or other to		20a. Method of Disposition		Ob. Placa of Disposition	on (Neme of	ace)	Date 10-98	20c. Location - C	City or Town,	Stete
7 H		1.2 Burial 2 ☐ Cremation 3 ☐ I			CE MEI	En	-10-78	BAITA	10/8, 1	ud
Important: any injury ance.	-	21. Signeture of Funeral Service Licans		22. N	lame and Addr	ess of Facility C	4ATHM			
any ir		1 Spery to	Al. I'	250	10 RE	STENSTU	YN KOAK	0		
	+					ing such as cardiac			Apr	roximate
laian	1	23e. Pert1. Effer the diseese, or comp shock, or heart failure. List only o	one cause on each line.			mg, out a building	or roophatory arr		Inte	rval Between set end Death
ician dical		Immediate Cause (Final	Λ .	^						
			70 -	- ()	0.0	7 05	4 4			
niner		disease or condition resulting in death)	. Hene	i Rev	ral	Farli	re			
	9	disease or condition	e. Henry	to (or me a consequent	nce of k	Farli	we	lpri		
	in the last	disease or condition resulting in death)	b. End	Street	د	Farli A) DS	ure. Wt	lon	•	
niner	Examiner	disease or condition resulting in death)	b. End	to (or as a consequent	د	A) DI	wt	lon		
burial-traffice		disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b. And Due to	to (or as a consequent	nca of):	A) DS Con	ure. Wt	loss		
burial-traffice		disease or condition	b. And Due to	Street	nca of):	Ands Con	ure. Wt	loss		
of physician colors the burner transfer of the burner transfer of the burner of the bu	legical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. And Due to	to (or as a consequent	nca of):	Farli A) DS Con entie	ure. Wt	loss		
of physician colors the burner transfer of the burner transfer of the burner of the bu	legical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Gnd Due to C. Albs	to (or as a consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent	nca' of): The of): Compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared		we wh	loss		
of physician colors the burner transfer of the burner transfer of the burner of the bu	legical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Gnd Due to C. Albs	to (or as a consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent	nca' of): The of): Compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared			bacco use cont		
ached for use as the burn-traffer	rnysiciarymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Gnd Due to C. Albs	to (or as a consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent	nca' of): The of): Compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared			bacco use cont		
igned by the etending physican be detached for use as the burial in the by Dhysician Madical Examiner	Dy Friysician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Gnd Due to C. Albs	to (or as a consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent	nca' of): The of): Compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared			es 2 No	3 Probably 24b. Were a	/ 4 ☐ Unknutopsy finding
s been signed by the ettending physician and 2 should be detached for use as the burnal transfer plasted by Physician Madical Framiner	Dy Friysician/Medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. Gnd Due to C. Albs	to (or as a consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent	nca' of): The of): Compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared		1 ☐ Y	n autopsy	3 Probably 24b. Were a	utopsy finding
s been signed by the ettending physician and 2 should be detached for use as the burnal transfer plasted by Physician Madical Framiner	Completed by Physician medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions co	b. Gnd Due to C. Albs	to (or as a consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent of (or es e consequent	nca' of): The of): Compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared to the compared		1 ☐ Y	n autopsy ned?	3 Probably 24b. Were a availab comple of death	utopsy finding
entricate has been signed by the ettending physician and sector, page 2 should be detached for use as the burnal transfer. Re Completed by Physician Madical Examiner	be completed by rhysiciatymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions co	b. Gud Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due t	to (or as a consequent of (or es e consequent resulting in the under	nca of): M nce of): evaluation prlying cause gi	iven in Part I.	1 Ye	n autopsy ned?	3 Probably 24b. Were a availab comple of death	utopsy finding le prior to tion of cause
centricate has been signed by the ettending physician and rector, page 2 should be detached for use as the built limits. Be Completed by Physician Madical Examiner	to be completed by ritysiciatymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions co	b. Gud Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to	to (or as a consequent of (or es e consequent resulting in the under the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent	noa of): Proposition of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	iven in Part I. 26. Place of Deel	1 Your Young 24a. Was a perform	n autopsy med?	3 Probably 24b. Were a availab comple of death 1 Year (Specify)	utopsy findingle prior to tion of cause
centricate has been signed by the ettending physician and rector, page 2 should be detached for use as the built limits. Be Completed by Physician Madical Examiner	to be completed by ritysiciatymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condit	b. Gud Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due t	to (or as a consequent of or es e consequent resulting in the under the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent o	anca of): Propertying cause given by the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop	26. Place of Deether: 4 Nursing Hours	1 Ye	n autopsy med?	3 Probably 24b. Were a availab comple of death 1 Year (Specify)	utopsy finding le prior to tion of cause
centricate has been signed by the ettending physician and rector, page 2 should be detached for use as the built limits. Be Completed by Physician Madical Examiner	to be completed by ritysiciatymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condit	b. Quelt C. Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due	to (or as a consequent of (or es e consequent resulting in the under the consequent of (or es e consequent resulting in the under the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the cons	anca of): Ance of): Priying cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the ca	26. Place of Deelher: 4 Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At	1 Yes 24a. Was a perform	n autopsy med?	3 Probably 24b. Were a availab comple of death 1 Ye	utopsy finding le prior to tion of cause?
centricate has been signed by the ettending physician and rector, page 2 should be detached for use as the built limits. Be Completed by Physician Madical Examiner	to be completed by ritysiciatymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condit	b. Gud Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to A Due to	to (or as a consequent of (or es e consequent resulting in the under the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent	anca of): Ance of): Priying cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the cause given by the ca	26. Place of Deelher: 4 Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At Nursing Heart At	1 Your Young 24a. Was a perform	n autopsy med? s 2 No e) conce 8 Other ow injury occurre	3 Probably 24b. Were a availab comple of death 1 Ye	utopsy finding le prior to tion of cause?
centricate has been signed by the ettending physician and rector, page 2 should be detached for use as the built limits. Be Completed by Physician Madical Examiner	certification: To be completed by Physicianymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condit	b. Quelt C. Due to A Due to A Due to A Due to A Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to D	to (or as a consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the	all DOA Of 28c. Inju. With the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	26. Place of Deelther: 4 Nursing Hury at price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the pri	1 Ye 24a. Was a perform 1 Ye th (Check only on one 5 B Reside 28d. Describe ho	n autopsy ned? s 2 No e) nace 8 Other ow injury occurre	3 Probably 24b. Were a availab comple of death 1 Ye. **Transfer of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the comple	utopsy finding le prior to tion of cause n? s 2 No
centricate has been signed by the ettending physician and rector, page 2 should be detached for use as the built limits. Be Completed by Physician Madical Examiner	certification: To be completed by Physicianymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions are seamine? 1	b. Quelt Due to C. Due to A Due to A Due to A Due to A Due to Due to Due to A Due to Due to Due to A Due to A Due to Intributing to death but not A Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due	to (or as a consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the	aca of): Ance of): Priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the priving cause given by the	26. Place of Deelther: 4 Nursing Hury at 10k? Yes 2 No	1 Ye 24a. Was a perform 1 Ye th (Check only on one 5 Neside 28d. Describe ho	n autopsy ned? es 2 No e) es 2 No e) ence 8 Other ow injury occurre oreet and Numbe n, Stete) ause(s) end men	3 Probably 24b. Were a availab comple of death 1 Yes r (Specify)	utopsy finding le prior to tion of cause n? s 2 No
centricate has been signed by the ettending physician and rector, page 2 should be detached for use as the built limits. Be Completed by Physician Madical Examiner	redical cer unication. To be completed by rhysiciatymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condit	b. Due to the property of the basis of examples.	to (or as a consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the	actory, office	26. Place of Deelther: 4 Nursing Hury at 10k? Yes 2 No	1 Ye 24a. Was a perform 1 Ye th (Check only on one 5 Reside 28d. Describe ho 28f. Location (St City or Town and due to the cared at the time, di	n autopsy med? s 2 No e) c 8 Other ow injury occurre ow injury occurre ause(s) end men ate and place, ar	24b. Were a availab comple of death 1 Ye. r (Specify) ad r or Rural Rot uner es steted and due to the	utopsy finding le prior to tion of cause? s 2 No
The Fundral Director: After this certificate has been signed by the estending physician and plately filled in by the fundral director, page 2 should be deteched for use as the burn-timestated for use as the burn-timestation. To Be Completed by Physician Madical Examiner	redical cer unication. To be completed by rhysiciatymedical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condit	b. Due to the property of the basis of examples.	to (or as a consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the	anca of): The coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of t	26. Place of Deether: 4 Nursing Hours at order. Yes 2 No	1 Ye 24a. Was a perform 1 Ye th (Check only on one 5 Reside 28d. Describe ho 28f. Location (St City or Town and due to the cared at the time, di	n autopsy med? s 2 No e) c 8 Other ow injury occurre ow injury occurre ause(s) end men ate and place, ar	24b. Were a availab comple of death 1 Ye. r (Specify) ad r or Rural Rot uner es steted and due to the	utopsy finding le prior to tion of cause? s 2 No
centricate has been signed by the ettending physician and rector, page 2 should be detached for use as the built limits. Be Completed by Physician Madical Examiner	medical Certification: To be Completed by rhysiciary medical	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condit	b. Due to the state of Injury of Month, Dey Yee. 28a. Place of Injury of Month, Dey Yee. 28b. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Month, Dey Yee. 28c. Place of Injury of Mont	to (or as a consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the	anca of): The coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of t	26. Place of Deether: 4 Nursing Houry at ont? Yes 2 No	1 Ye 24a. Was a perform 1 Ye th (Check only on one 5 Reside 28d. Describe ho 28f. Location (St City or Town and due to the cared at the time, di	n autopsy med? s 2 No e) ence 8 Other ow injury occurre reet and Number n, Stete) ause(s) end men ate and place, ar	24b. Were a availab comple of death 1 Ye. r (Specify) ad r or Rural Rot uner es steted and due to the	utopsy finding le prior to tion of cause? s 2 No



B.K.S 98-0025-510 98-003

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

29d. Date signed (Month, Day, Year)

JAN. 3, 1998

A	MY E. S	SPE	IGHT				Ce	rtifica	te of	Death		Reg. No.)		
			1. Decedent'a Ner	ma (First, Middle, L	ast)	F()	Charles			127.0		2. Dete of De	eth	Vee	3. Tim	# Deeth	
	Physici /Medic		Amy	E. Sp	eight							Month JAN	Dey 2, 199	Yeer	4:1	8 PM	
	Examir		4a Facility Nama	(If not institution, ai	va street and nu	imber)						cation of Deal					
			200 BI	LK. WEST	MCCUMAS	STREE	ľ			BALTI	MORE		NA				
	Funeral		5. Social Security		Sex 1 □ M 2 X □ F	7. Age (In yr	s. last birthday,) If Und Month	er 1 Year s Days	Hours	24 Hrs. Min.	8. Date of Bi (Month, Di	rth ey, Year)	9. Birthpl	lace (Stete try)	or Foreign	
	Director	0 0	113-16	0-01/1	ILIM MUL	/1	Yrs.						8-26		NY		
	pud *		Usuet Residence of	10b. County		10c. 0	City, Town or L	ocation		-				10	0d. Insida (City Limits	
	Aaryt f sho	6	Md	NA			altimo									s 2 No	
	the h	Director	10e. Street and No				arczii.		ip Code				10g. Citizen of 1	Whet Coun	try?		
	With With			otee St	reet				2122	25			USA				
	ter death with the Marylan terma 23a or 28a-f show free Fourt be not free	Funeral	11. Merital Status	OLEE DE	12. Was Dec	cedent Ever In	U,S. 13.	Was Dec			gin? (Spe	cify Yes or No Rican, etc.)		ce - Amarto			
0	or ite	F		ried 2 Married	Armed F	2 No					, Puerto I	Rican, etc.)		Black, White, etc.			
02	72 hours after death with the Manjand natural; or items 23s or 28s-f show deat Examinet must be notified at eted by Funeral Director		3 ₩idowed	4 Divorced	If Yes, G Year or I	Detes Army	Y	1 LI Yes	2€ No	Specify:			Specify: Bla				
5-0	72 hc	Completed	(Spe	15. Decedent's E	ducation ede completed		16a. Dece	dent's Us	uel Occup	pation during mos	t of workl	na	16b. Kind of B	ustness/Inc	Justry		
121	within ena. than "	du	Elementery/Sec			(1-4or 5+)							D.				
7	Mental H Mental H Mental H Mental H To Be	12th	Grade (First, Middle, Las	2yrs	•	S	ecr	etar	76	r'e Namo	(First Middle		Georg	je Me	eade		
and		Arno				18. Mother's Nai											
7			Anna Lague														
₩ W	tra tra		19a. Informent's Name/Relationship (Type, Print) Anthony A. Speight 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State 2862 Potee Street Baltimore, Md.													5	
re,	tem tem other		20e. Method of Dis	Anthony A. Speight 2862 Potee Street Baltimore, Md. 2]													
30	00-			Oe. Method of Disposition Majorial 2 Cramation 3 Removal from State 20b. Place of Disposition (Name of cemetery, cremetory or other piece) Carrison Forest VA Cem. 01 12-98 Owings Mill													
Baltimore	Price and			uneral Sarvice Lice		,				ess of Facilit	v						
ä	Depa Impo any l		1 Xeli	Din 19	4	me		T-734 /					re, Man			1202	
			Z3a. Part1. Enter	the disease, or cor art failure. List only	nplications that	caused the de	ath. Do not en	ter the m	ode of dyi	rcn bing, such es	cerdiac o	r respiratory	. North	n Ave	Approxime		
	Physician		shock, or he	art failure. List only	one cause on	each line.									Onset and	atween d Death	
	/Medical		Immediate Cause disease of conditi	(Finel	MIH	1511.0S	(1000	ne.	BEN	voior	ASC	i san	Dis	ned !			
	Examiner		resulting in death))	e.]		(or es a conse			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0011	0000				
٠,	P / N	iner			Col	reur	DOD	B	y D	wen	NIN	14					
1	and and	Examine	Sequentielly tist of	onditions,	0.		(or as a conse	quence o						1			
50°	se ex cian i	10004	Sequantielly tist of if any, leeding to it cause. Enter Und Cause (Disease o	lerlying or thjury	c												
68760	physic in the cases	edical	thet initiated event resulting in death)	(5		Due to	(or as a conse	quence o	f):								
× e	# 8 #	2			d												
Box	atte for 1	Physician/															
o	op ed op op	iyai	Part II. Other signi	ificant conditions	contributing to d	leath but not re	esulting in the t	underfying	cause gi	iven in Part I			tobacco use co				
0	that the	y P										1	Yss 2 No	3 Prot	MIDIY 4X	Xouknown	
Records,	alines and bio	d by											s en autopsy	24b. We	ere autopsy	y findings	
00	beed shocks	Completed										perf	ormed?	COI	eiteble prior mptetion of death?	cause	
Re	The lass site has page 2	dwo										W	Yes 2□No		Yes 2	□ No	
Vital	anc. The		25. Was case refe	erred to medical						26 Plans	of Death	(Check only		No.	V. 60 51	_ 110	
5	2 2 E	o Be	examiner?		Hospital:	Inpatient 2	☐ ER/Outpatie	nt 3	DOA Ot	h = = :			Idence 6 XOth	her (Specifi	v) PTU	FR	
10	E 67	n: T	27. Menner of Dee	oth	28e. Date		28b. Time o		28c. Inju				how injury occur		, 1/1 V	141/	
ior	블로루크	atlo	1 Netural 2 Accidant	5 Pending Investigation	n Faid	1-2-98	Injury	Mady		Yes 2	No S	Substit tourd it 500:		UYO	e hote		
Division	or Attendi after death Director: A i in by the fi	ertification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not l	28e. Plec		home, farm, st		ory, office			City or To	on (Street and Number or Rural Routa Number, Town, Stete)			14	
۵	na after A at Director bed in D	Cer					which of	- PIS	Mass	DRIV	ar ;	2000	2 W. HC	COMPS	STBA	umon	

29a. Cartifier

b. Konou W 111 Penn Street, Baltimore, Maryland 21201

ess of person who completed cause of deeth (Item 23e) (Type, Print)

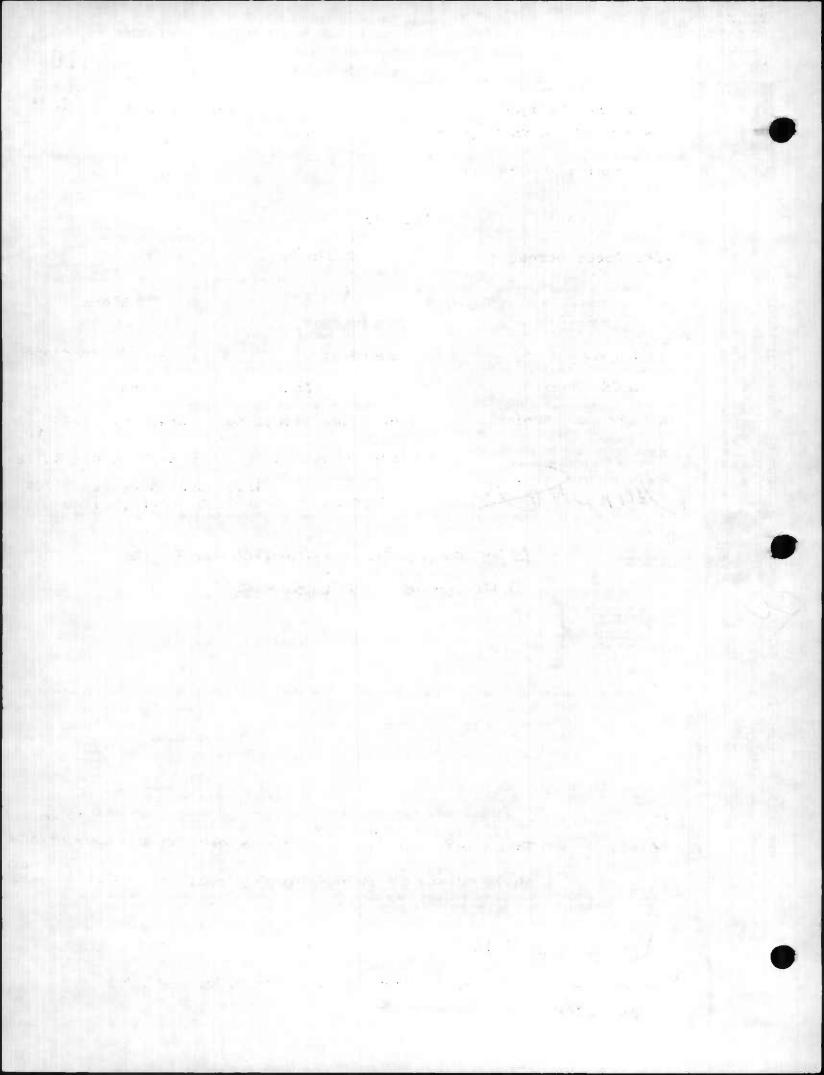
1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) end manner es stated.

Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, dete end plece, and due to the cause(s) end manner stated.

29c. License number

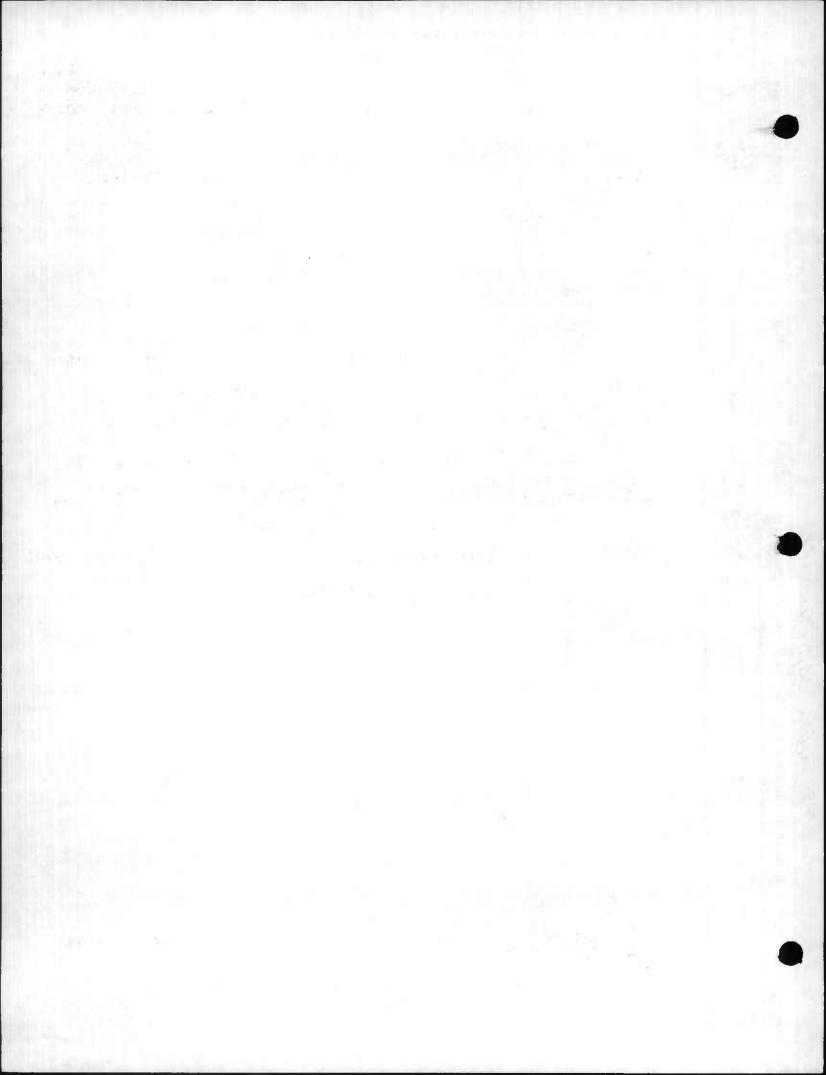
O.C.M.E

State Registrar



State of Maryland / Department of Health and Mental Hygiene

					Certifi	cate of	Death		Reg. No.	0 0041		
Physicia:		1. Decedent's Neme (First, Middle,	Last)		JE 20 A			2. Dete of De Month	1000	3. Time of D		
/Medica	al	M : 4e. Fecility Neme (If not institution,	arcella D	ean	Spigelm	ire	4h City Town	JANUAR	18	1998 700		
Examine							11.5	r Location of Deal				
uneral		Fallston Generation Fallston Generation			lest birthday) If I	Jnder 1 Year	Fallst If Under 24 Hr		Harf			
irector		214-26-8289 Usuel Residence of Decedent	1□ M 2□XF	85	Yrs. Mo	nths Deys	Hours Mi	n. (Month, De		9. Birthplece (State or Country) Maryland		
Mow III		10a. Stete 10b. County		10c. City	, Town or Location	1				10d. Inside City		
r 28a-f show	io	MD Balt:	imore		Perry	Hall				1 ☐ Yes 2		
or 28	Director	10e. Street end Number		1	10	f. Zip Code			10g. Citizen of V	Whet Country?		
		4704 E. Joppa	a Road			211	28		USA			
Evan	by Fur	11. Maritel Status 1 ☐ Never Merried 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces d 1 Yes 2 V If Yes, Give Year or Detes:	?		Decedent of H specify Cub es 2 No		Specify Yes or Norto Rican, etc.)	14. Rac Bied Specify	a - American Indian, ck, White, etc.		
natur	9	15. Decedent's	Education		16e. Decadent's	Usuel Occup	petion		16b. Kind of Bu	usiness/Industry		
Med	Be Completed	(Specify only highest Elementery/Secondery (0-12)	grede completed) College (1-4or	5+)	(Give kind life. DO N	of work done OT use retire	during most of w d)	orking	Baltimore Count			
ther than	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5+		Teac	her				imore Coun ic Schools		
Is marked other raumatic event, it	Pe	17. Fether's Neme (First, Middle, La					18. Mother's Na	r's Name (First, Middle, Meiden Sumeme)				
arke atic	0	William 1	Dean					Florine Morris				
7 Is marks traumatic		19a. Informent's Name/Reletionship						Rurel Route Numb				
n 27 her tr		Anne Werps/da	aughter					. Perr				
If iter or oth		20e. Method of Disposition 1 ☐ Buriel 2 🂢 Cremetion 3	□ Removel from State	20b. Pi	lece of Disposition ametery, cremetor	(Neme of or other plea	ce)	Dete	20c. Location -	City or Town, Stete		
		4 ☐ Donetion 5 ☐ Other (Spe	cify)	Me	tro Cre	mator	y, Inc	1/9/98	Balti	more, MD		
Important any Injury once.		21. Signeture of Funerei Service Li	pensee Om	2/0/	22 Nar	ne end Addre	ss of Fecility					
F 2 0		Dawn	onald	alor	200	Erod	n Social	ery or	Maryla	nd, Inc.		
	7	23a. Pert1. Enter the disease, or co shock, or heart feilure. List or	omplications that cause	d the death	. Do not enter the	mode of dyir	ng, such as cardi	c or respiretory e	rrest,	, MD 21228 Approximete Interval Between		
sician	1	Shock, or neert reliure. List or	ily one cause on eech i	ine.						Onset end De		
edical		Immediate Ceuse (Finel	0			•						
miner		diseese or condition resulting in deeth)	е	Cult	es a consequenc	<u>au</u>				one w		
	Jer		. Atr		la Consequent	i 10 a	tion					
24/	Examine	Sequentially list conditions	■ b	0	es a consequenc	200:	w					
		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury		200 10 (01	oo a abnooquono	5 017.						
Paicil a bu	9	triet mitteled events	C	Due to for	es e consequence	of):						
9.8	Med	resulting In deeth) Last		540 10 (01	03 0 0011364001101	, 01,						
100 100 100			d									
d for	2	Pert II. Other significant conditions	contribution to death h	ut not recu	iting in the under	ina sausa sin	on in Bod I	23h Did	tohenno una anu	ntributa to the cause of		
by the tached	Physician	ertii. Other arginicant conditions	s contributing to deeth t	idi not resu	iting in the underly	ing cause giv	en in Pert I.					
a delt	Dyr							. ''	Tes ZLINO	3 Probably 4 U		
								24e. Wes	en eutopsy	24b. Were autopsy fine		
100	2								omed?	eveileble prior to completion of cau		
sho sho										of deeth?		
has 5								10	Yes 2 No	1 ☐ Yes 2 ☐ N		
C. page 2 s							28. Plece of De	eth (Check only	one)			
mettor.	מ	25. Wes case referred to medical exeminer?	Hospitel: N. 6			Oth	oe:					
his cariffication	0 00	exeminer?	Hospitel: 1 Inpati			DOA Oth	4 LI Nursing	Home 5 Resi				
his cariffication	0 00	exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending	28e. Date of Inju	iry	28b. Time of Injury	28c. Injur Wor	y et k?	7	denca 6 Dothe			
After this certification funeral director	0 00	exeminer? 1	28e. Date of Inju	iry y Year)	28b. Time of Injury	28c. Injur Wor 1	4 LI Nursing	28d. Describe	how injury occurr	red		
After this certification funeral director	0 00	exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending	28e. Date of Inju (Month, De	iry y Year)	28b. Time of Injury M me, ferm, street, for	28c. Injur Wor 1	y et k?	28d. Describe	how injury occurr			
After this certification funeral director	Certification: 10 be	exeminer? 1	28e. Plece of Injudent Delication at the part of the building, etc.	jury - At ho	28b. Time of Injury Mme, ferm, street, fo	28c. Injur Wor 1 — ectory, office	y et krising y et kr? Yes 2 No	28d. Describe 28f. Location (City or To	Now injury occurred to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	er or Rural Route Numbe		
Funeral Director: After this certification for the funeral director food on the funeral director.	edical certification: 10 pe	exeminer? 1	28e. Plece of Injudent Delication at the part of the building, etc.	jury - At ho c. (Specify of my know f examineti	28b. Time of Injury Mme, ferm, street, fo	28c. Injur Wor 1 ectory, office	y et k? Yes 2 No	28d. Describe 28f. Location (City or To	how injury occurrence and Numb wn, State) ceuse(s) and me date and place, it	er or Rural Route Number onner as steted. end due to the cause(s)		
at Director: After this centification for the funeral director.	edical certification: 10 pe	exeminer? 1	28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injuden	jury - At ho c. (Specify of my know f examineti	28b. Time of Injury Mme, ferm, street, fo	28c. Injur Wor 1	y et k? Yes 2 No me, dete end plec plinion, deeth occ e number	28d. Describe 28f. Location (City or To a, end due to the urred et the time,	Street end Numb wn, Stete) ceuse(s) and me dete end plece, to	er or Rural Route Number onner as steted. and due to the cause(s) d (Month, Dey, Year)		
Funeral Director: After this certification for the funeral director food on the funeral director.	edical certification: 10 pe	exeminer? 1	28e. Date of Inju (Month, De 28e. Plece of In building, e 28e. Plece of In building, e Physician: To the best aminer: On the basis of	jury - At ho c. (Specify of my know f examineti	28b. Time of Injury Mme, ferm, street, fo	28c. Injur Wor 1	y et k? Yes 2 No	28d. Describe 28f. Location (City or To a, end due to the urred et the time,	how injury occurrence and Numb wn, State) ceuse(s) and me date and place, it	er or Rural Route Number onner as steted. and due to the cause(s) d (Month, Dey, Year)		
Funeral Director: After this certification for the funeral director food on the funeral director.	medical Certification: To be	exeminer? 1	28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injudent, De 28e. Plece of Injuden	iny Year) jury - At ho.c. (Specify of my know f examinetieted.	28b. Time of Injury M me, ferm, street, for M wledge, deeth occurrence on end/or investig	28c. Injur Wor 1	y et k? Yes 2 No me, dete end plet plnion, deeth occurrent number	28d. Describe 28f. Location (City or To 28, end due to the turned et the time,	how injury occurrence and Number Man, Stete) ceuse(s) and medete end plece, of 29d. Dete signed ANUARY	er or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route (s) and due to the cause(s) d (Month, Dey, Year)		
Funeral Director: After this certification for the funeral director food on the funeral director.	medical Certification: To be	exeminer? 1	28e. Date of Injuicion (Month, De de de de de de de de de de de de de de	iny Year) jury - At ho.c. (Specify of my know f examinetieted.	28b. Time of Injury M me, ferm, street, for M wledge, deeth occurrence on end/or investig	28c. Injur Wor 1	y et k? Yes 2 No me, dete end plet plnion, deeth occurrent number	28d. Describe 28f. Location (City or To 28, end due to the turned et the time,	how injury occurrence and Number Man, Stete) ceuse(s) and medete end plece, of 29d. Dete signed ANUARY	er or Rural Route Number onner as steted. and due to the cause(s) d (Month, Dey, Year)		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) Day **Physician** 2:30 A.M. RICHARD SOBUS JANUARY 8, 1998 CHARLES /Medical 4b. City. Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number, **Examiner** 7901 WESTMORELAND Avenue PARKVILLE BALTIMORE If Under 1 Yaar If Under 24 Hrs.
Months Days Hours Min. Birthplaca (Stata or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) **Funeral** Days 1 M M 2□ F Yrs 68 Director 220-20-5116 6/28/29 MARYLAND Usual Residence of Decedant permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Exemples. 10c. City, Town or Location 10d. Inside City Limits 10a. State 1 ☐ Yes 2 No BALTIMORE Directo PARKVILLE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7901 WESTMORELAND AVENUE 21234 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian. Black, White, etc. 1X Yes 2 No 1951-If Yes, Give Year or Dates: 1957 1 Navar Marriad 2X Married 1 ☐ Yes 2 ☑ No þ 3 ☐ Widowed 4 ☐ Divorced 1957 WHITE Completed 15. Decedent's Education (Specify only highast grade complated) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) BALTIMORE SUN PAPER YEARS DISTRICT MANAGER 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumema) Be CHARLES SOBUS MARY VALIS 2 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 7901 WESTMORELAND AVENUE BALTIMORE, MD 21234 MIRIAM A. SOBUS 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) SSACRED HEART OF MARY 1/12/98 DUNDALK, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility JOHNSON FUNERAL HOME, P.A. 23u Part Enter the disease, or complications that ceueed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, MD mock, or heart failure. List only one ceuse on each line. interval Between Onset and Death **Physician** Immadiate Cause (Final disease or condition resulting in death) /Medical 6 mins. CARDIOPULMONARY ARREST Examiner Due to (or as a consequence of): Examiner METASTATIC MELANOMA TO BRAIN ettending physician and for use as the bunal-transit 3 mos. The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceusa. Enter Undarlying Cause (Diseasa or injury that initiated events Due to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) rasulting in death) Last signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2000 3 Probably 4 Unknown by 24a. Wes en eutopsy performed? 24b. Were autopsy findings available prior to Completed completion of cause of death? certificate has b lirector, page 2 s Division of Vital 25. Wes cese referred to medical axaminar? Be 26. Place of Death (Check only one) Other: 4 Nursing Home Sesidence 6 Other (Specify) axaminar/ 1 ☐ Yes 2 No To Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Dey Year) funeral Manner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? Iffication: Attending 1 A Naturat 2 Accident 5 Pending invastigation 1 □ Yes 2 □ No Director: / 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide ŏ Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

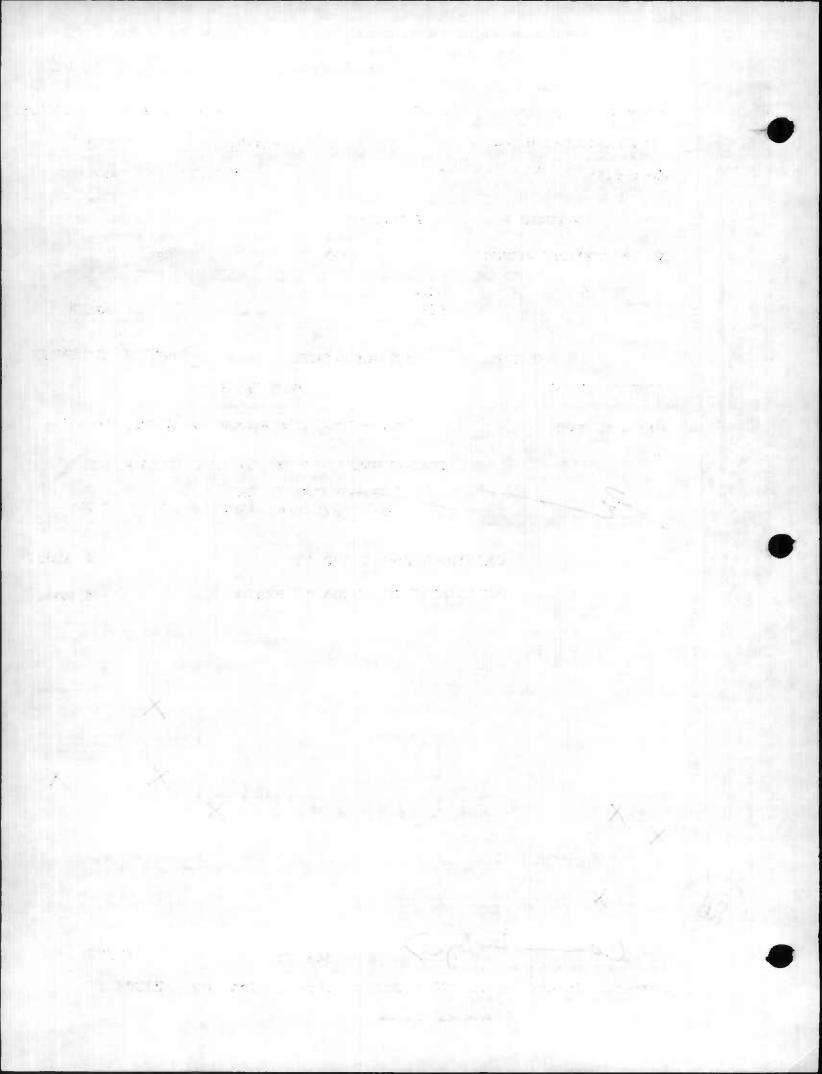
Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 30 1/8/98 d43173 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 7605 Osler Drive Towson, MD 21204 Lawrence Scharf, M.D. 32. Registrer's Signeture 31. Date filed (Month, Dev. Year)

State Registrar

2 1998

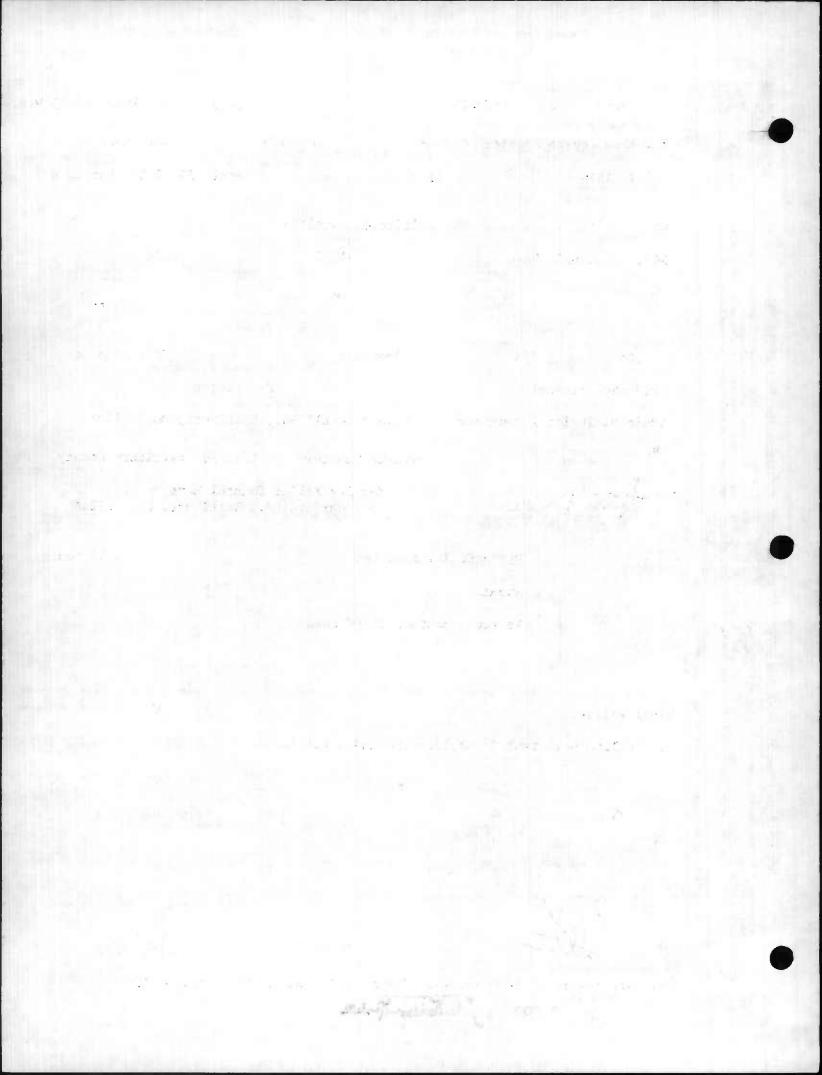
une Davidson Tandala

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 9 8

							Certific	ate of	Death		Reg. No.	0 U	041	3
		1. Decedent's Neme (Firs	t, Middle, Las	t)						2. Dete of De	alh	Vasa	3. Time of	Death
Physicia /Medic	_	Elizabeth	M	STE	NZEL					Januar	у Тау	1998	10:45	P.M.
Examin		4e Facility Neme (If not In	stitution, give	street end numb	per)				4b. City, Town, or	Location of Deet	h 4c. Cour	ity of Deeth		
	ш	Franklin S	quare	Hospita:	L Cent	er			Rosedale		Ba1t	imore	2	
Funeral		5. Social Security Number			Age (In yrs.		Mont	der 1 Yea			rth ey, Year)	9. Birth	plece (State or	r Foreign
Director	-	214-20-147 Usuel Residence of Dece	8	□ M 25€F	7	'8 '	rs.				30, 191		ryland	
larylan ahow	5	10a. Stete 10b.	County		10c. C		or Location						10d. Inside Cit	
the N	Director	Md N/	A			Balt	imore	Mar Zip Code		10g. Citizen of Whet Country?				
with							101.					Who Country !		
a 23	era	5438 Buck	nell	Road 12. Wes Decede	ent Ever in I	19	13 Wee De	2120		Specify Ves or No	USA	aca - Ameri	ican Indien	
Maryland ZIZID-UUZU d 2 should be filed within 72 hours after death with the Maryland d 2 should be filed within 72 hours after death with the Maryland 7 is marked other than "naturel; or items 23s or 23s-f show treumstic event, the Marical Examiner must be notified at	by Funeral	1 Never Married 2		Armed Force 1 Tes 2 If Yes, Give Yeer or Dete	es? BNo	5,0.		pecify Cu	Hispanic Origin? (S ben, Mexican, Puer Specity:	to Rican, etc.)	to Rican, etc.) Bleck, White, etc. Specify: White			
2 ho	Completed	15. D	ecedent'a Ed	ucation		16e.	Decedent's L	Isuei Occ	upetion	16b. Kind of Buainess/Induate			nduatry	
Pin 7	ple	Elementery/Secondery	-	de completed) College (1-4	or 5+)	-	life. DO NO	T use reti	e during most of wo red)	rking				
N gien d	5	6th	,	N/A			Opera	tor		Telephone Co.				
othy vent	and Mer a marks burnetic	17. Fether's Neme (First,	Middle, Last)						18. Mother's Na	me (First, Middle	, Meiden Sum	eme)		
Went Went arked the stice		Frederick	Stenze	21					Ida	Yeager				
s sho		19a. Informent's Neme/R						dress (Street and Number or Rural Route Number, City or To Bucknell Rd., Baltimore, Md.						
CENE		Adele M. 7	Caylor	/ Daugh					ell Rd., 1	Baltimor	e, Md.	2120)6	
0 80 2 2		20e. Melhod of Dispositio 1 Surial 2 Cre 4 Donelion 5 C			cemeter)	Disposition (y, cremetory or raine	or other p		Dete 1/12/98	20c. Locatio				
Dallilling permit. Pag Department Important: I eny Injury o		21. Signeture of Funerei	Service Licen	600			22. Neme	end Add	ress of Fecility					
o agesa		AL AL	N.	10			Har	tley	Miller Fu	ineral H	lome	18.50		
	-	23a. Pert1. Enter the disc shock, or heert feilu	as or comp	lications that cau	sed the dee	ith. Do n	752 ot enter the r	7 Han	rford Rd.	Baltin	ore, Morest,	d. 21	1234 Approximete	a
Physician		shock, or heart feilu	re. List only	one ceuse on eed	h line.							1	Onset end D	veen Jeeth
/Medical		Immediate Cause (Final		1	1.4 11	T 6							1 1	
Examiner		disease or condition resulting in death)		e. Myoca			arction					1/2	24 hour	S
	Je.			A		01 95 9 0	consequenca	OI).				1		
mercuted al-transit	Examine	Conventingly tiet condition		b. Anemi		or es e c	onsequence	of)·				1		
	Exa	Sequentially list condition if eny, leeding to immedia cause. Enter Underlying Cause (Disease or injury	ote	Castr			al Blo	•	nee.					
00/00	edicai	that initieted events	<	c. Gasti			onsequenca		755					
		resulting in deeth) Lest			200101			,-						
eath cert attendin	2			d										
death ce	Physician/	Part II. Other eignificant	onditions of	entributing to deel	th but not re-	eultina In	the underlyin	o cause o	riven in Pert I	23h Did	tobacco use	contribute	to the cause o	of cleath?
9 5 5	hys					outing in	tire disconju	, g ===== 1			Yee 20 N		obably 4 1	
	by P	Renal Failu	ire							,	7			
	Completed b	Methicillin	Resis	stant St	aphy10	ococ	cus En	docai	ditis	24e. Wes	s en eutopsy ormed?	a ^s	Vere autopsy fi veilable prior to ompletion of ca f death?	0
The law ate hes pege 2	E									10	Yes 20 No	1	□Yes 200	No
certificate	Bec	25. Wes case referred to	medica1						26. Piece of De	eth (Check only				
> 2 8 8	2	exeminer? 1 Yes 2 No		Hospital: 1XI Inc	patient 2	ER/Out	tpetient 3	DOA C	Other: 4 Nursing I	Home 5 Res	Idence 6 🗆	Other (Speci	ify)	
er this		27. Menner of Deeth		28e. Dete of		28b. T		28c. In	jury et	28d. Describe	how injury occ	curred		
ath.	읉	1 Naturel 5 ☐ 2 Accident	Pending investigation	(WOM),	Doy roar,	"	njury M		Yes 2 No					
LIVISION I or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 4 Homicide	Could not be determined				rm, street, fac	tory, offic	е	28f. Location City or To	(Street end Nu	mber or Rui	rel Route Num	ber,
ital or rai Dir	Ö	building, etc. (Specify)												
To the Hospital o within 24 hours af To the Funeral DI completely filled in	29a. Certifier (Check only one) 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end 2 Medical Examiner: On the bests of examination and/or investigetion, in my opinion, deeth occurred end menner steted.									a, end due to the ceuse(a) end menner as stated. urred at the time, date and place, and due to the cause(s))	
Within 2 To the comple	29b. Signeture end title of certified 29c. License number							nse number	29d. Date signed (Month, Day, Year)					
- > - 0			1XXX	-				RD 2	2104		1/0	190	,	
1	-	30. Name end eddress of		ompleted cause	of death fit-	m 22c) 6	Tune Drint				110	1 10		
0		Dr. Alan Ac						Dris	ve Baltim	ore Mary	land 2	1237		
	0	31. Dete filed (Month, Day		32 Rec	in The Street	200	- Quare	DII	· Joseph					
Stat	e		N 1 9 1	4 900	Julia I	aut dr	an-Mand							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Silvana 4b. City, Town, or Location of Death 1996 06 /Medical 4a. Facility Name (If not institution, give street end number) 4c. County of Death **Examiner** NA CHURCH Home + Hospital

6. Sex 7. Age (In yrs. last birthday) BRUTI MORE City If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) If Under 1 Yeer 5. Social Security Number Birthpiace (State or Foreign Country) **Funeral** Days 213-16-9874 1 M 2 F Months 75 Yrs. Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f show Examiner must be notified at Director 14 Yes 2 □ No NIA BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? EXETER 2/202 322 USA ST. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health end Mental Hygiene. 1 Never Married 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 21215-0020 1 Yes 2 No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE "natural". th end Mental Hygiene.
7 is marked other than "natur traumatic event, if a Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) UNDERWRITER INSURANCE Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be LOSEPHINE PIETRO SILVANA DIGENNERO 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

586 PFN E 2708 5 7714

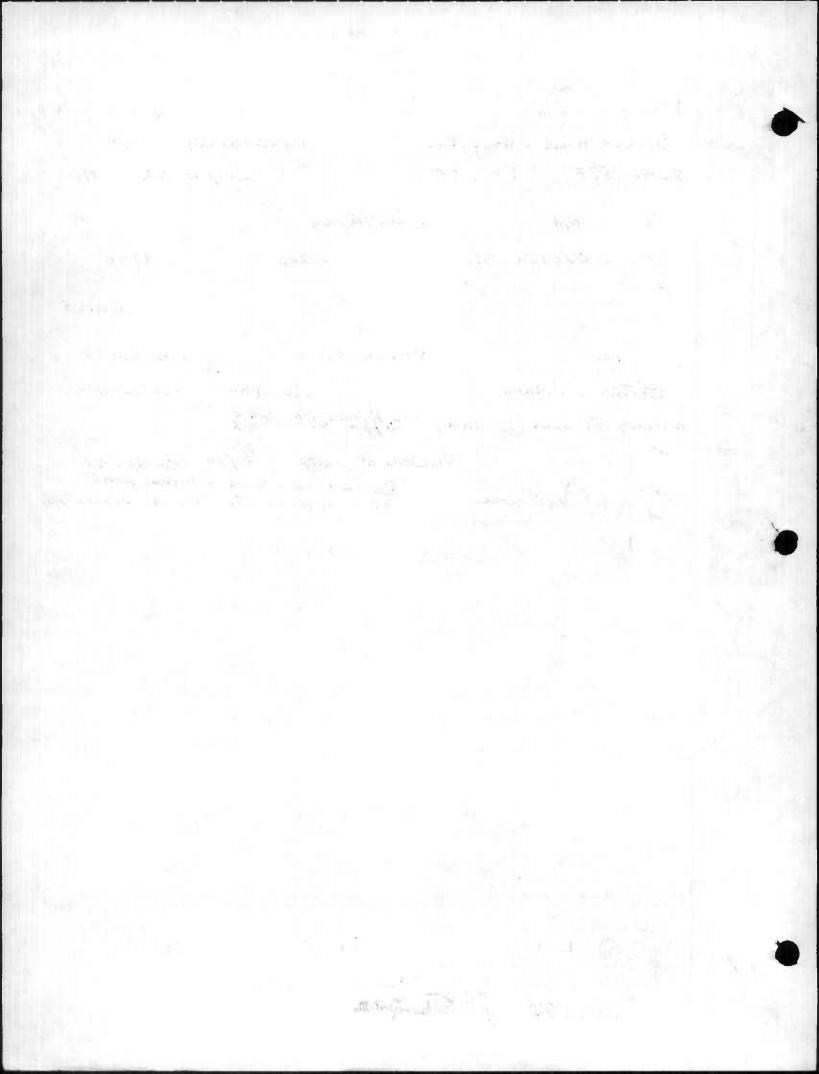
20b. Place of Disposition (Name of cametery, cremetory or other place)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Neme/Relationship (Type, Print) nt of Health e If Item 27 is or other tra ANTHONY SILVANA BROTHER) 20a. Method of Disposition 20c. Location - City or Town, State Buriai 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any injury or once. GARDENS OF FAITH 98 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Semilie Licensee 22. Name and Address of Facility FUNERAL HOME 1) ELLA NOCE 21202 74 322 S, HiGH BALTO or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, and only one cause on each line. Approximete interval Between Onaet and Deeth **Physician** /Medical immediate Cause (Final e rebrovescula disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificete be exaguted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of). P.O. Box 68760. Physician/Medical Due to (or as e consequence of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ page 2 should be Completed 24b. Were eutopsy findings aveilebie prior to completion of ceuse of death? 24a. Was an autopsy performed? Cording war diseas 20 No this certificate 1 Yes 1 Yes 2 No Attending Physician: director, 25. Was case referred to medicel examiner? Be 26. Place of Death (Check only one) Hospitei: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1□ Yes 2 No funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Affer 1 Neturel 2 Accident 5 Pending Investigation 1 Tyes 2 No spital or Attendi cours efter deeth. neral Director: A 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours or To the Funeral Completely filled Medical 29a. Certifier 10 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and menner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) and eddress of person who completed cause of death (item 23a) (Type, Print) uds/t M.P. 31. Dete filed (Month, Dey, Year) State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death **Physician** Month JEAN THEIS January 9, 1998 5:05 AM /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Gilchrist Center Towson Baltimore If Under 24 Hrs. Hours Min. If Under 1 Yaar 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Steta or Foreign Country) **Funeral** Months Deys 1□ M 2♥ F Yrs. Director 79 216-10-8198 Nov 11, 1918 Maryland Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at Director 1 Yes 21 No 28a-11 Maryland | Baltimore Woodlawn 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? b hams 23a Funeral 7038 Windsor Mill Rd. 21207 USA 12. Was Decedent Evar In U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, atc. 1 ☐ Yes 2 ☑ No If Yes, Give Yaer or Datas: 1 Never Married 2 ☐ Married "natural", or 1 Yas 2₺ No Specify: by Specify: 3 ☼ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Union Trust 12 years Bank Teller Banking Industry marked other 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Sumame) and Mental Sol Silver Norma Walman 19e. Informent's Name/Reletionship (Type, Print) (Brother Important: If Item 27 is m any injury or other traum SRICE. 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Clarence O. Theis Jr. in law) 1622 Inverness Ave. Baltimore, MD 21230 Baltimore, 20e. Method of Disposition Date 20c. Location - City or Town, Stete ō 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Meadowridge Memorial Park 1-13-98 Elkridge, Maryland 21. Signeture of Funeral Service Licensae 22. Name and Address of Fecility Loring Byers Funeral Directors, Inc. 23a. Part I Inter the disease, or complications that caused the daeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, Approximately and shock or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** ntic lung Concer /Medical Immediete Ceuse (Finel hund disaasa or condition resulting in daath) Examiner Due to (or es s consequence of) Examiner Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760 Physician/Medicai Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings evellable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No #FIR 27. Menner of Death Certification: 28e. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Afflor Attending 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Invastigation after death Director: / d in by the i 2 Accident 6 Could not be determined 3 ☐ SuicIda 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours a To the Funeral D completely filled Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the ceuse(s) end menner steted. 29e. Certifier Medical (Check only one) To the 28b. Signature and the of pertition 29c. License number 29d. Dete signed (Month, Dey, Year)

State Registrar 31. Dete filed *(Month, Dey, Year)*JAN 1 2 1998

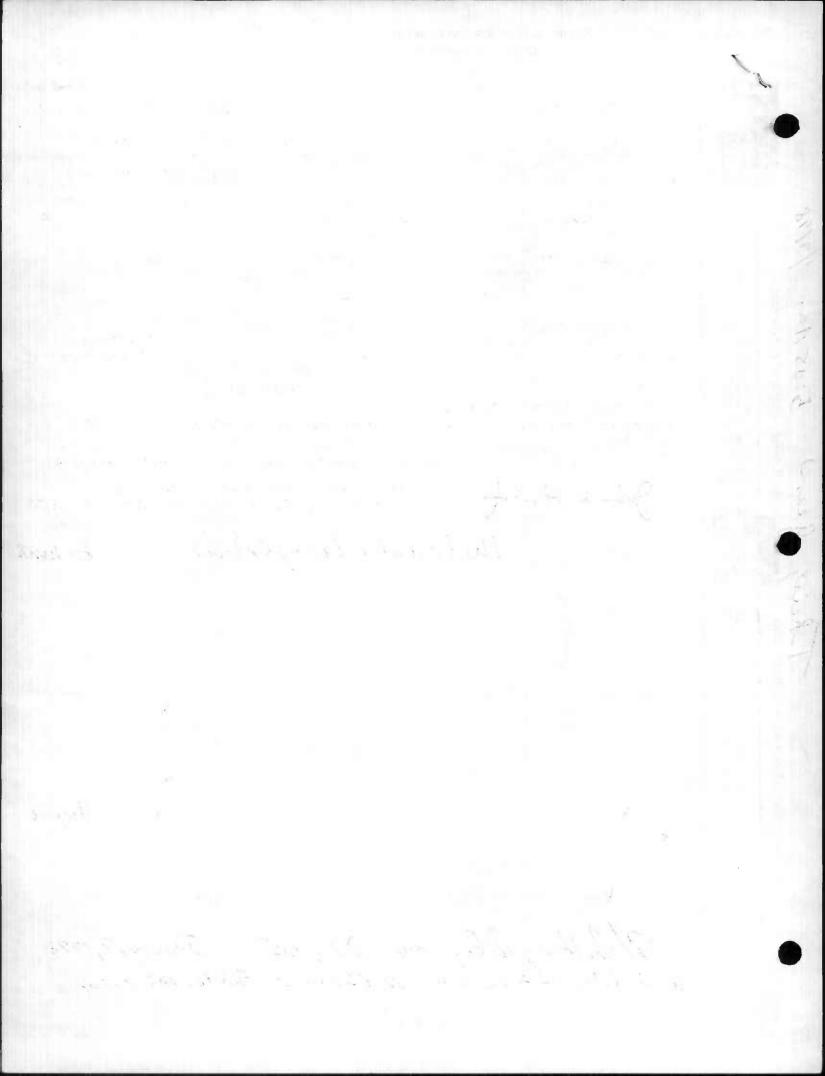
ley

GBMC 62 / N 33 Registrar's Signature 8 Julia Davidson Andale

end eddress of person who completed cause of dooth (Item 23e) (Type, Print)

ny

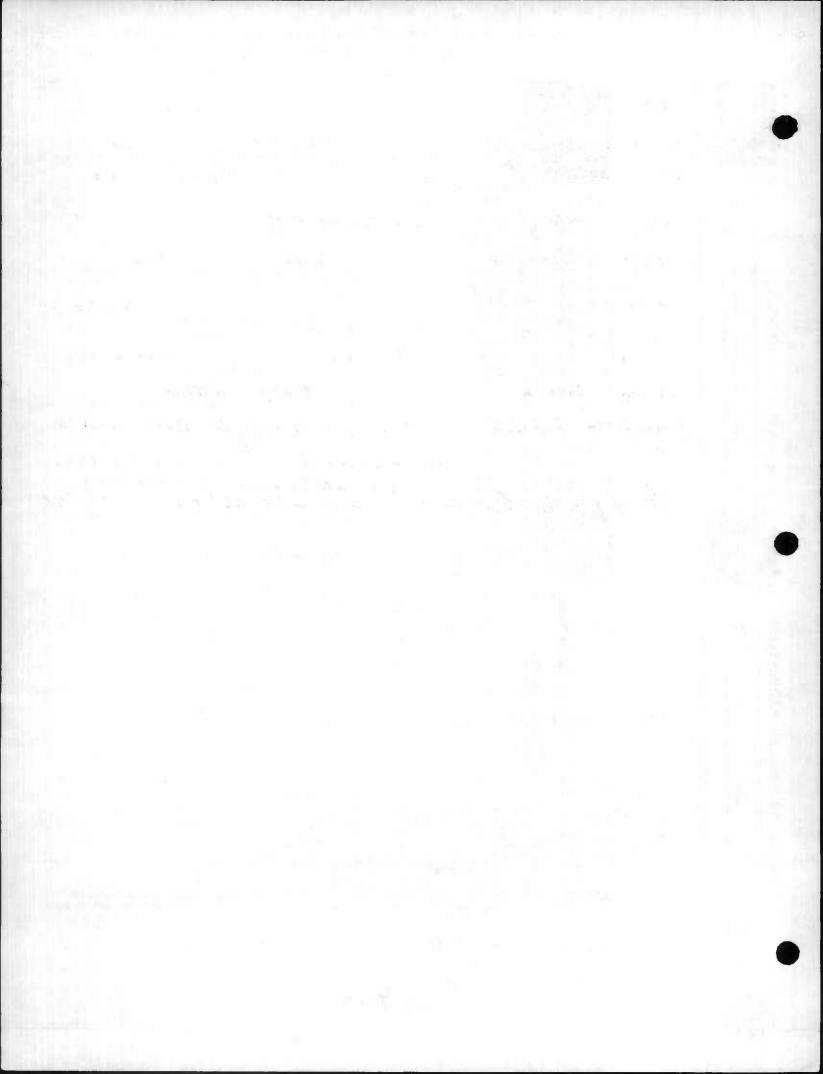
Charles St. Balto, MI 21204



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O

		. Decedent's Nem	e (First, Middle, Las	st)						of Deeth		40.0	3. Time of Death
ian		CATH	ERINE	E .			UP	HOFF	Mon T A N1	h JARY	Dey 11,199	Yeer	5:50 .
cal ner	46		f not institution, give		oer)			4b. City, Town,			4c. County		
	ı	THE JOHN	S HOPKINS	S HOSPIT	AT.			BALTIMO	RE CIT	7	1	UA	
Г		Sociel Security N	umber 6. S	ex , 7.		. lest birthday)	If Under 1 \		and the same of the same of	of Birth	(ear)	9. Birthple	ece (State or Forei
	-	2/5-05-2 Isuel Residence of	25550	□м 28/15		77 Yrs.	Months	oys Hours III	Jul	y 6,	1920	Countr	<i></i>
	10	0e. Stete	10b. County		10c. C	ity, Town or Lo	cation					100	d. Inside City Limi
ctor		MD	NA			BA	LTIMO	RE CITY					1∰Yes 2□N
Sire	10	0e. Street end Nur	mber				10f. Zip Co			100	g. Citizen of V	Whet Countr	ry?
ai		1730	Gougl	1 ST.				21231			USA	9	
Funeral Director	11	1. Maritel Stetus		12. Was Decede Armed Force	es?	J,S. 13. V	Was Deceden If Yes, specify	of Hispanic Orlgin? Cuben, Mexican, Pu	(Specify Yes erto Ricen, el	or No- c.)		e - America k, White, et	
by F		1 ☐ Never Marri	ed 2 Married	1 Yes 2 If Yes, Give Yeer or Dete		1	1 ☐ Yes 2	No Specify:			Specify		
		ozp mooneo	15. Decedent's Ed		95.	16e Deced	dant's Usual C	ecupation		16	6b. Kind of 8u	w Hi	
Completed	H		ify only highest gre	de completed)		(Give	 Decedant's Usual Occupation (Give kind of work done during most of wo life. DO NOT use retired) 			orking 100. Kind of		2011/00/3/11/00	Johny
E		Elemantery/Seco		College (1-4		Ho	HOMEMAKER				OWA	J Hon	15
Be C			(First, Middle, Last)					18. Mother's N	leme (First, A	fiddla, Ma			
TOE		Loseph	1 VIEN	NA				MARY	CA	STI	NA		
	15		eme/Relelionship (7			19b. Mellin	ng Address (S	treat and Number or	Rurel Route	Vumber,	City or Town,	Stete, Zip C	Code)
	E	=LiZAB	ETH SC	HmiTT		182	7 E	LOMBAI	LD ST	r. Z	BALTO	2/23	31 MD.
	20	0e. Method of Disp		Demonstran Os	1	Piece of Dispos	nsition (Neme	of r place)	Pate	20	Oc. Location -	City or Tow	m, Stete
			☐ Cremetion 3 ☐ 5 ☐ Othar (Specify		1.1	LOLY R	EDER	MER	1149	8 .	BAL	To. I	MD.
	2	1. Signature of Fu	neral Service Licen	see	1	22	. Name end A	ddress of Fecility	SONS	Fu.	Neral	Hon	25
	K		006) 1	0 11		1.) ELLIN	14000	30.10				
-		11000	· VMLOCO	/ A/	10		222	c 11:00	1 05	R	1/2	2/20	02 Wd
her	di	art1. Enter the shock, or hear shock, or hear shock, or hear shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shock are shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shocked as the shock	Flori	. Thor	û	Abdow or as a consag	nina quance of):	ddress of Fecility Noce + S, Hich dying, such es card	neurys	rn	Ruptu	ire 1	Approximeta Intervel Between Onset end Deeth
ical Examiner	Si if ca	mmediata Ceuse (lisease or condition esulting In death) Sequentially list cor eny, laeding to Im ause. Enter Unde euse (Disease or et Initiated events	Final nditions, madiate rhying injury	. Thor.	Due to (Ab clow or as a consaq Seve or es e conseq De	ninal quance of): ve aquance of): peno	gorhic Al	neurys	rn	Ruptu	ire l	Approximeta intervel Between Onset end Deeth O minut
Aedical	Si it ca	mmediata Ceuse (Final nditions, madiate rhying injury	. Thor.	Due to (Abdow or as a consaq Seve or es e conseq	ninal quance of): ve aquance of): peno	gorhic Al	neurys	rn	Ruptu	ire l	Approximeta Intervel Between Onset end Deeth
Aedical	Si it ca	mmediata Ceuse (lisease or condition esulting In death) Sequentially list coreny, laeding to im ause. Enter Unde euse (Disease or net Initiated events esulting in death) L	Final nditions, madiate rhying injury	o. Thora	Due to (c) Due to (c) Due to (c)	Abdownor as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence	quance of): PENO uence of):	Aorhic Ar therosch	neurys	rn /	Ruptu	e !	Approximeta intervel Between Onset end Deeth O minut
Physician/Medical	Si it ca	mmediata Ceuse (lisease or condition esulting In death) Sequentially list coreny, leading to the ause. Enter Unde euse (Disease or ret Initiated events esulting in death) L ert III. Other signifit	nditions, madiate rhying injury .est	e. Thoreb. Diff	Due to (c) Due to (c) Due to (c)	Abdownor as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence	quance of): PENO uence of):	Aorhic Ar therosch	neurys	rn /	Ruptuiseas	e I	Approximeta intervel Between Onset end Deeth O minut 5 years 60 years
by Physician/Medical	Si it ca	mmediata Ceuse (lisease or condition esulting In death) Sequentially list coreny, leading to the ause. Enter Unde euse (Disease or ret Initiated events esulting in death) L ert III. Other signifit	Final n n n n n n n n n n n n n n n n n n	e. Thoreb. Diff	Due to (c) Due to (c) Due to (c)	Abdownor as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence	quance of): PENO uence of):	Aorhic Ar therosch	neurys Prohic	m /	Ruptu iseas: acco use cous acco use cous acco use cous acco use cous	ntribute to 1 3 Probe	Approximeta intervel Between Onset end Deeth O minut 5 years 60 years the cause of deet ably 4 Unknown to a autopsy findings lieble prior to upletion of cause
by Physician/Medical	Si it ca	mmediata Ceuse (lisease or condition esulting In death) Sequentially list coreny, leading to the ause. Enter Unde euse (Disease or ret Initiated events esulting in death) L ert III. Other signifit	nditions, madiate rhying injury .est	e. Thoreb. Diff	Due to (c) Due to (c) Due to (c)	Abdownor as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence	quance of): PL DO uence of):	Aorhic Ar therosch	neurys Prohic	Did tob	Ruptu iseas	ntribute to 1 3 Probe	Approximeta intervel Between Onset end Deeth O minut 5 years 600 years the cause of deat abby 4 Unknown a autopsy findings liebla prior to pletion of cause eath?
Completed by Physician/Medical	Si fi care C the ree	mmediata Ceuse (lisease or condition esulting In death) Sequentially list coreny, leading to muse. Enter Unde euse (Disease (Disease and Initiated events esulting in death) L ent III. Other signifit	nditions, madiate riving injury sest	e. Thoreb. Diff	Due to (c) Due to (c) Due to (c)	Abdownor as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence	quance of): PL DO uence of):	Aorhic Al Aorhic Al Aheroscha (ence	Purys rohic	Did tob. Wes en performe	Ruptu iseas: accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con acco	ntribute to 1 3 Probe	Approximeta intervel Between Onset end Deeth O minut 5 years 600 years the cause of deat ably 4 Unknown a autopsy findings lebia prior to upletion of cause eeth?
Be Completed by Physician/Medical	Si fi care C the ree	mmediata Ceuse (lisease or condition esulting In death) Sequentially list coreny, laeding to im ause. Enter Unde Jeuse (Disease or net Initiated events esulting in death) Lent III. Other signification ent III. Other significations.	Final n n n n n n n n n n n n n n n n n n	e. Thoreb. b. Diff c. To be d. intributing to daet	Due to (c) Due to (c) Due to (c) Due to (c)	Abdown or as a conseq Seve or es e consequences es e consequences es	quance of): PL D uence of): ple pool uence of):	April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April	23t 24e	Did tob. 1 Ves Wes en performe 1 Yes only one	Ruptu Seas	ntribute to 1 3 Probe	Approximeta intervel Between Onset end Deeth O minut 5 years 60 years the cause of deet ably 4 Unknown to the prior to pletion of cause eeth? Yes 2 No
To Be Completed by Physician/Medical	difference Shift can be shift can be shift can be shift can be shift can be shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted	mmediata Ceuse (lisease or condition esulting In death) sequentially list coreny, laeding to Im ause. Enter Unde Jeuse (Disease or net Initiated events esulting in death) I. Hype 5. Was cese referrences	nditions, madiate frying injury lest locent conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions	e. Thore b. Diff c. To be d. intributing to daet i DM	Due to (c) Due to (c) Due to (c) Due to (c)	Abdownor as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence	quance of): PENO quance of): peno of): peno of): nderlying ceus	Porhic Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre Aphre	23t 24e Deeth (Check	Did tob. 1 Ves Wes en performe 1 Yes only one; Residen	Ruptu iseas: accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con accouse con acco	ntribute to 1 3 Probe 24b. War evel confidence of de 1	Approximeta intervel Between Onset end Deeth O minut 5 years 60 years the cause of deet ably 4 Unknown to the prior to pletion of cause eeth? Yes 2 No
To Be Completed by Physician/Medical	difference Shift can be shift can be shift can be shift can be shift can be shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted	mmediata Ceuse (lisease or condition esulting In death) Sequentially list coreny, laeding to Im ause. Enter Unde- euse (Disease or ent initiated events esulting in death) I. Other signification of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of t	nditions, madiate frying injury lest locent conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions	e. Thore b. Diff c. To be d. intributing to daet i DM	Due to (c) Due to (c) Due to (c) Due to (c)	A b clow or as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or establishment of the consequence or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or est	quance of): PENO quance of): peno of): peno of): nderlying ceus	April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April April	23t 24e Deeth (Check	Did tob. 1 Ves Wes en performe 1 Yes only one; Residen	acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco	ntribute to 1 3 Probe 24b. War evel confidence of de 1	Approximeta intervel Between Onset end Deeth O minut 5 years 60 years the cause of deet ably 4 Unknown to the prior to pletion of cause eeth? Yes 2 No
To Be Completed by Physician/Medical	difference Shift can be shift can be shift can be shift can be shift can be shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted as a shift can be shifted	mmediata Ceuse (lisease or condition esulting In death) sequentially list coreny, leading to muse. Enter Unde euse (Disease or ret Initiated events esulting in death) L ent III. Other significations. 5. Was cese referrexaminar? 1 Yes 227 7. Manner of Death	inditions, madiate riving injury. Jest least conditions control in the conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions condi	e. Thore b. Diff c. To be d. ontributing to daet i D M Hospitel: 1 Imp	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c)	A b clow or as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequen	quance of): VE Q quance of): PENO uence of): nderlying ceus	Porhic All Horoscha Cence General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General Ge	23t 24e Deeth (Check 128d. Des	Did tob. 1 Yes only one, Residen	acco use couse course course couse couse couse couse couse couse couse course course couse course ntribute to 1 3 Probe 24b. War evel com of de 1 □	Approximeta intervel Between Onset end Deeth O minut 5 years 60 years the cause of deet ably 4 Unknown to the prior to pletion of cause eeth? Yes 2 No	
Certification: To Be Completed by Physician/Medical	di re	mmediata Ceuse (lisease or condition esulting In death) Sequentially list coreny, leading to muse. Enter Under euse (Disease or refer initiated events esulting in death) L The limitated events esulting in death) L S. Was cese referrexaminar? 1 Yes 2 7 7. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 9a. Cartifier	inditions, madiate riving injury lest local conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions	e. Thore b. Diff c. To be d. ontributing to daet i DM Hospitel: 1 Imp 28e. Dete of (Month, 28e. Plece of building	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Injury Day Year)	Physical Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t	auance of): Pen C uence of): pen C uence of): nderlying ceus at 3 DOA at 28c. M ceet, fectory, of	Porhic All Horoscha Cence General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General Ge	23t 24e 28d. Des	Did tob. 1 Yes Only one; Residen Cribe how	acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco use con acco	ntribute to 1 3 Probe 24b. War evelor com of de 1 □	Approximeta intervel Between Onset end Deeth On Minut 5 Years 60 Years the cause of deat ably 4 Unknown to pletion of cause eeth? Yes 22 No Route Number,
To Be Completed by Physician/Medical	Girect S. S. if it can be carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by	mmediata Ceuse (lisease or condition esulting In death) sequentially list coreny, leeding to Im ause. Enter Unde- Jeuse (Disease or net Initiated events esulting in death) I. ert II. Other signifit Hype 5. Was cese referrexaminar? 1 Yes 2 2 7. Manner of Death 1 2 Accident 3 Suicide 4 Homicide 9a. Cartifier (Check only)	red to medical No 5 Pending Investigation 6 Could not be determined	e. Thore b. Diff c. To be d. Intributing to daet i DM Hospitel: 1 Interpretation (Month, Month, Month) 28e. Plece of building	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Injury Day Year)	Physical Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t	at 3 DOA A 28c. M cocurred at the vestigation, in	Porhic All Holling, such es card Porhic All Holling Holling 26. Place of I Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 1 Other: 2 Other: 2 Other: 2 Other: 3 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4 Other: 4	23t 24e 28d. Des	Did tob. Did tob. Yes Wes en performe 1 Yes only one, Residen cribe how	acco use consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the cons	anner es ste end due to t	Approximeta intervel Between Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Ons
edical Certification: To Be Completed by Physician/Medical	Girect S. S. if it can be carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by the carried by	mmediata Ceuse (lisease or condition esulting In death) sequentially list coreny, leeding to Im ause. Enter Unde ceuse (Disease or ref initiated events esulting in death) I. The control of the ceuse (Disease or referred) ert II. Other signification of the ceuse (Disease or referred) ert II. Other signification of the ceuse (Disease or referred) ert II. Other signification of the ceuse (Disease or referred) S. Was cese referred aminar? 1	red to medical No 5 Pending Investigation 6 Could not be determined	e. Thore b. Diff c. To be d. Intributing to daet i DM Hospitel: 1 Imp 28e. Dete of (Month, 28e. Plece of building	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Injury Day Year) Injury - At h, etc. (Special est of my known is stated.	Photown as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or establishment of establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establ	auance of): Pen C uence of): Pen C uence of): nderlying ceus at 3 DOA at 28c. M ceet, fectory, of vestigetion, in 29c. Li	Porhic All Hheroscha Cence 26. Place of I Other: 4 Nursing Injury et Work? 1 Yes 2 No fice	23th 24e 28f. Loca City acce, and due tocurred at the	Did tob. Did tob. Yes Wes en performe 1 Yes only one, Residen cribe how	acco use consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the consection of the con	anner es ste end due to t	Approximeta intervel Between Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Ons
edical Certification: To Be Completed by Physician/Medical	25 27 29 29	mmediata Ceuse (lisease or condition esulting In death) sequentially list coreny, leeding to Im ause. Enter Under ceuse (Disease or ref initiated events esulting in death) I. The control of the ceuse (Disease or ref initiated events) ert II. Other signification of the ceuse (Disease or referred examinar? The control of the ceuse of the ceuse (Disease or referred examinar) The ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of the ceuse of th	red to medical No 5 Pending Investigation 6 Could not be determined	e. Thore b. Diff c. To be d. Intributing to daet i DM Hospitel: 1 Interpretation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Injury Day Year) Injury - At h. etc. (Special est of my known sof axaminar stated.	Pholowor as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or establishment of establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or establishment or estab	at 3 DOA Meet, fectory, of	Porhic All Hheroscha Cence 26. Place of I Other: 4 Nursing Injury et Work? 1 Yes 2 No fice the time, dete end place my opinion, deeth occense number	23th 24e 28f. Loca City acce, and due tocurred at the	Did tob. Did tob. Yes Wes en performe 1 Yes only one, Residen cribe how	acco use consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the cons	anner es ste end due to t	Approximeta intervel Between Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Ons



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey Physician Month ENRIQUE H. JANUARY 4, 1998 9:45PM VIDAL /Medical 4a. Fecliity Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner LIBERTY MEDICAL CENTER BALTIMORE CITY N/A 5. Sociel Security Number If Un r 1 Y r If Un r 2 Hrs. 7. Age (In yrs. lest birthday) Birthpleca (State or Foraign Country) Deys 1⊠ M 2□ F 56 Yrs. 262-78-9423 CUBA Usuei Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1□Yes 2√ No Director BALTIMORE BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral 2217 ELSINOR AVENUE 21216 CUBA 12. Wes Decedent Evar In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 Never Merried 2 ☐ Married 1 Yes 2 No If Yes, Give Yaer or Datas: Yes 2 No Specify: CUBAN WHITE þ 3 Widowed 4 Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) NONE NONE 17. Fethar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be ENRIQUE A. VIDAL ORLANDA LAZARO 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BALTIMORE, MD 21228 HIPOLITO C. VIDAL/BROTHER 1219 REDCLIFFE ROAD 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetary, cremetory or other pleca) 20c. Location - City or Town, Stete 1X Burial 2 Cremetion 3 Ramovel from Steta 4 Donetion 5 Other (Specify) LOUDON PARK MAUSOLEUM 1/8/98 BALTIMORE, MARYLAND 21. Signeture of Euperei Sarvice Licensee 22. Name and Address of Fecility
LOUDON PARK FUNERAL HOME Dimy 3620 WILKENS AVENUE BALTIMORE, MD 21229 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Final disease or condition resulting in deeth) Examiner Sequentielly ilst conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in deeth) Last Due to (or es a consequença of) preumoni Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveileble prior to completion of causa of death? 24e. Wes en eutopsy performed? Completed 1 Vas 2 No 1 Tas 2 No Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer2 Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Waturel 1 Tyes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At homa, ferm, street, fectory, offica building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, State) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a, Certifier Medical 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and pleca, end due to the ceuse(s) end manner steted. 29c. License number 026748 29b. Signetura and title of certifian 29d. Date signed (Month, Dey, Yeer) abelle 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

ANIL UBEROD MD 2600 LIBERTY HOMES AVE BA

D

Funerai

Director

28a-f show

ò 238

Herrs 2

"natural", or

should be filed within 7; and Mentel Hygiene.

Peges 1 and 2 should be family and Mentel I am 27 is marked of

permit. Peges 1 end 2 s
Department of Heelth er
important: if item 27 ia
any injury or other trau

Physician

/Medical Examiner

and

signed b

page 2 certificate

director

this funeral

After

efter death.

Director: Aft
d in by the fur

To the Hospital c within 24 hours el To the Funeral C completely filled

P.O. Box 68760,

Records,

Division of Vital

Hospital or Attending Physician:

thet the deeth certifi

the Medical Examiner must be notified at

the Meryland

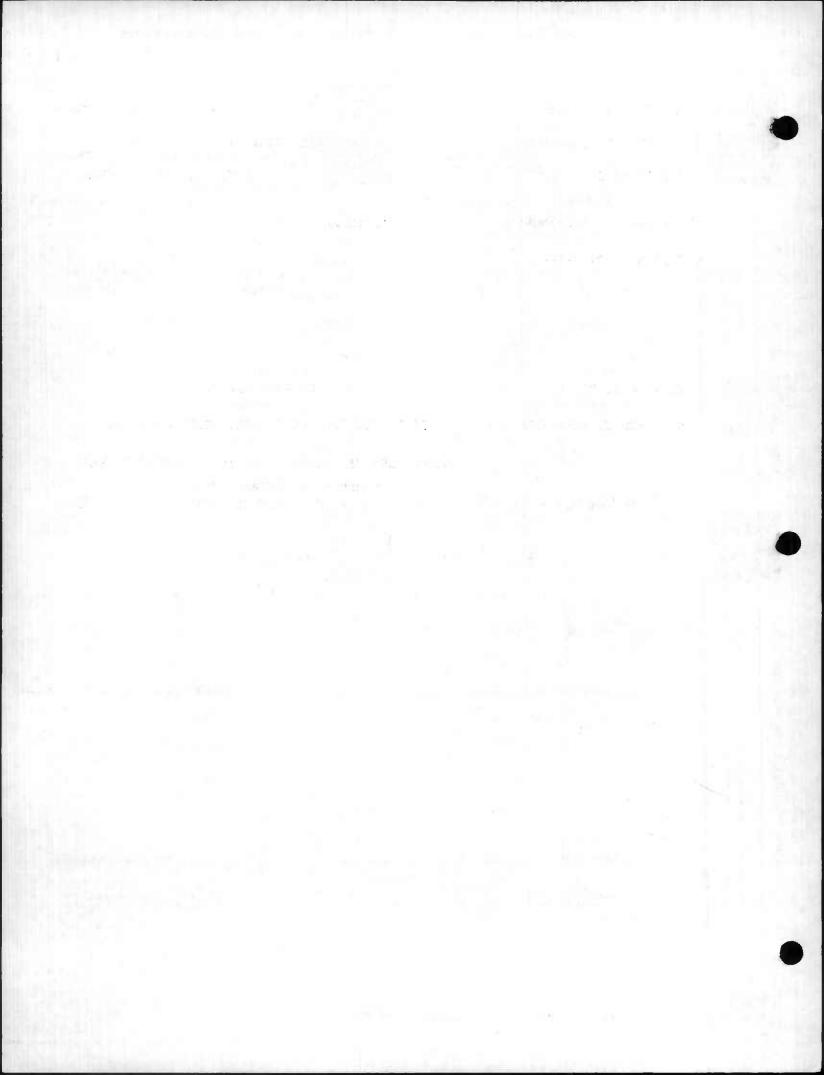
72 hours after

Baltimore, Maryland 21215-0020

31. Dete filed (Month, Dey, Year) State Registrar

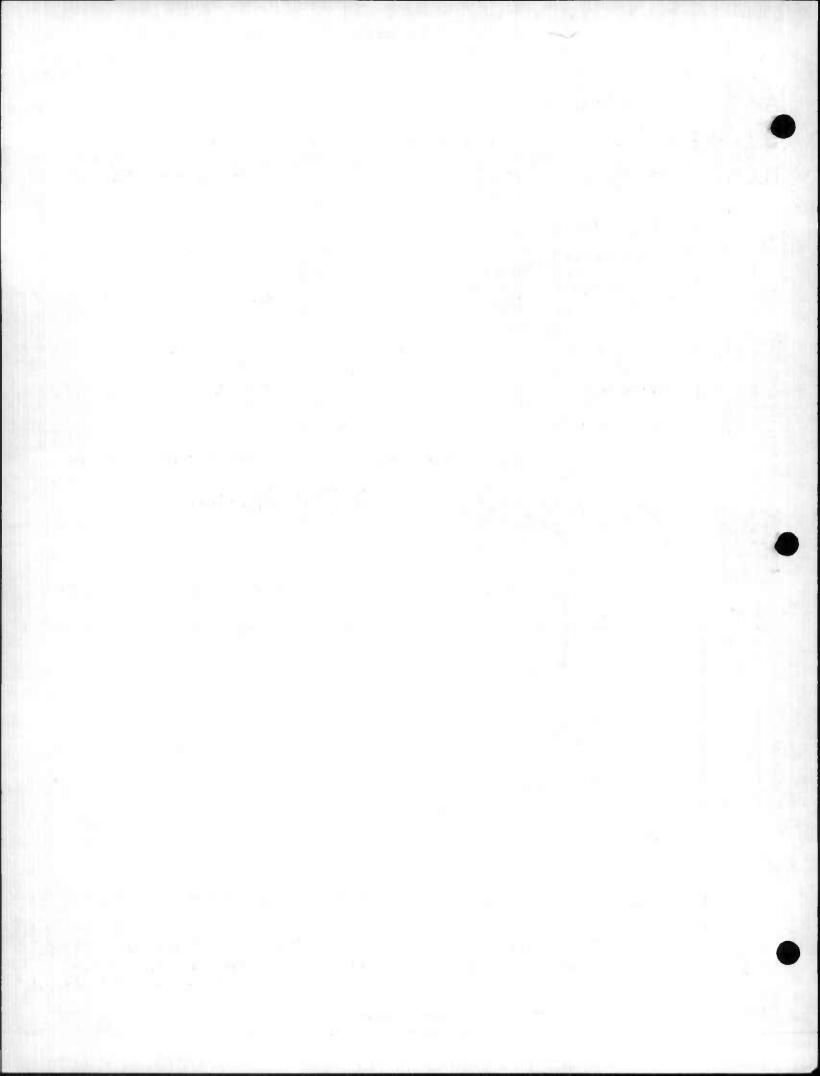
32. Registrer's Signeture

Julia Davidson Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Security Name of two immilishings plus sheet and number of Processing Security Name of two immilishings plus sheet and number of Processing Security Name of two immilishings plus sheet and number of Processing Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name of Security Name o					ary rarrar		ficate of		Wiemanny	Reg. No	- 98	00	1418
Examiner Accept Name (if not institution, plus steet and number) Accept Name (if not institution, plus steet and number) Accept Name (if not institution) Accept Name (if not institut	_				OLAN	D			Month	De		er	3. Time of Death 00:44 A1
Second Secondly Number Case Cas					1100			Location of Deet		County of D	eeth	0	
Top State Common Commo			5. Sociel Security Number 6. Se 213–12–0684	x 7. Ag		birthdey) h	Under 1 Year	If Under 24 Hrs	8. Dete of Bir (Month, De	y, Year	9.1	Birthplece Country)	e (Stete or Foreign
To a Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number 100. Street and Number	and and				10c. City, To	wn or Locati	ion					10d.	Inside City Limits
Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Second Company Seco	Mary	tor	Maryland Howard		Ellocid	ote ote							
Second Companies Compani	oth with the 23a or 28	ral Direc				-		.075			tizen of What	Country?	1
17, Father's Name (First, Micdie, Last) 18, Mother's Name (First, Micdie, Maiden Sumeme)	0020 ours efter dee	by	1 Never Married 2 Married	Armed Forces? 1 Yes 3 101						>	Bleck, W	hite, etc.	
17, Father's Name (First, Micdie, Last) 18, Mother's Name (First, Micdie, Maiden Sumeme)	72 hg	eted	15. Decedent's Edu (Specify only highest gred	cation e completed)	16	a. Decedent	's Usuel Occup	ation during most of wo	orking	16b. K	and of Busine	ss/Indust	iry
17, Father's Name (First, Micdie, Last) 18, Mother's Name (First, Micdie, Maiden Sumeme)	within sna.	idme	Elementery/Secondery (0-12)	College (1-4or 5				red)		homa	2		
Andrew A. Homer Proposition Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A. Homer Andrew A.	CA BOP	e Co	17. Father's Neme (First, Middle, Last)			MICION	EL	18. Mother's Na	me (Flrst, Middle				
Physician Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Medical Examiner Medical Examiner Medical Examiner Medical E	rlan	OB	Andrew A. Homer										
Continued to the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the continued of the cont	shot shot a mer		19e. Informent's Neme/Reletionship (T)	rpe, Print)	15	9b. Meiling A	ddress (Street			er, City	or Town, Stet	e, Zip Co	de)
Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition Composition	C - N .		Kenneth Voland (son)						Maryland	21075	5		
Physician Medical	0 85 = 5		1 ☐ Burial ŽXCremetion 3 ☐ F	temovel from Stete				е)					
Physician Medical Examiner 23e. Perf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Batween Onset and Death Medical Examiner 23e. Perf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Batween Onset and Death Medical Examiner 23e. Perf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Batween Onset and Death WEEKS WEEKS WEEKS Sequentially list conditions, if enty, leading to immediate Cause (Principle of the cause of the cause) MALIGNANT EFT PLEURAL EFFLISION WEEKS Due to (or as a consequence of): METASTATIC RENAL CELL CARCINOMA MONTH To the death of the cause of death? Due to (or as a consequence of):	nit. Partme			90	reuto		4	ss of Facility	1-12-96	Barr	lmore,	wary L	and
Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Permitted Cause (Fine) disease or constitution in death) Poue to (or es a consequence of): Permitted Cause (Fine) disease or injury for examiner /Medical Examiner Physician /Medical Examiner Public Cause (Fine) disease or constitutions if error leading to immediate Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /Medical Examiner Public Cause (Fine) /	B P P P P P P P P P P P P P P P P P P P		Slack Funeral Home, P. A. Elligott City, Maryland 21043										
Due to (or es e consequence of): Composition Composit			tmmediete Ceuse (Finel	ne cause on each iir	10.					rrest,		On	nset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that thirtied events resulting in deeth) Last Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a conse	Examiner		disease or condition resulting in death)					AILUK	LE			n	PECKS
Couse (Disease or Injury that Initiated events resulting in deeth) Last Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): D	を 知	Iner						PLEN	CAL	EF	FUSIO	1 2	JEEKS
Perf II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveilleble prior to completion of cause of deeth? 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 Yes 2 No 1 Yes 2 Yes 2 No 1 Yes		Medical	resulting in deeth) Last		Due to (or es a	es e consequence of): 4TIC RENAL CELL CARCINOM es a consequence of):						A 1	YONTHS
24a. Wes en eutopsy findings evelleble prior to completion of cause of deeth? 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1	Geath death e atta	sicia	Pert II. Other eignificant conditions cor	ntributing to death bu	ut not resulting	In the under	riving cause give	an In Pert I	23b. Did	tohacco	use contribu	ate to the	a cause of death?
THE THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF CAUSE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	s that the	y Phys											
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	lecords law require las been sig	npleted							24a. Wes	en euto ormed?	psy 24	comple	ole prior to etion of cause
25. Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 1 Yes 25 Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) 27. Manner of Deeth 28. Dete of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption of Injury exemption	: The cata h								10	Yes 3	ØNo	1 □ Ye	as 2000
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Vita		exeminer?	fospitel:			Othe	are					
3 Suicide 6 Could not be determined 4 Homicide 4 Homicide 28e. Piece of Injury - At home, farm, street, fectory, office 28f. Location (Street end Number or Rural Route Number, building atta (Constitution of Street)	lon of ading Physith. After this stuneral dis		27. Manner of Deeth 1) Shaturel 5 Pending	1 ☐ Inpatie	y 28b	28b. Time of Injury Wor		y et 28d. Descri					
District Chy of Youri, State)	Divis	Sertifica	3 Suicide 6 Could not be	iry - At home, (Specify)	farm, street,	fectory, office		of. Location (Street end Number or Rural Route Number, City or Town, State)					
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one)	e Hospit 124 houn E Funera bletaly fille	dical	Medical Exami	ier: On the besis of	examinetion e	ge, deeth oco and/or investi	curred et the tim igetion, in my op	e, dete end plece olnion, deeth occ	e, end due to the urred et the time,	ceuse(s) end menner d plece, and d	es steted	d. ceuse(s)
29c. License number 29d. Dete signed (Month, Dey, Year)	To th comp	2	29b. Signature end title of certifier				29c. License	number		29d. De	te signed (Mo	onth, Dey	, Year)
6 M.D., FCCP D36845 JAN. 10, 1998 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) MAI - CHI NGUYEN, MD, FCCP	,		MD,	FCCP			D36	845		JAI	J. 10	, 1	1998
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) MAI - CHI NGUYEN, MD, FCCP	6		30. Name and address of person who co	PATIA VE	eeth (Item 23e	(Type, Prin	1) MAI-	CHI	VGUYE	NI	MD,	FC	210/11
State Registrar JAN 1 2 1998 Juna Savidson-Handale			ST. Dete med (MOTALI, Dey, Tear)	32. Registre	or's Signeture	MY WY) H &	00, 6	UryM	DI	1	19	. 1044



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth **Physician** Month shley 01 an /Medical 4e. Fecility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** niversity of Medical Center Baltimore Maryland if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) iace (State or Foreign **Funeral** Hours Director Usual Residence of Decedent 10e Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Medical Exement must be nutried at 1₽ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 511 500 /V by Funeral Wes Decedent Ever in U, Armed Forces? filed within 72 hours after death 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 11. Marital Status Black, White, etc. 1 Never Married 2 Married Yes 2 No 1 Yes 2 No Specify: f Yes, Give Yaar or Detes: 3 ☐ Widowad 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Sepondary (0-12) College (1-4or 5+) DADO Maryland 17. Father's Demy (First, Middle, Last) Mether's Neme (First, Middle, Maiden Sumeme) Be Peges 1 end 2 should be finent of Health end Mental I ant: If Itam 27 is marked of 1150 19e. Informent's Name/Reletionship (Type, Print) (mo Ther) 19b. Malling Address (Street end Number or Rure) Route Number, City or Town, Stete, Zip Code) 500N. other t Baltimore, 20b. Pleca of Disposition (Neme of cemetery, premetery, protection) 20a. Method of Disposition 20c. Location - City or Tel Department of Important: If it any injury or o 1 Burlai 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Signature of Funerel Service Licensee 455 Furt Enter de diseasa, or complications that causad the deeth. Do not enter thock, or heart feilure. List only one cause on each line. tha mode of dving, such as card Approximate Intervel Betw Onset and Deeth **Physician** /Medical Immediate Cause (Final 3 hours · Kespirator diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Physician/Medical Examiner Holoprosencepha Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequence of) tiple Anomalies Box 68760, ongenita or Attending Physician: The law requires that the death certificet by Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 N6 3 Probably 4 Unknown erna Cocaine Completed by 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? this certificate 1 Yes 2 X No 1 Yes 2 No 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Umpatient 2 ER/Outpetient 3 DOA 27. Menner of Death Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? After 1 Naturel 5 Pending 1 Yes 2 No Investigation 2 Accident To the Hospital or Attend within 24 hours efter death To the Funeral Director: 6 Could not be determined 3 Suicida 28e. Place of Injury - At homa, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) in by 4 Homicide 12 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner as steted. 29e. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, dete end placa, and due to the cause(s) and menner stated.

State Registrar 31. Date filed (Month, Day, Year) 2 1998

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Renee Ellen Fox, MD 42. Resistrar's Signature

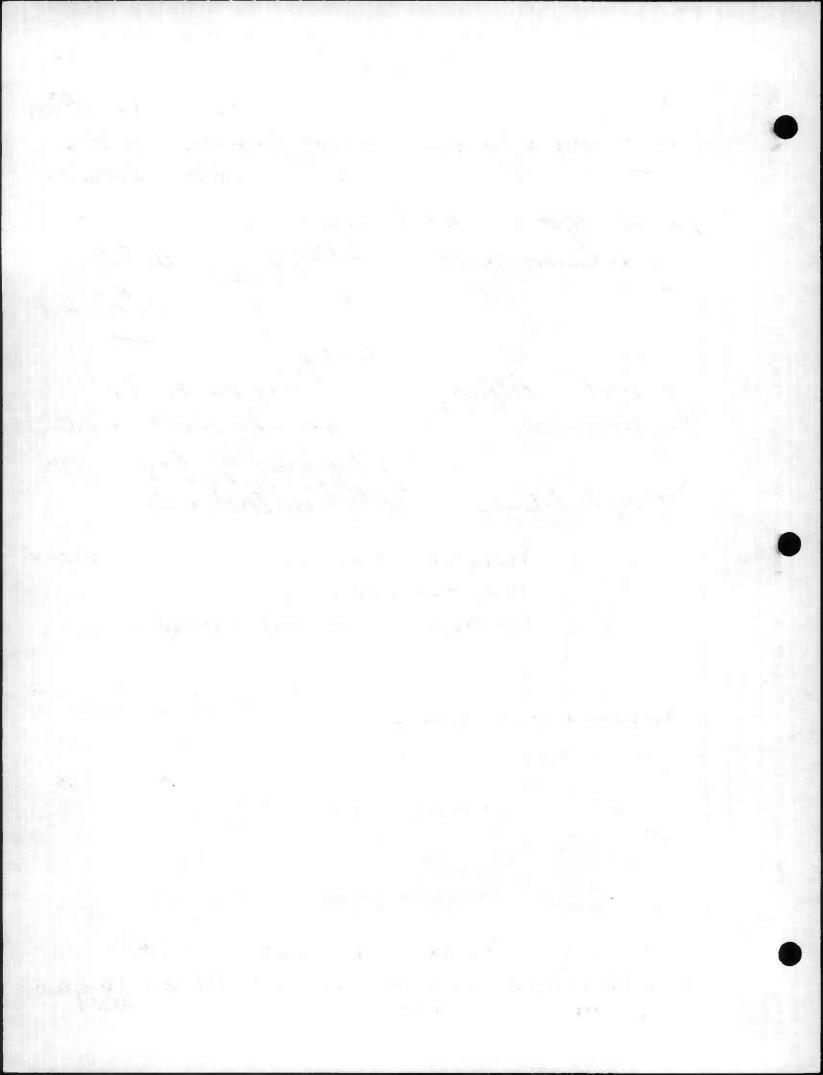
29c. License number

D 3357

1598

22 S. Greene Street, Baltimore Haryland

29d. Data signad (Month, Day, Yeer)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death **Physician** Month Randle Wilder Claire 11, JAN 1998 5:55pm /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Genesis Elder Care Center - Hammonds Lane Brooklyn Park Anne Arundel 5. Social Security Number if Under 1 Year If Under 24 Hrs. Hours Min. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** 1□ M 210 F Days Yrs. Director 214-22-9713 NOV 30, 1926 Maryland Usual Rasidence of Deceden with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Anne Arundel Director Brooklyn Park 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 238 613 Hammonds Lane 21225 nit. Pages 1 and 2 should be filed within 72 hours after death artment of Health and Mental Hygiene.
ortant: If Nem 27 Is marked other then "natural", or items 23 Islamy or other traumatic event, the Medical Examiner in Funeral USA 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, atc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 √Widowad 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Baltimore County School Teacher School System 17. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumame) Be Randle Lee Biden Helen K. Wehe 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Route Number, City or Town, State, Zip Code) George Allen Spurr, Jr./son 106 Catalpa Rd. Lithicum, MD 21090 20a. Method of Disposition 20b. Place of Disposition (Name of cemetary, crematory or other place) 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any injury or once. Metro Crematory, Inc. 01/12/98 Baltimore, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility no malo Cremation Society of Maryland, Inc. McDonald Dawn F 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest shock, or heart failure. List only one cause on each lipe. Approximate Intarval Between Onaet and Death **Physician** /Medical Immediata Cause (Final disease or condition rasulting in daath) Examiner Examiner ardiovaser Sequantially list conditions, if eny, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last P.O. Box 68760, The law requires that the death certificate be Physician/Medicai Due to (or as e consequence of): signed by the atte Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes ZINo 3 Probably 4 □ Unknown Division of Vital Records, by 24b. Wera autopsy findings eveilable prior to completion of cause of death? Completed 24e. Was an autopsy has this certificate 1 ☐ Yes 2 ☐ No spital or Attanding Physician: Thours after death.

neral Director: After this certificate y filled in by the funeral director, pa Be 25. Was casa raferred to medical axaminer? 26. Placa of Daath (Check only one) 1 Yes 2 No Othar: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Daath 28b Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Natural 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be datermined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital e within 24 hours a To the Funeral D Certifying Phyalcien: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian Medical 29b. Signature and title-of certifie 29d. Dete signed (Month, Day, Year) January 12, 1998 30. Name and address wood Rd. Gten

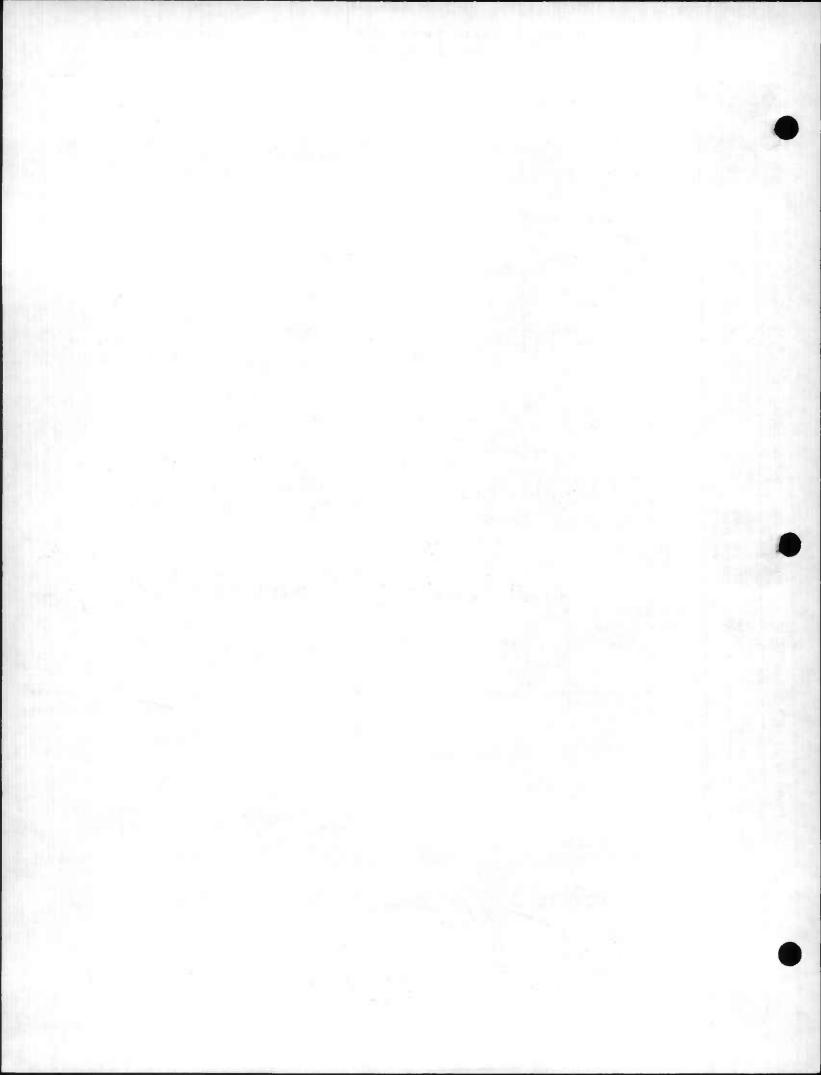
Registrar DHMH 16 Rev 6/95

State

Jorbate

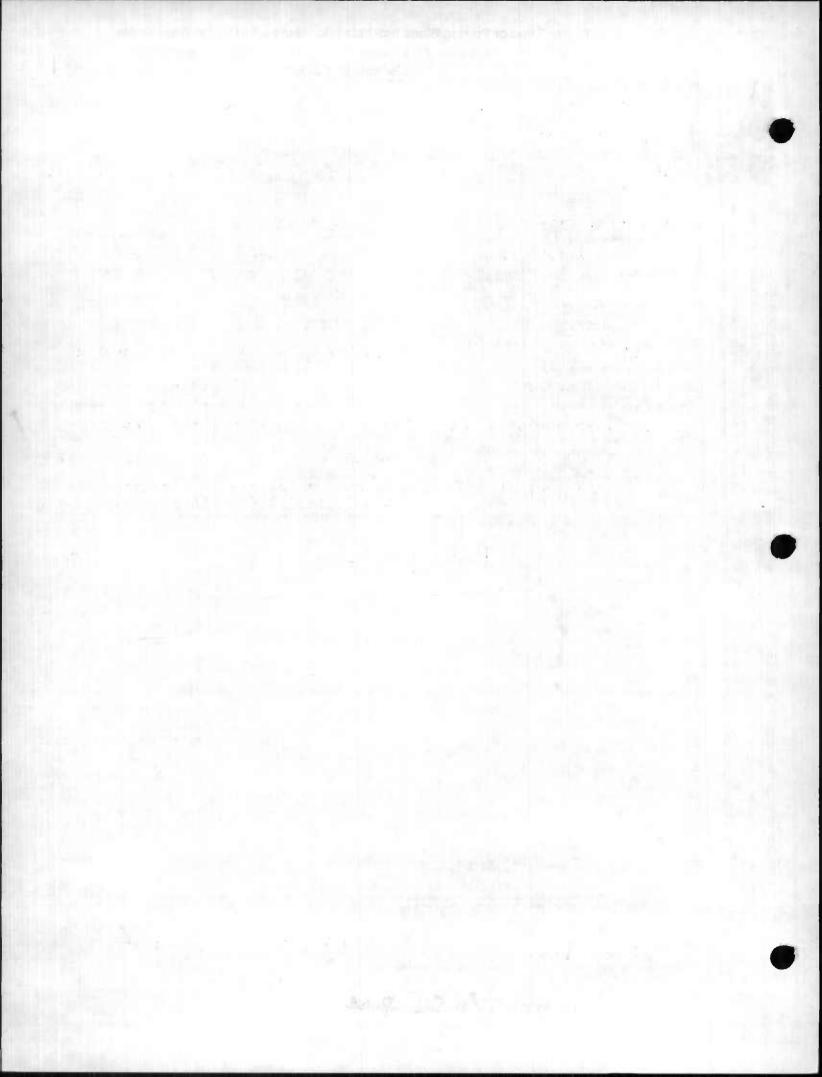
31. Date tiled (Month, Day, Year)

JAN 1 2 1998



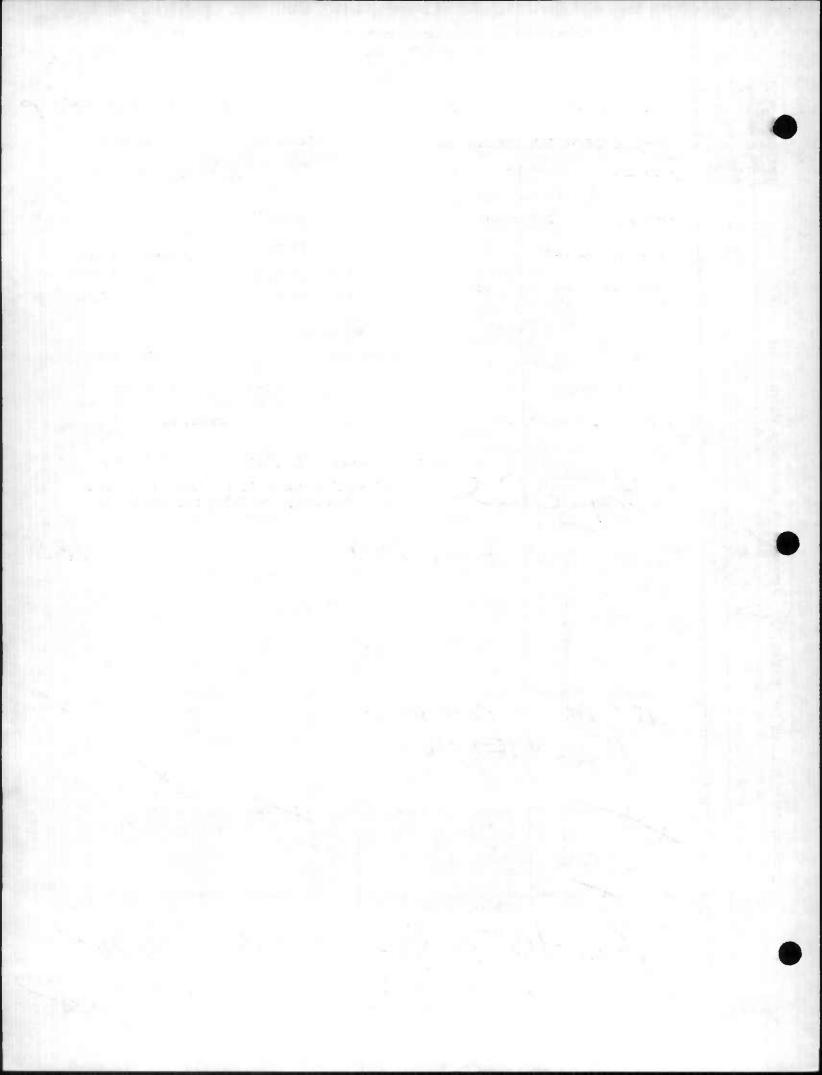
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	4 Dec						- 00	101100	te of	Dealii	f	Reg. No.		T Down
Physician	1. 1900		e (First, Midd								2. Date of Dea Month	Day	Yaar	3. Time of Dea
/Medical			loren		G.			Wan	-		JAN.	1	998	2:00
Examiner					reet and number	7)					Location of Deeth	4c. County		
			right	PIU						Colum			owar	
uneral rector	084	el Security N 4-10-	7515	6. Sex	7. A	ge (In yrs.	last birthday, Yrs.	Months	or 1 Year Days	If Under 24 Hrs Hours Min		, Year) , 1912	9. Birthol Count New	ace (State or For ry) York
28a-f show notified at rector	10a. Si	Realdence of	10b. County	,		10c Cit	ty, Town or L	ocation					10	d. Inside City Lir
				Militar		100. 01	y, rountoi L						1	1 ☐ Yes 2X
ot of	-	ryland	How	ard						ımbia				
23a or all Dir	10e. St	treet and Nur 63		ight	: Plume	2			ip Code	2104	4		SA	iry?
0 = -	1		ied 2□ Mar 4 XDivorced	ried	2. Was Deceden Armed Forces 1 Yes 2 2 If Yes, Give Year or Dates	ŽNo	,S. 13.	Wes Decif Yes, sp		lispanic Origin? (\$ en, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	14. Race Blac Specify	- America k, White, e	etc.
"natural", edical Exe leted by			15. Deceder	nt's Educa	ition		16a. Dece	edent's Us	ual Occup	pation		16b. Kind of Bu	siness/Ind	ustry
plet	51	(Specify only highest gre		st grade			(Give	DO NOT	ork done use retire	during most of wo	rking			
the E	Flen	T 2	ndary (0-12)		College (1-4or	5+)	Hor	mema	ker			Do	mest	ic
of Tree	17. Fat	ther's Name	(First, Middle,	Last)						18. Mother's Na	me (First, Middle,			
B		C	arl K	retz	er					Ed	ith McF	erran		
is marked other than surnatic event, the M To Be Comp							404 54.11	lan A o to	nn /P4				Cinto Ti	Codo)
rau.			ame/Relations								ural Route Numbe			
Important: If Item 27 is marked other than "natu sny injury or other traumatic event, the Medical once. To Be Completed	10	Buriai 2	Sor position **Cremation 5 Other (5	3 🗆 Ren	en/daug		C 6340 Place of Disponentery, cre tro Cr	matory or	other pla	CO)	Colum Date 1/12/98			
sician edical miner	Immed diseas	D Part 1. Enter the check, or head diate Cause (see or condition of the check)	(Finai	r complice t only one	0	in cre	h. Do not er	nter the mo	ancer	lerick ng, such as cardia	Road Ba	ltimor	e, M	Approximate Interval Betwee Onset and Deal
									7.				1	
nding physician and use as the burnel transit	that in	intielly list con leading to in Enter Unde (Disease or itiated events ng in death) l	5	c			or as a conse	quence of):				1	
2 4	resultin	mated events	Last			Due to (o	or as a conse	quence of):				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 4	resultin	mated events	Last		ibuting to death	Due to (o	or as a conse	quence of):	ven in Part I.		obacc <i>o u</i> ss cor ∕ss 2⊡ No	ntributs to	
is been signed by the attanding 2 should be detached for usa a pieted by Physician/M	resultin	mated events	Last		ibuting to death	Due to (o	or as a conse	quence of):	ven in Part I.	1 🗆 '		3 Prob	the causs of de sably 4 Unk
is been signed by the attanding 2 should be detached for usa a pieted by Physician/M	resultin	mated events	Last		ibuting to death	Due to (o	or as a conse	quence of):	ven in Part I.	1 🗆 '	rss 2□ No an autopsy med?	24b. We ava	ably 4 Unk
is been signed by the attanding 2 should be detached for usa a pieted by Physician/M	Part II.	other signif	Last icent conditi	ons contri	ibuting to death	Due to (o	or as a conse	quence of):		1 🗆 1	an autopsymmed?	24b. We ava	re autopsy findir illable prior to repletion of cause death?
certificate has been signed by the attanding rector, page 2 should be detached for use a second by Physician/M	Part II.	Other signif	least condition to medical to medical	ons contri	enital·	Due to (o	or as a conse	quence of quence of): cause gh	26. Place of De	24a. Was perio	res 2□ No an autopsy med? res 2□ No ne)	24b. We ava	pably 4 Unk ore autopsy findir uilable prior to mpletion of cause death? Yes 2 No
his certificate has been signed by the attanding at director, page 2 should be detached for usa a To Be Completed by Physician/M	Part II.	Other signif	icent condition	ons contri	spital: 1 □ inpat	Due to (o	ulting in the	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of De ner: 4 ☐ Nursing	24a. Was perio	res 2□ No an autopsy med? res 2□ No ne)	24b. We ava con of c	pably 4 Unk ore autopsy findir uilable prior to mpletion of cause death? Yes 2 No
his certificate has been signed by the attanding at director, page 2 should be detached for usa a To Be Completed by Physician/M	Part II. 25. Wa exc	Other significations of Death	icent condition red to medical No h 5 □ Pendii	al Ho	enital·	Due to (o	or as a conse	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of Denor: 4 □ Nursing	24a. Was perio	res 2 No an autopsy med? res 2 No ne)	24b. We ava con of c	pably 4 Unk ore autopsy findir uilable prior to mpletion of cause death? Yes 2 No
After this certificate has been signed by the attanding funeral director, page 2 should be detached for usa a funeral director, page 2 should be detached for usa a fulon: To Be Completed by Physician/M	Part II. 25. Wa exe 1 [27. Ma 1)8 2 3 [Other signif	icent condition red to medical No h 5 □ Pendii	ons contri	spital: 1 □ inpal 28a. Date of In (Month, D	Due to (of but not resident 2 ury ay Year)	er as a consecuting in the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the office of the off	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of De ner: 4 ☐ Nursing	24a. Was perfo	an autopsymed? Yes 2 No ne) lence 6 Otherwork injury occurr	24b. We ave corror of c	pably 4 Unk ore autopsy findir illable prior to mpletion of cause death? Yes 2 No
After this certificate has been signed by the attanding funeral director, page 2 should be detached for usa a funeral director, page 2 should be detached for usa a fulon: To Be Completed by Physician/M	25. Wa exe 1 27. Ma 1 2 2 3 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	other signification of Death Natural Accident Suicide Homicide	red to medica No h 5 □ Pendii Invest 6 □ Could determ	al Ho	spital: 1 ☐ inpat 28a. Date of in (Month, D 28e. Place of It building, e tien: To the bes r: On the basis	Due to (of but not resident 2 jury ay Year)	ER/Outpatie 28b. Time of injury ome, ferm, si	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of Dener: 4□ Nursing Try at Trk? Yes 2□ No	24a. Was perfo	an autopsy med? 'es 2 No ne) lence 6 Other own injury occurr. Street and Numb m, State)	24b. We ave cor of c	pably 4 Unk ore autopsy findir illable prior to mpletion of cause death? Yes 2 No I Route Number,
After this certificate has been signed by the attanding funeral director, page 2 should be detached for usa a funeral director, page 2 should be detached for usa a fulon: To Be Completed by Physician/M	Part II. 25. Wa exe 1 C 27. Ma 1 2 C 2 C C C C C C C C C C C C C C C C	other signification of Death Natural Accident Suicide Homicide Certifier Check only one)	red to medica No 1	ng not be nined examins	spital: 1 ☐ inpat 28a. Date of In (Month, D 28e. Place of In building, e	Due to (of but not resident 2 jury ay Year)	ER/Outpatie 28b. Time of injury ome, ferm, si	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of Dener: 4□ Nursing y at rk? Yes 2□ No me, date and piec ppinion, death occupinion, death occupinion.	24a. Was performent of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the perfo	an autopsy med? Tes 2 No ne) lence 6 Other low injury occurr. Street and Number, State) cause(s) and madate end place, 6	24b. We ave cor of c	pably 4 Unk ore autopsy findir illable prior to mpletion of cause death? Yes 2 No I Route Number, ated. the cause(s)
his certificate has been signed by the attanding at director, page 2 should be detached for usa a To Be Completed by Physician/M	Part II. 25. Wa exe 1 C 27. Ma 1 2 C 2 C C C C C C C C C C C C C C C C	other signification of Death Natural Accident Suicide Homicide Certifier Check only one)	red to medica No h 5 □ Pendii Invest 6 □ Could determ	ng not be nined examins	spital: 1 ☐ inpat 28a. Date of in (Month, D 28e. Place of It building, e tien: To the bes r: On the basis	Due to (of but not resident 2 jury ay Year)	ER/Outpatie 28b. Time of injury ome, ferm, si	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of Dener: 4□ Nursing yat rk? Yes 2□ No	24a. Was performent of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the perfo	an autopsy med? Yes 2 No No ne) lence 6 Other own injury occurr Street and Numb m, State) cause(s) and madate end place, of 29d. Date signed	24b. We ave cor of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of con	pably 4 Unk ore autopsy findir illable prior to mpletion of cause death? Yes 2 No I Route Number, ated. the cause(s) Day, Year)
After this certificate has been signed by the attanding funeral director, page 2 should be detached for usa a funeral director, page 2 should be detached for usa a fulon: To Be Completed by Physician/M	Part II. 25. Wa exe 1 C 27. Ma 1 2 C 2 C C C C C C C C C C C C C C C C	other signification of Death Natural Accident Suicide Homicide Certifier Check only one)	red to medica No 1	ng not be nined examins	spital: 1 ☐ inpat 28a. Date of in (Month, D 28e. Place of It building, e tien: To the bes r: On the basis	Due to (of but not resident 2 jury ay Year)	ER/Outpatie 28b. Time of injury ome, ferm, si	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of Dener: 4□ Nursing y at rk? Yes 2□ No me, date and piec ppinion, death occupinion, death occupinion.	24a. Was performent of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the perfo	an autopsy med? Yes 2 No No ne) lence 6 Other own injury occurr Street and Numb m, State) cause(s) and madate end place, of 29d. Date signed	24b. We ave cor of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of con	pably 4 Unk ore autopsy findir illable prior to mpletion of cause death? Yes 2 No I Route Number, ated. the cause(s)
After this certificate has been signed by the attanding funeral director, page 2 should be detached for usa a funeral director, page 2 should be detached for usa a fulon: To Be Completed by Physician/M	25. Wa exe 1 [27. Ma 1] 2 [27. Ma 2] 2 [29a. C (6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6	as case referaminer? Yes 2 Natural Accident Suicide Homicide Certifier Check only one)	red to medica No 1	ng not be nined Examina	spital: 1 ☐ inpat 28a. Date of in (Month, D 28e. Place of It building, e tien: To the bes r: On the basis	but not res but not res jury ay Year) njury - At histor. (Specific tof my knoof examine stated.	ER/Outpatie 28b. Time of injury ome, ferm, si	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficien	24a. Was perfo 1 1 1 Anath (Check only of the check only of the	res 2□ No an autopsy med? res 2□ No ne) lence 6 □ Othe row Injury occurr Street and Numb m, State) cause(s) and ma date end place, of 229d. Date signed Janua;	24b. We ave cor of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of con	pably 4 Unk ore autopsy findir illable prior to mpletion of cause death? Yes 2 No I Route Number, ated. the cause(s) Day, Year)
After this certificate has been signed by the attanding funeral director, page 2 should be detached for usa a funeral director, page 2 should be detached for usa a fulon: To Be Completed by Physician/M	25. Wa exe 1 [27. Ma 1] 2 [27. Ma 2] 2 [29a. C (6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6	as case referaminer? Yes 2 Natural Accident Suicide Homicide Certifier Check only one)	red to medica No 1	ng not be nined Examina	spital: 1 inpat 28a. Date of In (Month, D) 28e. Place of It building, e sten: To the bes r: On the basis and menner s	but not res but not res jury ay Year) njury - At histor. (Specific tof my knoof examine stated.	ER/Outpatie 28b. Time of injury ome, ferm, sify) owledge, death	quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence of quence	cause gh	26. Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficiency at the Place of Deficien	24a. Was performent of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the perfo	res 2□ No an autopsy med? res 2□ No ne) lence 6 □ Othe row Injury occurr Street and Numb m, State) cause(s) and ma date end place, of 229d. Date signed Janua;	24b. We ave cor of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of control of con	pably 4 Unk ore autopsy findir illable prior to mpletion of cause death? Yes 2 No I Route Number, ated. the cause(s) Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				Department Certificate	of Death		Reg. No.	00422			
Physician	Decedent's Nama (First, Mid	· ·				2. Date of D Month	eeth Day Ye	3. Tima of Deeth			
/Medicai	LICCIA	to wi	LUER	2		7	7 98	540 K			
Examiner	4e. Facility Name (If not institut	ion, giva streat and num	ber)		4b. City, To	wn, or Location of Dea	th 4c. County of D	eeth			
	Mariner Of H	Health Nurs:	ing Home		Glen	Burnie	Anne A	rundel			
uneral	5. Social Security Number		. Age (In yrs. lest b	irthday) If Under	Days Hours	24 Hrs. 8. Dete of B Min. (Month, D	irth 9.1	Birthpleca (Stete or Foreign Country)			
irector	214-44-7514	1□ M 2√F	92	Yrs.	Days Thoma	April	23,1905	Maryland			
>	Usuel Residence of Decedent 10e. Stete 10b. Coun		40 Ci T					1			
28a-1 enow				wn or Location	Deem	dalk		10d. Inside City Limits 1 ☐ Yas 2 ☒ No			
oto	Maryland	Baltimore	2		Dun	dalk		T Tas ZESINO			
unt be northed at rai Director	10e. Street end Number	Dood		10f. Zip (Code 212	22	10g. Citizan of Whet	Country?			
iner must be notified Funeral Director	7040 Dunbar						United St				
nue Er	11. Marital Status	Armed Ford	ant Evar in U,S.	13. Wes Decede	ent of Hispenic Orig ify Cuben, Maxican	gin? (Specify Yes or N , Puarto Rican, atc.)	o- 14. Race - A Bleck, W	merican Indian, /hlta, etc.			
Y F	1 Nevar Married 2 Ma	If Yes Give	No	1□ Yes 2			Specify:	White			
d by	3 XWidowed 4 □ Divorce										
Completed	15. Decade (Specify only high	ent's Education rest grade completad)	16	 Decadent's Usuel (Give kind of work) 	k done durina most	of working	16b. Kind of Busine	ss/Industry			
d du	Elementery/Secondary (0-12	College (1-4	for 5+)	life. DO NOT use							
5 8	8 Years 17. Fether's Name (First, Middle	o Looth		Housew:		de Nome (Cine Adiabat	Own H	iome			
Be se						r's Neme (First, Middl					
To	John Richard					rian	Not Know				
The Later	19e. Informent's Neme/Relatio						ber, City or Town, Stet				
Ter l	Charles W. C	arroll/son				Glen Burn					
any injury or other treumatic event, the Medical once. To Be Completed	20e. Method of Disposition 1 Burlal 2 □ Cremation	3 Removel from Si	camet	of Disposition (Nemerly, crematory or other	e or har place)	Dete	20c. Location - City	or Town, Stete			
dia dia	4 Donetion 5 Other			Lawn Cemet	tery 1/9	/1998	Baltimor	ce, MD			
once.	21. Signeture of Funeral Service	e Licensee	0	22. Name end	Addrass of Facility	y Pal Home of	Dundalk,	Tng			
ä	1 Dans	E. Ole	9			Dundalk,		21222			
	23e. Pert1. Enter the delese, shock, or heart forms.	or complications that cau	used the death. Do					Approximete			
ian	snock, or near thairs							Intervel Between Onset end Deeth			
cai	Immediete Ceuse (Finel	5	ellar	Mass				VRC			
er	disease or condition resulting in death)	θ.		consequence of):				170.0			
Je .			220 10 101 00 1	, , , , , , , , , , , , , , , , , , , ,							
Examiner	Sequentially list conditions.	б.	Due to (or as a	consequence of):							
Ä	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury										
dicai	thet initiated events resulting in death) Lest	С.									
Aedic	resulting in death) Lest										
No.	SECTION OF	d									
Physician/Me	Pert II. Other eignificant condi	tions contributing to dea	th but not resulting	in the underlying ca	use given in Pert I.	23b. Die	I tobacco use contrib	ute to the cause of death?			
Physician/Me	ATKIN		-					Probably 40 Unknow			
by P	TIPCIM	C FIR	BRICCH	FILON				7			
8	LI.	TT-	70,01.	. /		24e. We	s en eutopsy 24	b. Were eutopsy findings available prior to			
pege 2 should	- / /	DENIC	10 ACM	/ ~		per	formed?	completion of cause of deeth?			
Comi	/					10	Yes 20 No	1 ☐ Yes 2 ☐ No			
0	25. Wes case referred to medic	al l			Of Hann	of Death (Check only	- Card	10 165 20 110			
To Be	examiner?	Hospital:	patient 2 ER/C	Outpetlent 3 DQ/	Other:		sidence 6 Other (S	Pagaile I			
T. T	27. Manny of Death	28e. Dete of (Month,			Bc. Injury et Work?		how injury occurred	pecity)			
completely tilled in by the funeral Medical Certification: 1	Vetural 5 ☐ Pend 2 ☐ Accident invas	ling (Month,	Day Year)	Injury	Work? 1 ☐ Yes 2 ☐ I	No					
Certification:	3 ☐ Sulcide 6 ☐ Coul	d not ba mined 28e. Placa o	f Injury - At home.	arm, straat, fectory,	offica	28f. Location	(Street end Number or	Rural Route Number,			
er T	4 Homicide	building	, etc. (Specify)	,		City or To	own, State)				
	29a. Certifier Certify	Ing Physician: To the b	est of my knowledg	e deeth occurred e	t the time dete and	d place, and due to the	cause(s) and manne	r as stated			
edicai		Examiner: On the bas end manne	is of exemination a								
Me.	29b. Signature and the of certif		steled.	290	License number		29d. Date gigned (M	opth, Day, Year)			
3	160	11	THA (MIN	22 0	555	1/1	80			
	1 Cen	W/14/	MIL	8	120		1/0//	8			
2	30. Name of deddress of perso	n who completed cause	of death (Item 285	(Type, Print)			10				
/	1/ /		100	0 - 12 00			111111	111. 1 1 11 3			
	31. Date filed (Month, Day, Yes	Y / 2 32. Rec	183	8- CAR	ZMINE	ENP	MICO	victom			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene | | Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yeer Raye Reno Workman, Sr. January 3, 1998 10:26 P.M. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Franklin Square Hospital Center Rossville Baltimore If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Months 1 M 2□ F 54 Yrs 087-34-0931 Sept. 18, 1943 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 11 Yes 2 □ No Prince George Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9105 Contee Road #101 20708 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Maritel Stetus Black White etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 X Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Carpet Mechanic Self-Employed 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Unavailable Mary M. Knott 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 9620 Homestead Court, Apt. F, Laurel, Md. 20723 Raye Workman, Jr./Son 20b. Plece of Disposition (Neme of cemetery, crematory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 1/7/98 4 Donetion 5 ☐ Other (Specify) Baltimore Washington Cr. Laurel, Maryland 21. Signature of Funerel Service Licens 22. Name end Address of Fecility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel Maryland 20707 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final IMMEDIATE disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to 24a. Wes en eutopsy performed? completion of cause 26. Piece of Deeth (Check only one) Other: 4☐ Nursing Home 5☐ Residenca 6☐ Other (Specify) 1 ☐ Inpatient 2 ER/Outpetient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending

physician s the buria for u P.O. F signed by t Records. peen page 2 certificate Division of Vital funeral To the Hospital or Attending P within 24 hours after death.
To the Funeral Director: After the completely filled in by the funeral

Physician

/Medical

Examiner

Funeral

Director

r than "naturef", or itema 23e or 28a-f show the Medical Examiner must be notified at

Director

Funeral

by

Completed

Be

To

12

Md.

the Maryland

death

al Hygiene.

12 should be fi h and Mantai It is marked off

permit. Pages 1 and 2 Department of Health a Important: If Item 27 Is eny Injury or other trea

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Examiner Physician/Medical by Completed Certification:

Medical

25. Wes case referred to medical exeminer?
1X Yes 2 No 27. Menner of Deeth 1 Natural 2 Accident

3 ☐ Suicide

29a. Certifier

4 Homicide

6 Could not be determined

investigation

28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the cause(s) and manner as stated. Medical Examiner: On the besis of exemination and/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated.

29b. Signeture end title of cartifier

M.D. movem,

29c. License number

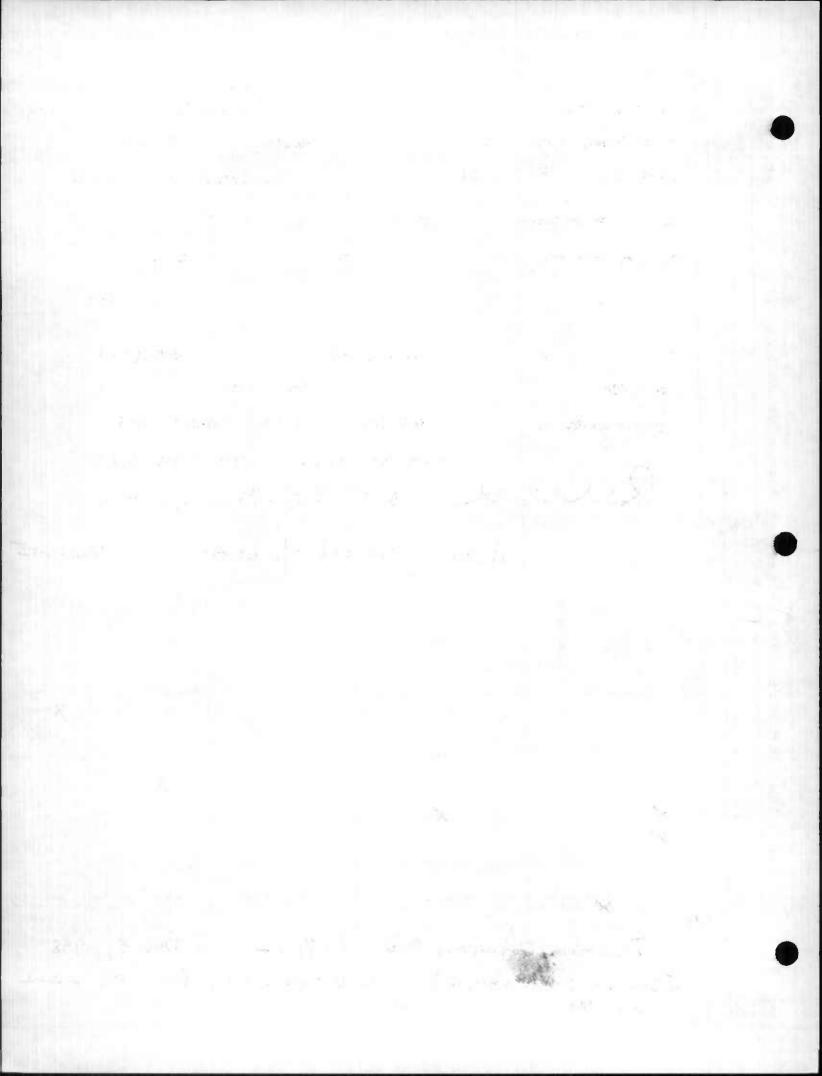
29d. Date signed (Month, Dey, Yeer)

completed cause of deeth (Item 23a) (Type, Print)

· DONOVAN, M.D., 2112 DUNDALK AVE., 0 Anda Peterstate Story to play to see

State Registrar

After



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day Month **Physician** Marsha JANUARY 1998 8:10 PM Woerner 4c. County of Death /Medical 4b. City, Town, or Location of Death 4e Facility Name (If not Institution, give street and number) Examiner Saint Joseph Medical Center Towson Baltimore If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 6. Sex 8. Dete of Birth (Month, Day, Year) **Funeral** Months 1 M 2 X F Deys Hours 52 Director 212-48-8713 October 25, 1945 Maryland Usual Residence of Deceden with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hyglena. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any Injury or other traumatic event, the Medical Examiner must be notified at DDGs. 1 X Yes 2 No Directo Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3800 Evergreen 21206 Avenue United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, Whita, etc. 11. Meritei Status 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 💆 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 18 Mother's Name (First Middle Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be E. Thomas McCleary Marie Ann Fisher 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Mr. Frederick J. Woerner/Husband 3800 Evergreen Avenue Baltimore, Maryland 21206 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 1 Buriel 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Memorial Gardens 1/12/98 | Timonium, Maryland 21. Signature of Funeral Service Licensee Brian A. Willem 22. Name and Address of Fecility Leonard J. Ruck Funeral Home, Inc. Bucin a. Wellen 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final ACUTE MYOCARDIAL INFARCTION disease or condition resulting in death) Examine Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Physician/Medical physical the Due to (or es e consequence of): 92 USe for ed by the a 23b. Did tobacco use contributs to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. signed by t 3 ☐ Probably 4 🐧 Unknown 1 Yss 2 No Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy periormed? Completed has page 2 PLNO 1 Yes 20 No 1 Yes certificate or Attending Physician: director 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 Munpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 1 Natural 5 Pending 1 Yes 2 No 24 hours after death. Investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide filled in Hospital 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edicai completely (Check only one) To the F within 2 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature end title of certified

D30863

7620 YORK ROAD TOWSON, MARYLAND

21204

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Registrate Eignetut Pandasse.

M. D.

FRANCIS KHOO,

filed (Month, Dey, Year)
JAN 1 2 1998

State Registrar Wit Olide Color . V. Verminet.

Томого вы мог

TORNOT TO SEE THE CASE AND ADDRESS OF SELECT

M SHANING

W. IS I'M AT THE STATE OF THE TOTAL

MOSTORA BL. JATORGONYM SPRUDI

See Street

5 066.0

PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH

pe of Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death Dey 07 **Physician** Eva 1930 Wagner 1998 PM January /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Dean 4c. County of Deeth Examiner No-thwest Randallstown Baltomore Hospital If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Aga (In yrs. lest birthday) Birthpleca (Stete or Foraign Country) **Funeral** 1 M 2 X F Days Yrs. Mar 22, 1904 93 Director 068-05-1524 Maryland Usual Residence of Decedent the Marviand 10a State 10b. County 10c. City. Town or Location r than "natural", or itema 23a or 28a-f ahow the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Randallstown Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 3739 Courtleigh 21133 Drive Funeral 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Giva Was Dacadent of Hispanic Origin? (Specity Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - Amaricen Indian, Black, White, etc. 11. Maritel Status 72 hours after 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: À 3 XWidowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupation 15. Decedent's Education 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) permit. Pages 1 end 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "rany injury or other treumetic event. Drug Stores & Elementery/Secondery (0-12) College (1-4or 5+) 9 years Cosmetics Sales Pharmacy 17. Fether's Name (First, Middla, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be William Christian Blank Anna Blankner 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3323 Northway Drive Parkville, MD (Daughter) Elaine Webb 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State 4 Donetion 5 Other (Specify) 1-10-98 Randallstown, MD Mount Olive Cemetery 21. Signature of Funeral Sarvice License 22. Nama and Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 23a. Pert Enter the disease, or complications that caused the deeth. Do not antar tha mode of dying, such as cerdiec or respiratory arrest, shock, or haar feilure. List only one ceuse on each line. Approximeta ervel Between Onsat and Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) Examiner Examiner an and Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of) Intected Box 68760 dec Physician/Medicai Due to (or as a consequence of attending P.O. Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Dehydration Records, 90 Completed 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? 2 No After this certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attanding Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifica completely filled in by the funeral director; to Be 25. Was case referred to medical 26. Plece of Death (Check only one) Hospitel: 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Yeer) 27. Manner of Deeth 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) and menner statad. Medicai 29e. Certifier 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) David Roggen 07, 1998 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Roggen 5401 Old Court Road Randellstown

DHMH 16 Rev 6/95

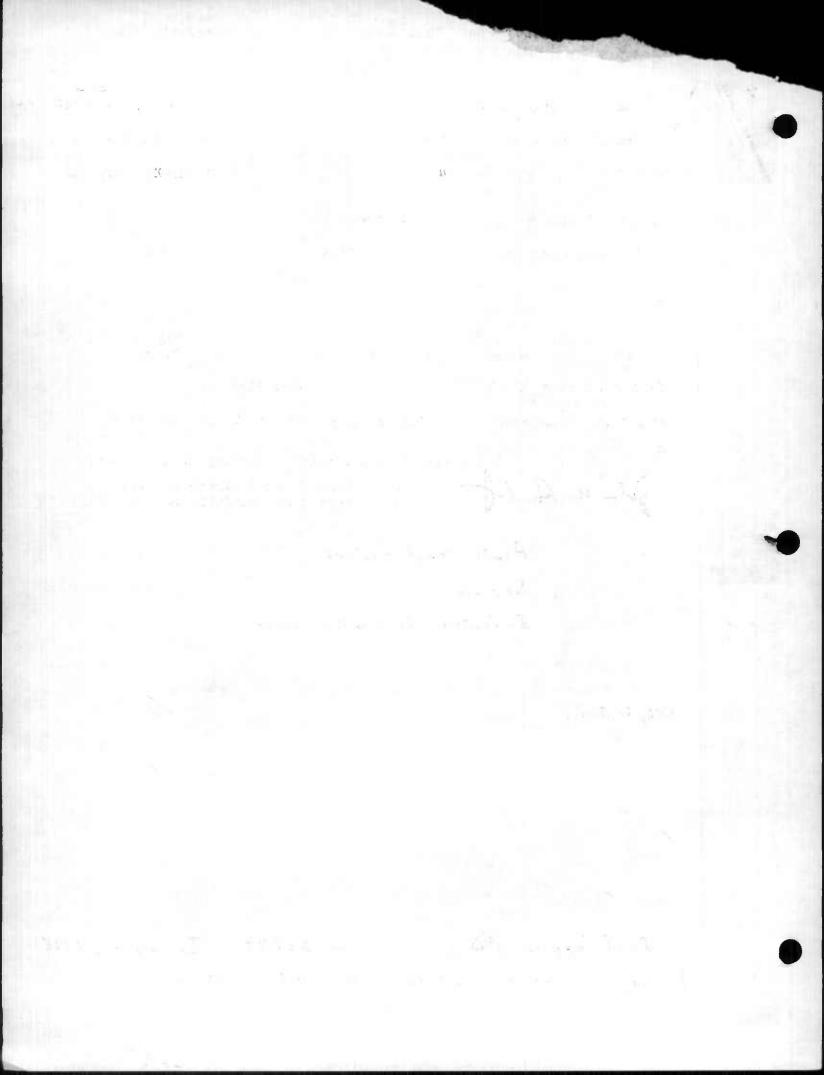
State

Registrar

31. Dete filed (Month, Day, Year)

32. Registrer's Signature

Luka Davidson



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Tima of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month Dev Yaar 1998 2:45 PM January 9, ALBERT CHARLES WENZING 4b. City, Town, or Location of Death 4c. County of Death 4e Facility Nama (If not institution, giva street and number) 128 Brightside Ave. Pikesville If Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) if Undar 1 Yaar Birthplace (State or Foraign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) 6 Sex 1₺ M 2□ F Months Days Yrs. 66 Feb 20, 1931 Maryland 217-26-3302 Usuel Residence of Dacedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 1 No Maryland Baltimore Pikesville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21208 USA 128 Brightside Ave. 12. Was Decedent Ever in U.S. Armed Forcas? 1 ∰ Yes 2 ☐ No 12 If Yas, Give Yeer or Detas: years 14. Race - Amaricen Indian, Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) Black, Whita, atc. 1 □ Navar Married 2 1 Married Specify: White 1 Yas 2 No Specify: 3 ☐ Widowad 4 ☐ Divorced 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grada complated) Elementery/Secondary (0-12) Collega (1-4or 5+) Retail 6 years Dairy Manager Grocery Store 18. Mothar's Nama (First, Middle, Maiden Sumama) 17. Fethar's Name (First, Middla, Last) Albert Charles Wenzing Sr. Helan May Mullenberg 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) (Wife) Pikesville, MD Eleanor C. Wenzing 128 Brightside Ave. 20b. Placa of Disposition (Name of cemetery, cramatory or other place) Data 20c. Location - City or Town, Stata 20e. Mathod of Disposition 1 St Burial 2 Cramation 3 Removal from State 4 ☐ Donetion 5 ☐ Othar (Specify) Lake View Memorial Park 1-13-98 Sykesville, Maryland of Funaral Sarvice Licensee 22. Nama and Addrass of Fecility Loring Byers Funeral Directors, Inc. 23a. Party Enter the disease, or complications that caused the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the country in the cou 21133 Immediate Ceuse (Final 14 month Carcinoma diseasa or condition rasulting in daath) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Dua to (or as a consaquance of): that initieted evants rasulting in daath) Last Dua to (or as a consequence of) 23b. Did tobacco use contributa to the cause of death? Part ft. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 1 Yss 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 ☑ No 1 ☐ Yas 2 ☐ No 25. Was casa refarred to medical axaminar? 26. Place of Daath (Chack only one) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify)

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. Stata

Directo

Funeral

þ

Completed

Be

Funeral

Director

permit. Pages 1 end 2 should be filed within 72 hours after death with the Meryland Department of Health end Mentel Hygiene.
Important: if item 27 is marked other than "natural", or items 23a or 28a-4 show shipling or other traumatic event, the Medical Examinar must be notified at PAGE.

Baltimore, Maryland 21215-0020

Examiner attending physicity for use as the burn Physician/Medicai signed by the a þ should b Completed s certificate hes b director, page 2 s director, Be Certification: To this

The law requires that the death certificate be the Division of Vital Records, P.O. Box 68760, or Attending Physician: funeral After efter deeth. i Director: A 24 hours e Funerei D letely filled Hospital within 2 To the

Medical

31. Date filed (Month, Day, Year) State Registrar

1 Yas 2 No

5 Panding

invastigation

6 Could not be datarmined

27. Manner of Deeth

1 Natural

2 Accident

3 Suicida

29a. Cartifian

4 - Homicida

(Check only one)

29b. Signeture end titla of certifier Ruman Attending Physician

28a. Dete of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify)

28b. Tima of

29c, License number

1 ☐ Yas 2 ☐ No

28c. Injury at Work?

1 Certifying Physician: To tha best of my knowledga, daath occurred et tha time, data and place, and due to tha ceusa(s) and menner as stated.

2 Medical Examiner: On the basts of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

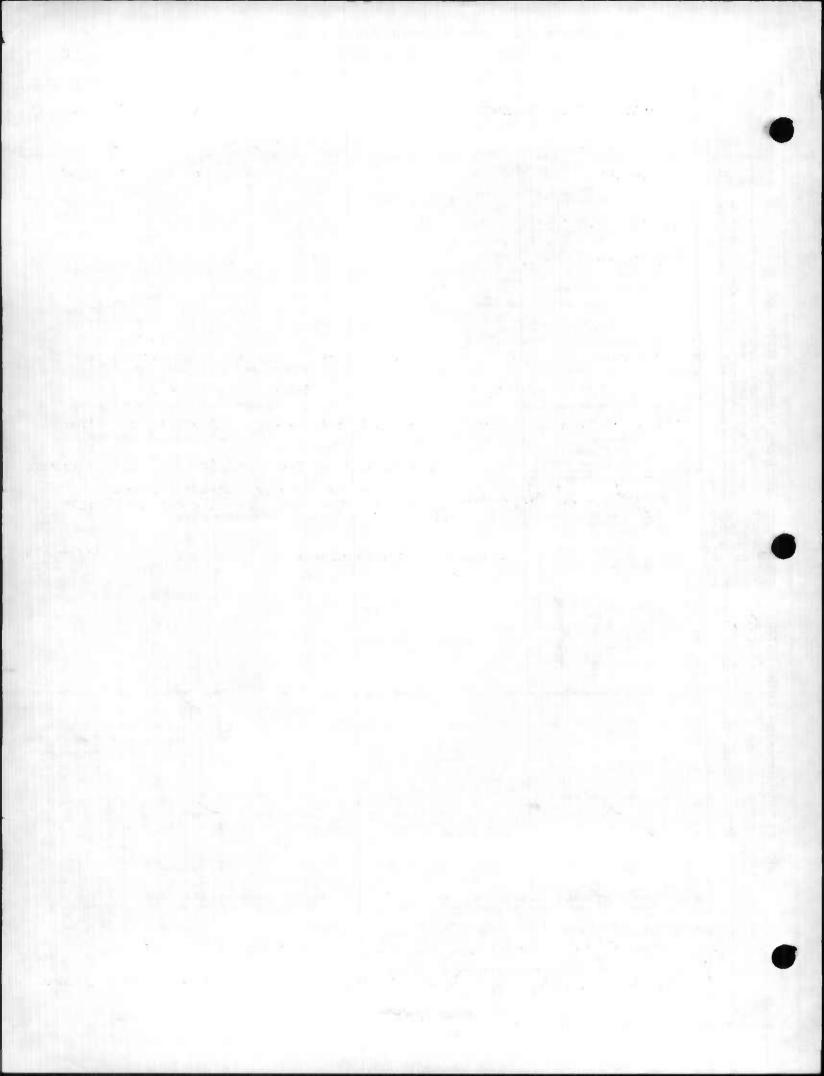
28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

28d. Dascribe how injury occurred

30. Nama and addrass of person who completed cause of death (Item 23e) (Type, Print) Paul Place Baltimore MD Marc D. Ju/colow, M.D.

32. Registrar's Signature who Devidson-Randall

2 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month 4:15 PM Martha Magline Albright January 11, 1998 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth St. Joseph Medical Center Towson Baltimore Co. If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year Birthplace (State or Foreign Country) 1 M 20 F Months Days Yrs. 87 236-28-7253 April 19,1910 Shenandoah Co, Va Usual Residence of Deceden 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Co. Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1730 Earhart Road 21221-2101 United States 11. Maritel Status 12. Was Decedent Ever In U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Black, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No If Yes, Give Year or Dates: 1 Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorcad White 18a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 n/a Home Maker Own Hame 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) John David Sine Rosalie Miller 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Mrs.Eileen E. Salafia (Dau.In Law) 8501 Drumwood Road Baltimore, Md. 21286-5918 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 █ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Mem. Gardens 01/14/98 Baltimore, Maryland 21. Signature of Funeral Servica Licansee Jeffrey L. Gair 22. Name end Address of FecilityRuck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 23a. Pert1. Enter the disease. Approximete Interval Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) Aspiration then menie Due to (dr as e consequenca of): 6 mon. Dementia Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequença of): 5ur. Cerebrovascular disense thel initiated events resulting in death) Lest Due to (or as a consequence of). Ohr. Diabetes Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of deeth? 1 Yae 2 No 3 Probably 4 Unknown Dehydration 24b. Were autopsy findings 24e. Was en autopsy obstructive bulmmary disorec available prior to completion of cause of deeth? gangrehe of Atherosclerosis with 2 No 1 Yes 1 Tyes 2 No 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manger of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending Investigation

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

ne 23a or 28a-f ahow

Herne 23a

ò

"natural",

nd Mental Hygiene. marked other than

permit. Pages 1 and 2 Department of Health el Important: If Itam 27 is any injury or other trac

12 should be fi h end Mental H is marked off

other traumatic event, the Medical Examiner

the

death

72 hours after

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

pue physician s the burian 2 peen page certificete

Box 68760

P.0.

Records,

Division of Vital

After or Attanding 24 hours efter deeth. To the Hospital o within 24 hours of To the Funeral Di Medical

To State Registrar

Physician/Medical Examiner 2 Q Completed Be 2 Certification:

NW! 30. Name and editions of person who completed cause of deeth (Item 23e) (Type, Print) Stephen R. Smith, M.D.

29b. Signature and title of Garylier

6 Could not be determined

2 Accident

3 ☐ Sulcide

29a, Certifier (Check only one)

4 Homicide

MD

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) and manner as staled.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29c. License number D14957

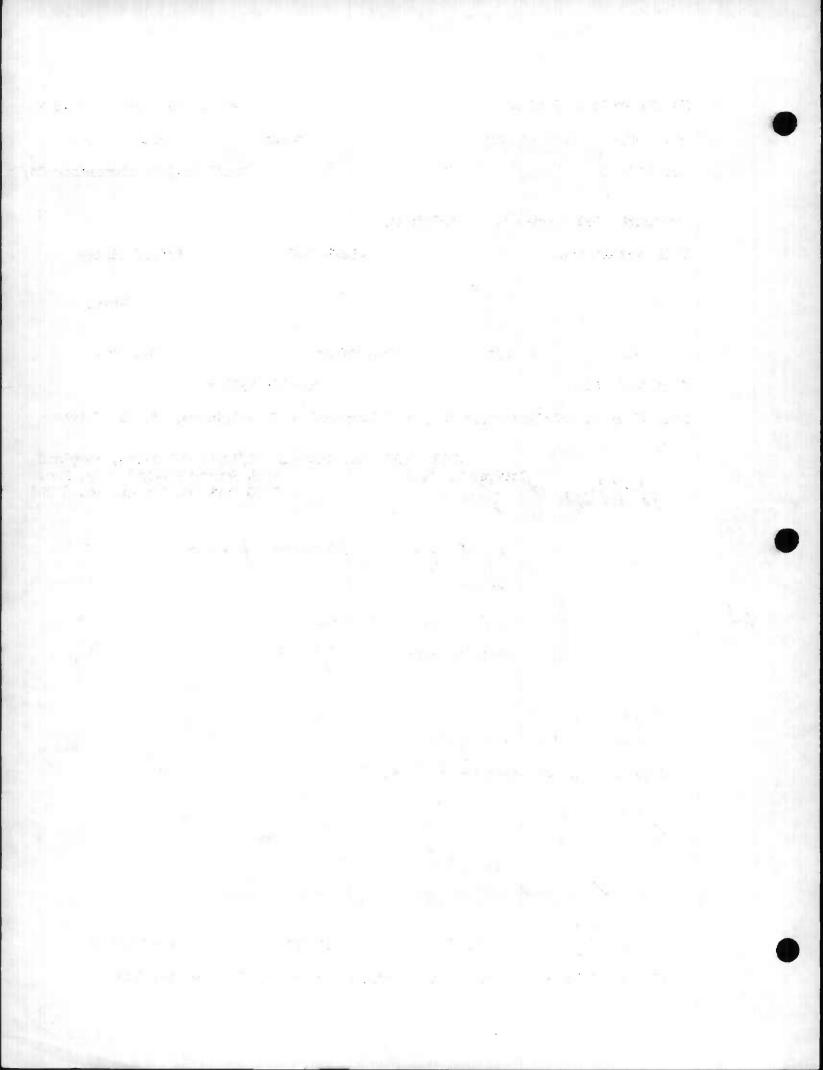
1 Yes 2 No

29d. Date signed (Month, Dey, Year) -12-98

4116 East Northern Parkway Baltimore, Maryland

f 22. Registrar's Signature wha Yawdson-Randoll

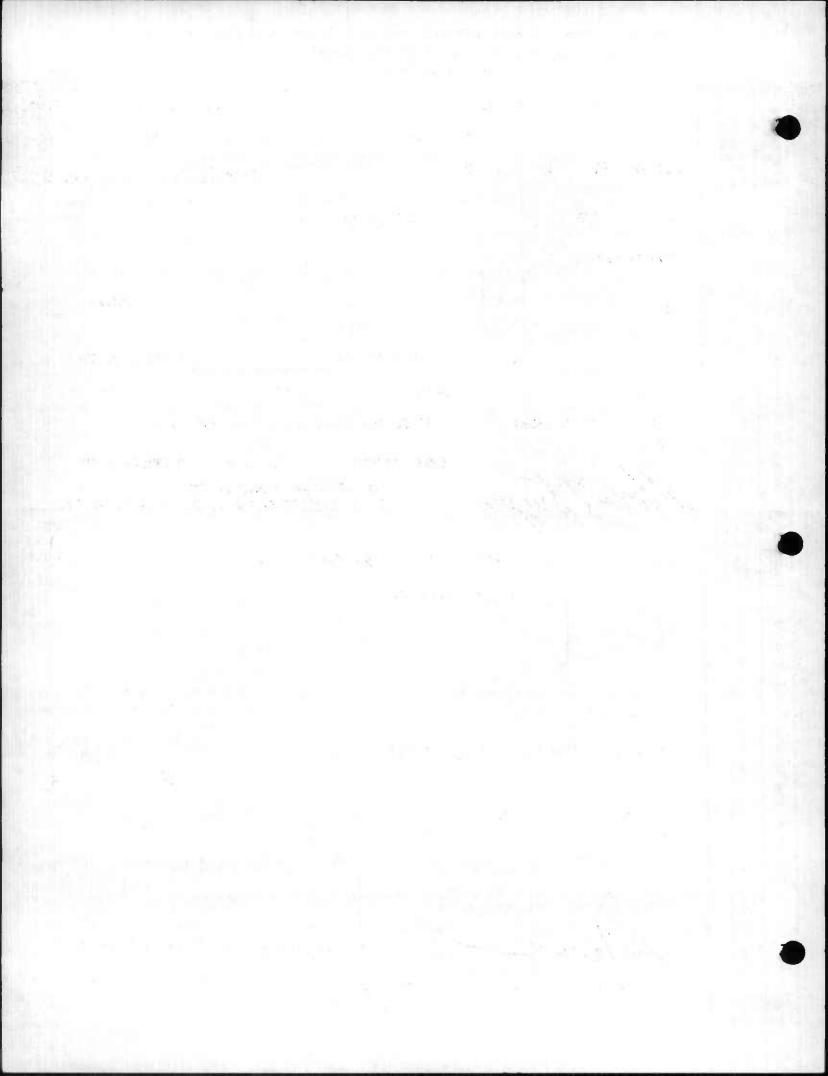
28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Certifica	te of		violitai i iy	Reg. No.	U	0458
Physic /Medi		1. Decedant's Name (First, Middle, Last		2				2. Date of De Month Januar	Day	Yaar 758	3. Tima of Death
Exami		4a. Facility Nama (If not institution, giva Sinai Hospital	street and number)	Belved	ere tre		4b. City, Town, or 1 Baltin	Location of Death 4c. County of			
Funeral Director		5. Social Security Number 218-32-1687 6. Se		e (In yrs. last i 93	birthday) If Und Yrs. Months	er 1 Year Days		8. Date of Bird (Month, Da DEC . 16			place (State or Foreign ntry)
pue M		Usual Rasidence of Decedent 10a. State 10b. County		10c. City. To	own or Location						10d. Inside City Limits
Marylen f show	50	MD N/A		,,	BALTIMO	RE					1 □XYes 2 □ No
death with the Maryland ms 23s or 28s-f show crivest be notified at	Director	10e. Street and Number		<u> </u>	10f. Z	ip Code			10g. Citizen of V	Vhat Cour	nfry?
23a or	a D	6977 BROOKMILL RE).			21	215		USA		
items items	Funeral	11. Marital Status	12. Was Decedent Armed Forces?	Ever In U,S.	13. Was Dac		Hispanic Origin? (S ean, Mexican, Puart	pecify Yes or No		e - Amarlo	can Indian,
15-0020 n 72 hours efter "neturel", or its	by	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ I If Yes, Giva X Year or Dates:	No	1 ☐ Yes			o rilouri, ato.y	Specify		
	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation e completed) Collega (1-4or 5		Sa. Decedent's Us (Give kind of w life. DO NOT	ual Occup ork done use retire	pation during most of world)	king	16b. Kind of Bu	isiness/In	dustry
d 21 filed wi Hygien ther th	Con		2	2 PROPRIETOR					MEN'S	HING	
Maryland 212 d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumatic event, the Mary	Be	17. Fathar's Nama (First, Middle, Last)					18. Mother's Nan	ne (First, Middle,	Maiden Surnam		
laryla 2 should end Men is merke	2	GERSON 19a. Informant's Name/Relationship (T)	ma Print1	ABRAM		se /Straa	IDA t and Number or Ru	rel Boute Numbe	or City or Town	COHE	
Ma 2 s with en trau		EDWIN A. ABRAMS (IP CT. OW			211	
es 1 end of Health of Health ritem 27 in other tr		20a. Method of Disposition	•	20b. Place	of Disposition (Natery, crematory or	ame of		Date	20c. Location -		
Pages Tent of I		1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation ☐ Other (Specify)	lamoval from State		HE EMUNA			1/98	BALTIN	ORE.	MD
Baltimore, permit. Pages 1 e Department of Hee Important: If Item any Injury or othe pages.		21. Signature of Funeral Service Chans			22. Name a	and Addre	ess of Facility			1014	
0 28558		Muchael X	mar				INSON & E			T.F.	MD 21208
		23a. Patt 1. Enter the disease, or compleshock, or heart failure. I that only o	callon that caused	the death. De	o nof antar tha me	oda of dyi	ng, such as cardiac	or respiratory a	rrest,	11111	Approximate Interval Between
Physician /Medical Examiner		Immediate Causa (Final disease or condition resulting in death)					imm				one week
secuted end el-transit	Examiner	Sequentially list conditions, if any, leading to immediate	. Hype	vtens							
I Records, P.O. Box 68760, The law requires that the death carificete be executed the has been signed by the attending physician end page 2 should be deteched for use as the buriel-transit	Physician/Medical E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or injury that initiated events resulting In death) Last	1.	Due to (or as a consequance of):							
Box eath cert attendin	clan										
P.O. the the de by the deteched	ysle	Part II. Other significant conditions con	tributing to death be	ut not resulting	in the underlying	cause gi	ven in Part I.				o the cause of death?
dS, P	by	Arthritis						10			bably 4 Unknown
Records, he law requires the law seen signe e hes been signe age 2 should be considered.	Completed	Benish pro	static h	ypert	rophy			24a. Was perfo	an autopsy rmed?	av	ere autopsy findings vailable prior to implefion of cause daath?
The is	Col							101	res 2 No	1 (□Yes 2□ y o
of Vital I Physician: The this certificate	Be	25. Was casa referred to medical examiner?	lospital: 📈			001	26. Place of Dea				
Phys this	. To	1 Yes 2 No	1 Inpatie		Outpatient 3 0	JUA	4 U Nursing H		denca 6 Other		(y)
- D 0 0	Certification:	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	(Month, Da)	Year)	Injury M		rk?]Yes 2□No				
Division To the Hospital or Attending within 24 hours effer death. To the Euneral Director: After completely filled in by the fun		4 Homicide datarmined	building, af	c. (Specify)	farm, streat, facto			City or Tov	vn, State)		al Route Number,
n 24 hou n 24 hou ne Funei pletely fi	edical	29a. Certifier (Check only one) 12 Certifying Physical Cartifying Physical Examination (Check only one)	alcian: To the bast of ner: On the basis of and manner sta	axamination a	ga, daath occurre and/or Investigatio	d at tha ti n, in my d	ma, data and place opinion, death occu	, and due to the rred at the time,	cause(s) and ma data and placa, a	nner as s and dua to	itated. o tha causa(s)
To the To the Complex	×	29b. Signature and title of certifiar		interi			se number		29d. Date signed		
0/		Alle	2	med	dicine 1	1-524	to 2321- AA	-9516	january	9,1	998
1		30. Name and address of person who co	mplated cause of d	41 /14	1.0			. 10 4	1000010	11	and that a said
		A. Abraham, mb / Sina 31. Data filed (Month, Day, Year)	ai Hospita	LUL BO	altimore	240	I W. Belv	eders A	vering so	וחידו	CLE WID TIER
Sta	te	31. Data filed (Month, Day, Year)	2 1008 Registra	ars Sonetura	Davidson-R	undalla	•				



within 24 hours efter death.

To the Funeral Director: A completely filled in by the fi Hospitaf the

> State Registrar

Medical

29a. Certifier (Check only one)

31. Dete filed (Month, Day, Year)

30. Name end address of person who

29b. Signeture and title of certifie

(Item 23a) (Type, Print)

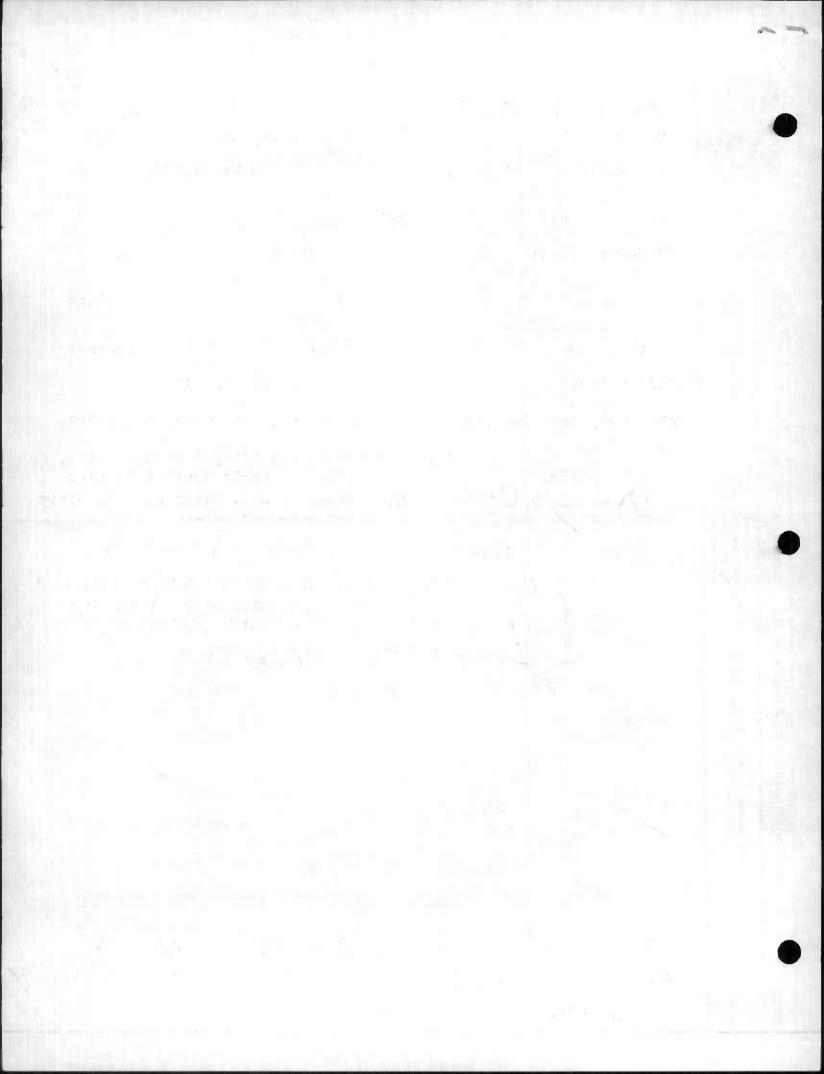
m.

29c. License number

29d. Dete signed (Month, Dey, Year)

BON SECOURS

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1 Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death Month Day Yaar **Physician** Sheila Brooks January 06, 98 22:46pm /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Mercy Medical Center Baltimore 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** Months Days Hours Min. 1□ M 2♀ 5 52 Yrs. 214-40-8670 Director 12-08-45 VA Usual Residance of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23s or 28s-1 show any injury or other traumstic event, the Medical Examinat must be notified at once. 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1□Yes 2□No Directo Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 611 South Charles Street 21230 USA Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No-iff Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian. Black, White, atc. 1 ☐ Yas 2 ☐ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: Black p 3.☐Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Spacify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 11th Grade Laborer Disabled 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fathar's Nama (First, Middle, Last) Be Douglas McAfee Hannah Cook 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) P. P.O. Box #72 Millwood, Virginia Agnes Burns . 22646 20b. Place of Disposition (Neme of cemetery, crematory or other plece)
Md. Nat'l Mem. Date 20c. Location - City or Town, Stata 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Pk. Cem. 01-12-98 Laurel, Md. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Baltimore, Maryland 21202 mound WM.C.March FH 1101 E. North Avenue 23a. Part1. Enter the diseasa, or complete cations that ceused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only ne cause on each line. Approximete Intarval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medicai MUMONIA day Examiner Due to (or as a consequence of): Examiner physician and s Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical The law requires that the death certificate Dua to (or as a consequance of) 980 signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 Probably 4 Unknown þ 24b. Were autopsy findings available prior to complation of causa of death? been signature 24a. Was an autopsy performed? Completed perkision is certificate has director, page 2 s 1 Yes 2 No 1 Yas 2 No Coroner Attending Physician: 25. Wes case referred to medical / examiner? 26. Place of Death (Check only one) Be 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 his 28a. Date of Injury (Month, Dey Year) funeral 28d. Describe how Injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury at Work? Certification: After 5 Pending investigation 1 Yes 2 No To the Hospital or Attendif within 24 hours efter death. To the Funersi Director: Al completely filled in by the fu death. 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 29a. Certifier Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) end menner as stated. edicai 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the ceuse(s) (Check and mannar stated. 29c. Licanse number 29d. Data signed (Month, Dey, Year) 29b. Signature and title of certifian 538675

21230

BALT

35

MD

State Registrar JOE

31. Date filed (Month, Dey, Year)

30. Name and edgress of person who completed ceuse of deeth (Item 23a) (Type, Print)

(147

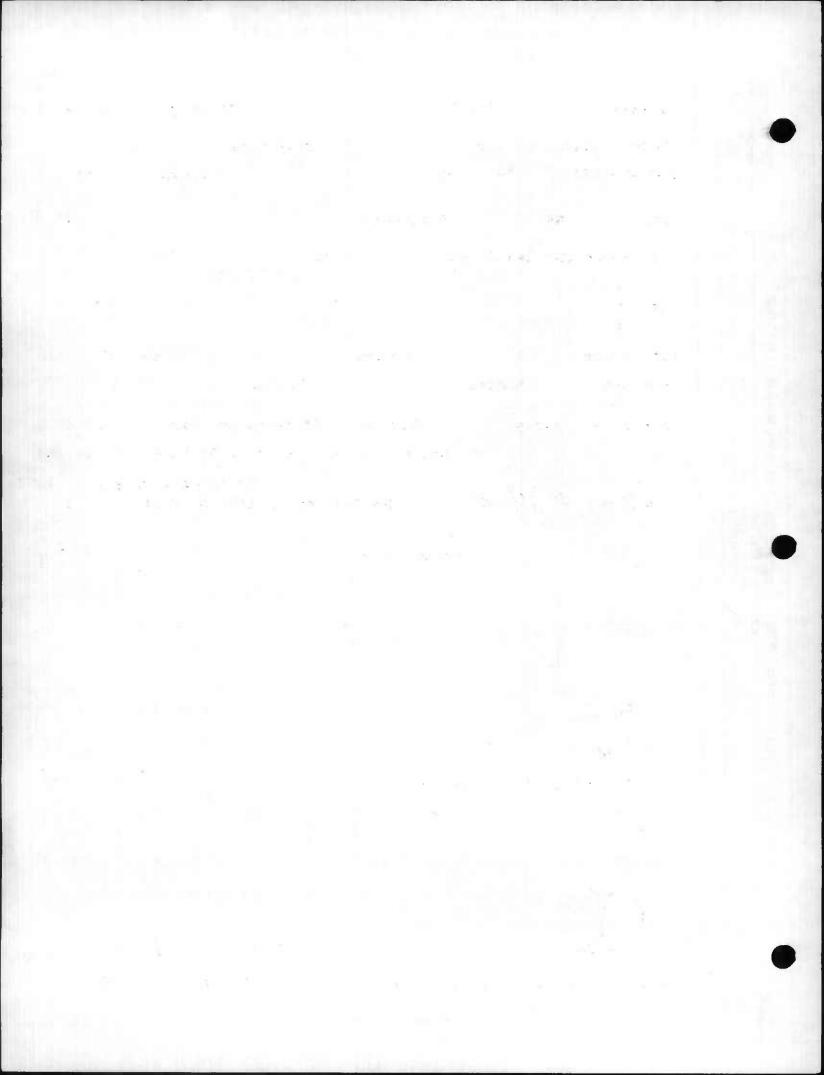
32. Registrar's Signature

S HAND VER

The Davidson Randose

MES HULAM

JAN 1 3 1998



P Completed page 2 funerel director, Be To Certification:

peen hes

this

filled in by

Medicai

Division of Vital

Attending efter death. Director: Aft

ŏ

24 hours

To the I within 2

23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy

24b. Were eutopsy findings avellable prior to completion of ceuse of deeth? 1 Yes 2 No 1 Yes 2 No 25. Was cese refarred to medicet 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) X Yes 2 No Hospital: 1 ☐ Inpatient 2 → FVOutpatient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 27. Menner of Death 28c. Injury at Work? Natural 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homicide

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(s) and manner as stated. 2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end plece, and due to the ceuse(s) and menner steted.

OCME

ld & Wright MD

29d. Data signed (Month, Day, Year) 29c. Licansa number

JANUARY 09, 1998

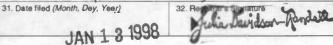
30. Name and address of person who completed cause of deeth (ttem 23e) (Type, Print)

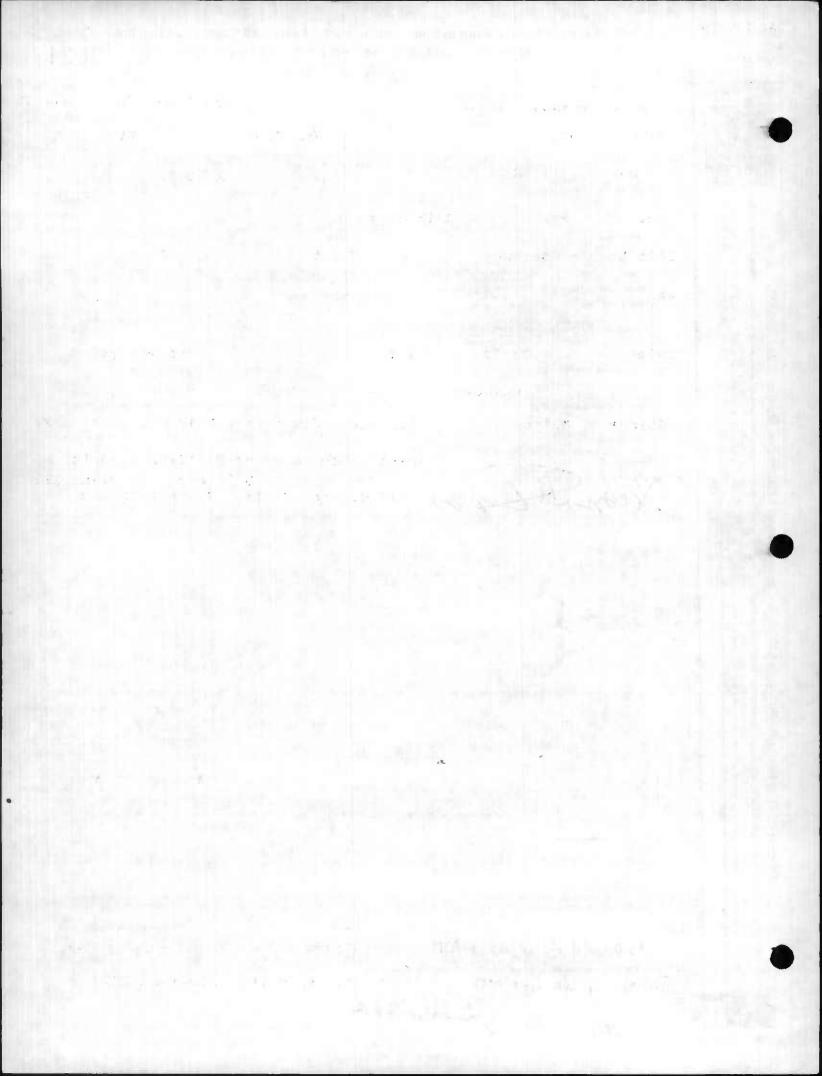
DONALD G. WRIGHT MD

111 Penn Street, Baltimore, Maryland 21201

State Registrar

JAN 1 3 1998





Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 10bcef Per FH Film G755 1-13-98 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month Day **Physician** 40 Dylvia Bloom January 10 1998 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Hospital of N/A DIMAI If Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) OCT. 2, 1918 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpiace (Steta or Foreign Country) **Funeral** Days Hours 1 M 200 Yrs. 220-05-7019 Usual Residance of Decedent Director NY the Merylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow BALTIMORE OWINGS MILLS 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, tre Medical Examiner insist be notified as XXYes 2 No Director BALTIMORE N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 ROMNEY CT 21117 21215 U.S.A. 5800 KEY AVENUE death Funeral 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yas ŽŽNo if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marifal Status permit. Peges 1 and 2 should be filed within 72 hours effer. Depertment of Health end Mentel Hygiene. Important: If item 27 is merked other than "natural", or iter any injury or other traumatic event, the Medical Example once. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes XXNo p Specify: WHITE ¾ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be (UNKNOWN) GERTRUDE LOUIS MALVIN 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8 ROMNEY COURT OWINGS MILLS, MD 21117 BARRY BLOOM / SON 20b. Placa of Disposition (Name of cemetary, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Bunal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 1/12/98 BALTIMORE, MD HEBREW YOUNG MEN 21. Signature of Funeral Sarviçe Licensee Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical week Preumonia **Examiner** Due to (or as a consequence of): Physician/Medical Examiner ettending physician and for use es the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Box 68760, Due to (or as a consequence of): P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uas contribute to the causs of death? the by heart failure, atrial fibrillation 1 Yas 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Sel 2 No certificate 1 Yes 1 Yas 2 No or Attending Physician: 25. Was case referred to medical examiner? Be 28. Piece of Death (Check only one) Hospital: 12 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 this After thi 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury at Work? Certification: 1 Neturel 5 Pending efter death. 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Thomicide 24 hours e pellil Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) within 2 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) January 10, 1998

State Registrar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

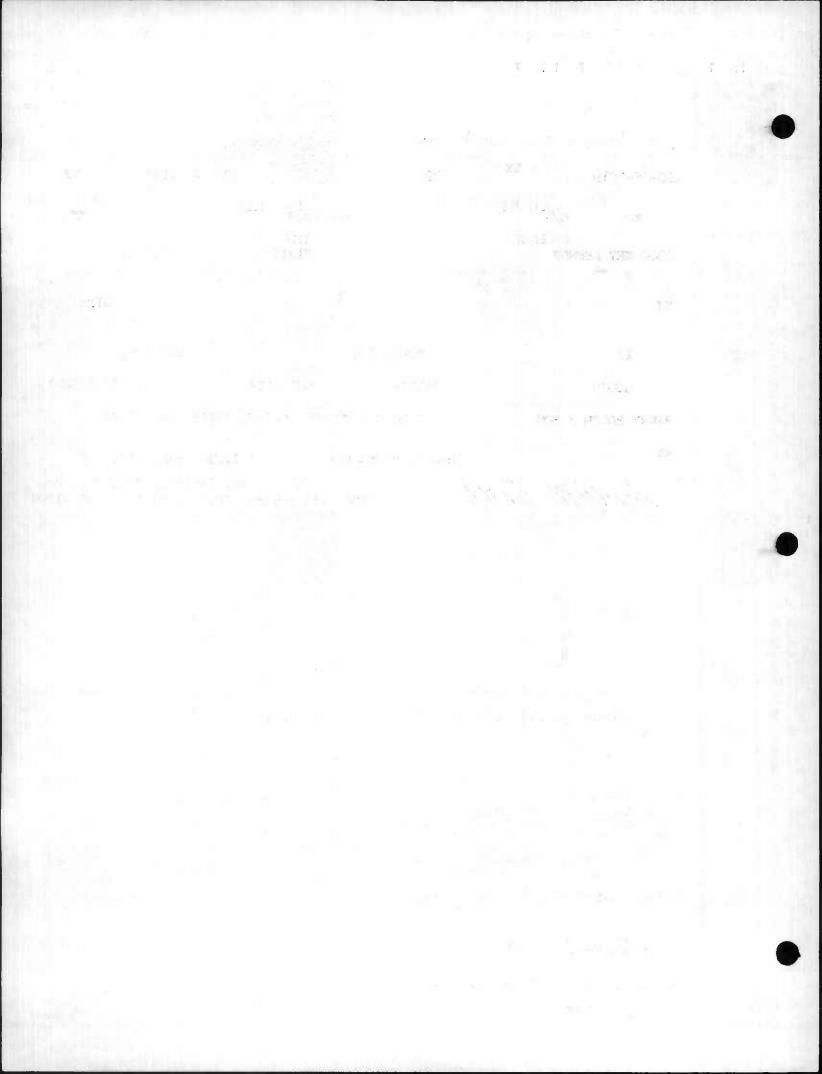
Suvarnarekha

JAN 1 3 1998

31. Date filed (Month, Day, Yeer)

Kammula, MD.

Registrar's Signature Daydoon—Gandall Sinai Hospital of Baltimore

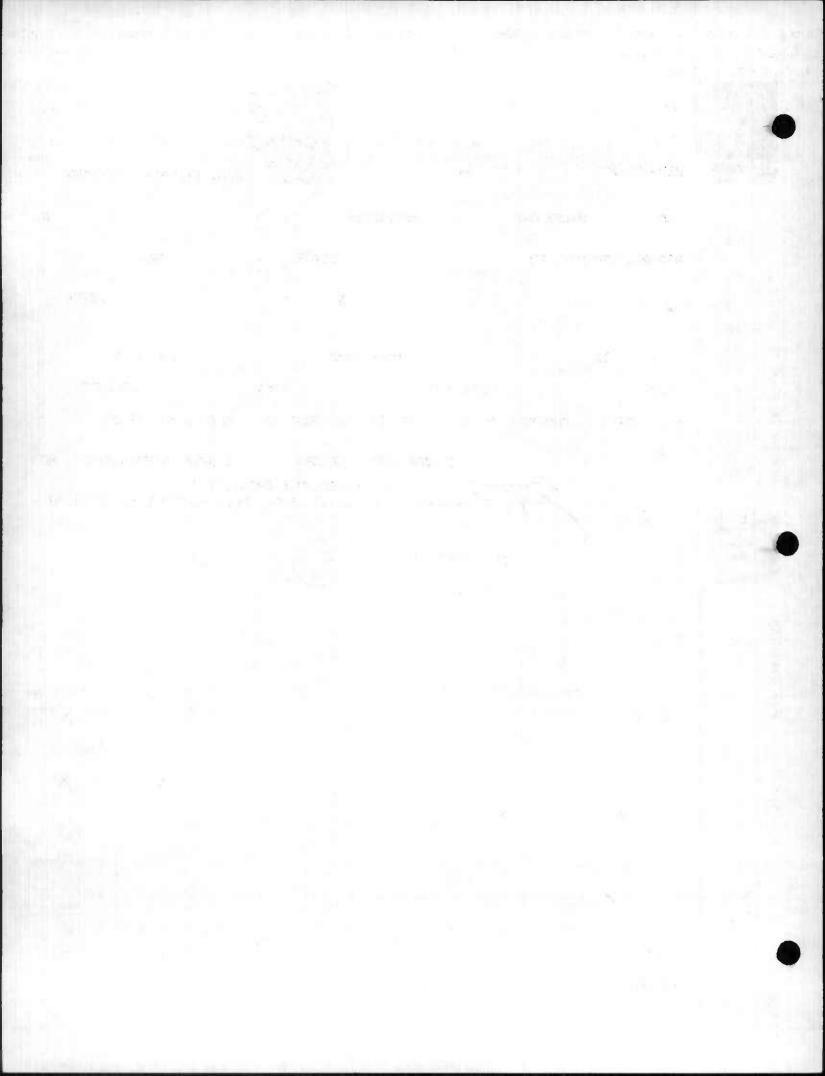


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** martha Baneman 745 PM anuaru /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Daath' 4c. County of Death **Examiner** Baltimore of Battimore Baltimore HOSPITAL If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 7. Aga (In yrs. last birthdey) 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 6. Sax Birthplaca (State or Foreign Country) **Funeral** 10 M 20 F 94 219-12-6289 Yrs Director JAN. 12,1903 **GERMANY** Usual Rasidance of Decedant the Marylend 10a. Stata 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylen Depertment of Haelith and Mental thygiena. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, its Maximal Eventment must be notified any injury or other traumatic event, its Maximal Eventment must be notified. 10d. Insida City Limits 1 ☐ Yas 2 No Director BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21208 USA Funeral 920 PAINTED POST RD 12. Was Decedant Evar In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indian, Black White atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No WHITE Specify by 3.☐ Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Father's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumame) Be LIEBERMAN ROSA RINDSBERG 2 DAVID 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) BALTO., MD 21208 MRS. EDITH GOLDSCHMITT (DAUG.) 920 PAINTED POST RD. 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 1/9/98 CHEVRA AHAVAS CHESED RANDALLSTOWN, MD 21. Signature of Funaral Sarvice Licens 22. Nama and Addrass of Facility
SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 obout REISTERSTOWN RD., PIKE or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ast only one cause on each line. 23a. Part1. Entar tha disaasa, shock, or haart failura. Physician /Medicai Immediata Causa (Final disaasa or condition rasulting in deeth) Pheumonia Examiner Due to (or as a consequence of): Examiner physician end s the burial-transit the daath certificate be executed Sequentially list conditions, if any, leading to immadiata cause. Enter Undarlying Causa (Diseasa or Injury thet initieted events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical Dua to (or as a consequence of) ettending use ed by the etter detached for u Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? Unknown signed by 3 Probably 1 ☐ Yee 2 ☐ No by should should 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has page 2 30 No certificate 1 Yas 1 Yas Hospital or Attending Physician: 24 hours after death. Funeral Oirector: After this certific funeral director, 25. Wes casa referred to medical axaminar? Be 26. Placa of Death (Check only one) 1□ Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) P 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28e. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 Yas 2 No 2 Accidant Invastigation 6 Could not ba 3 Suicida 28f. Location (Street end Number or Rurel Route Number, City or Town, State) Placa of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 3 4 Homicide filled in To the Hospital within 24 hours a To the Funeral D completaly filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

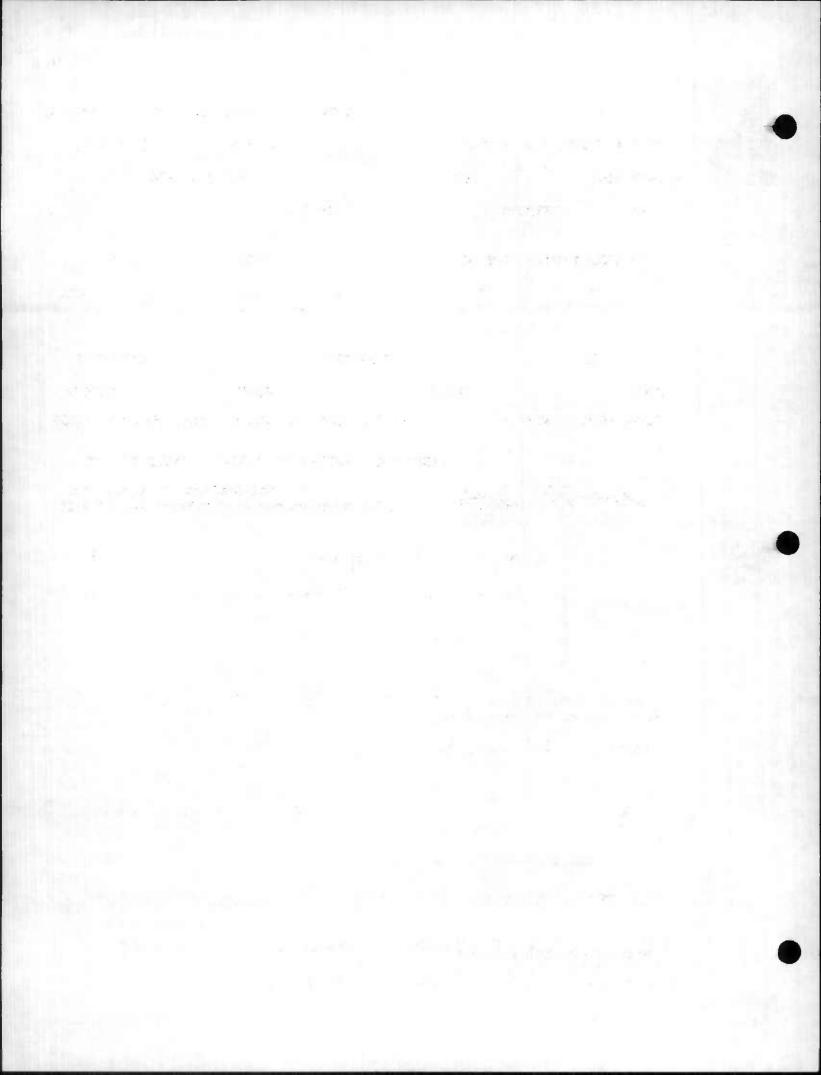
| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Dey, Year) person who completed cause of death (Item 23a) (Type, Print) Hospital of Baltimore Prisalla JAN 1 3 1998 Juna Swidson 31. Data filed (Month, Day, Year) State

Registrar



State of Maryland / Department of Health and Mental Hygiene 8 00 434

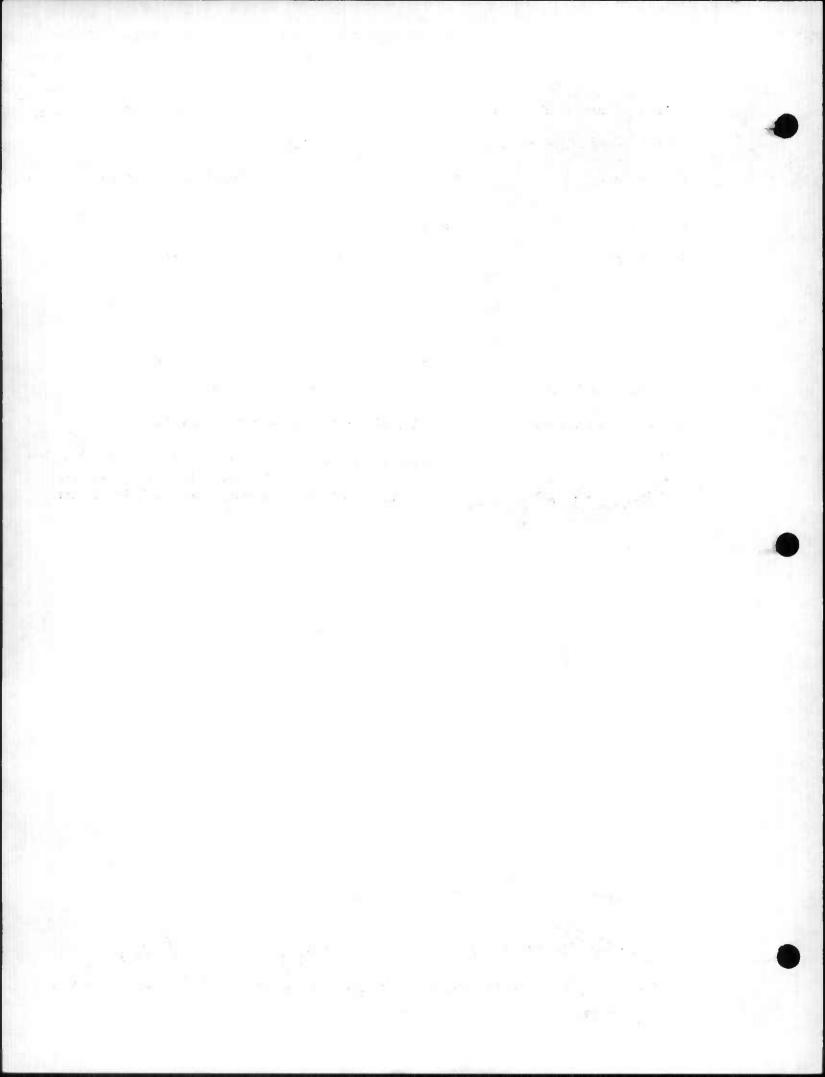
Physician /Medicai Examiner	1	. Dacedant's Nama (F	irst. Middle Lee	t)		001	imou	te of E	Journ	1 0	2. Data of Da	Reg. No.		3. Tima of Death
				,						-	Month	Dey	Yaar	o. Fina or Doas
Examiner	4	a. Fecility Neme (If no		atract and numba	m)		E	LOCK	City Toy		AN. 9			:35 AM
	ľ							41						
	5	GENESIS . Social Sacurity Number		ARE - TO		lest birthday)	If Unde	r 1 Year	If Under 2	TOWSO	DN b. Data of Bir		ALTIMO	
uneral rector		052-07-548 Jsual Rasidance of De	37 ×	X M 2□ F	83	Yrs.	Months		Hours	Min.	(Month, De	y, Year) , 1914	Country	pe (Stete or Foreign PA
Items 23s or 28s-f show her must be notified at uneral Director	1		b. County	IMORE	10c. Cit	y, Town or Lo	cation	BAL'	TIMOR	E			10d	I. Insida City Llmits
De notified Director	1	0e. Straat and Numbe	r				10f. Zi	p Coda				10g. Citizan of N	What Country	n
를 들		6400 APC	OLLO DRI	VE APT.	C					21209	a	11	S.A.	
Funeral	1	1. Marital Status	2000	12. Was Dacedan Armed Forces	t Ever In U	S. 13. V	Vas Dece	dent of His	spenic Orig		fy Yes or No		e - Amarlcan	
by F		1 Never Marriad 3 Widowed 4		1 ☐ Yas 2√ If Yas, Giva Year or Datas	No No		1 □ Yas		Specify:	ruarto Ar	can, atc.)	Specify	ck, Whita, ato	WHITE
Completed		15.	Decedent's Edu	ucation		16a. Deced	dent's Usu	al Occupat	tion	a f a while a		16b. Kind of B	usiness/Indu	stry
pieted		Elementary/Seconda	nly highast grad ry (0-12)	Collega (1-40)	5+)	lifa. L	DO NOT	ork dona du isa ratired)	unny most	or working	,			
Com			12			SA	LESPI	ERSON				II	NSURAN	CE
Be (7. Father's Neme (Firs	t, Middla, Last)						18. Mothar	's Nama (First, Middla	, Maidan Sumen		
		PAUL			BLOC					SARAF	_			KNOWN)
other traumatic		19a. Informent's Name CLARA BI						S (Straat a)				er, City or Town, LTIMORE		21209
	2	Oa. Mathod of Disposit				laca of Dispo	sition (Ne	ma of	1)		Data	20c. Location -	City or Town	n, Steta
5		1 Burial 2 C			9	IZUK A			,	1 /1	11/98	BALTIM	DRE. M	D
e e	2	21. Signatura of Funara			CII			nd Addrass		1/1	11/90	DALITIK		D
any injury once.		1 60	11-2/1	1	11.					Sol	Levins	son & Br	os., I	Inc.
	-	23a Parti Fator tha d		um		8	3900	Reist	ersto	wn R	oad Pi	kesvill	e, MD	21208
		23a. Part1. Enter tha d shock, or heart fa	ilura. List only o	na causa on aach	lina.	i. Do not and	ar trie illo	oa or dyirig	, such as c	arolac or i	raspiratory a	rrast,	Îr	nterval Between
ian ical		mmadiata Cause (Fina	1				0							mae, and Death
ner	0	disaasa or condition asulting in daath)		a. Myo	card	ialin	700	-ctio	n					rours
- a														
Examiner				b. Coro	nas	y art	ery	dis	eas				Y	eurs
xa	il	Sequentially list conditi f any, laading to imma ausa. Entar Undarlyin Seusa (Disaasa or inju	ons, diata		Dua to (o	r as a conseq	uence of)	:						
la la	0	ausa. Entar Undarlyin Seusa (Disaasa or injui het initiated avants	g y	c										
as the bunal-transit	r	esulting in death) Last			Dua to (o	as a consequ	uenca of):						1	
· S				d										
snould be gatached for use ieted by Physician/	-													
ysi	P	art II. Other significan				-	ndarlying	causa giva	n In Part I.		23b. Dld	s4		he cause of death
4		Conge	stive h	eart fa	1/000						1 🗆	Yes 2 No	3 Probal	bly 4 Unknow
d by		2	0	icart fa							24a Was	an autopsy	24h Were	autopsy findings
Completed		ABK	40	ir Kinsor	isdi	sease					perfo	ormad?	availa	able prior to pletion of causa
V Q													of de	ath?
											10	Yes 2X No	101	ras 2□ No
Be		Was casa referred t examinar?		Janeitai.							Check only			
2		1□ Yes 2X No		Hospitai:		ER/Outpatien			4 Nun			dence 8 Oth		
tlon:	2	7. Mennar of Death 1 Maturel 5	Pending	28a. Date of Inj (Month, D	ury ay Yaer)	28b. Tima of Injury		28c. Injury Work	?		d. Dascribe	how Injury occur	red	
catl		2 Accident	invastigation	ation M 1 Tas 2 No										
1 1	3 ☐ Sulcide 4 ☐ Homicide Could not ba determined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)						28	f. Location (City or To	Streat and Numb wn, Steta)	per or Rural P	Routa Number,			
ŧ														
Certification:	1 2	(Check only 2	Madical Exami	sician: To the best ner: On the basis and mannar s	of axamina	wledge, death tion and/or inv	occurred astigation	et tha tima n, in my opl	a, data end nion, death	placa, and occurred	d due to the et the time,	ceuse(s) and ma date and place,	annar as state and due to th	ed. na cause(s)
dical Certif		one)					- 00	a Linaman	number					
Medical Certif		one) 9b. Signatura and titla	of cartifier				29	c. Licansa	Hullibel			29d. Dete signa	d (Month, De	y, Year)
Compretary med in B		one)	of cartifier	> 0	00	O	_							ey, Year)
completely filled in b Medical Certif	2	9b. Signatura and titla	Elm	drela	Il n	(0)	7	D28				29d. Dete signa		oy, Year)
pletaly fill	2	one)	and S	O . B	1	123a) (Type, 1	Print)	Dae						sy, Year)



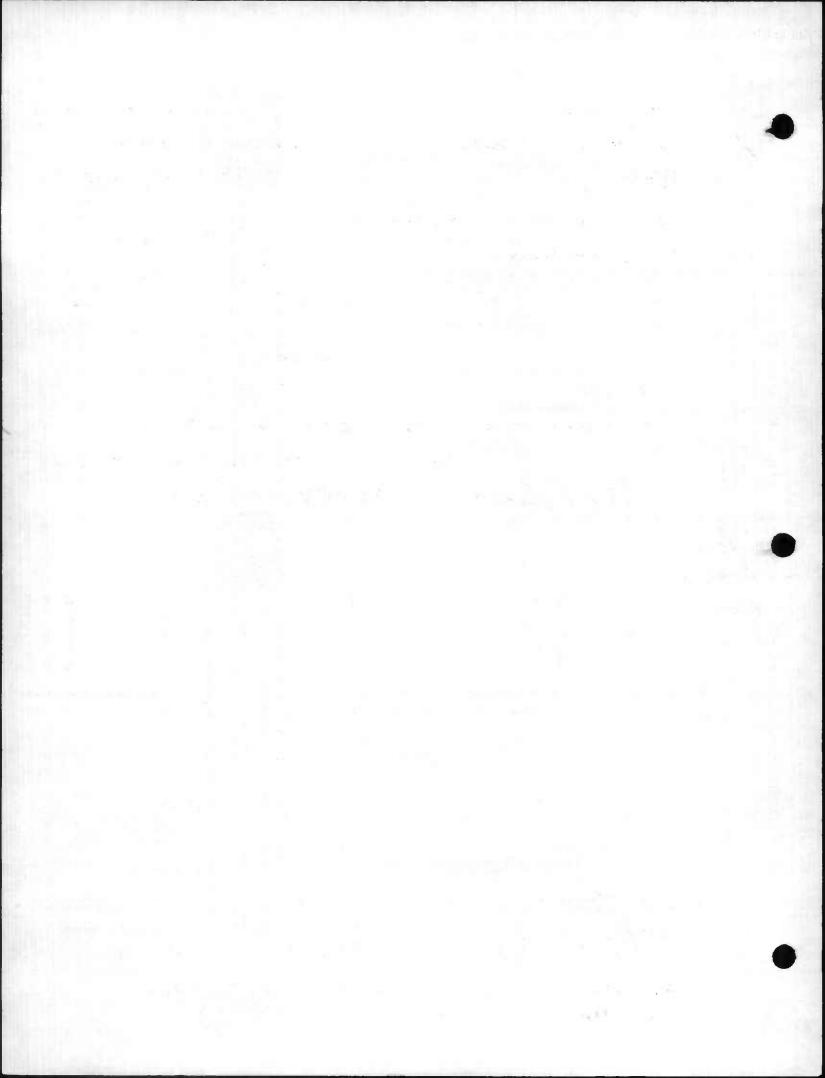
State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Charles Arnold Ballard 1:00 a.m. January 08 1998 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Union Memorial Hospital Baltimore if Under 24 Hrs. 5. Social Sacurity Number If Under 1 Year Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Days Months 1 XM 2 F Yrs Director 240-94-4322 44 08/14/53 North Carolina Usual Residence of Decedent 10a, Stata 10c. City, Town or Location 10d. Inside City Limits r than "natural", or frems 23s or 28s-f show the Medical Exeminer must be notified at 1 ☑ Yes 2 ☐ No Director Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1621 Stonewood Road 21239 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. filed within 72 hours efter Hyglene. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 🔯 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filled wi Department of Health and Mentel Hygiens important: If tem 27 is marked other tha any Injury or other traumatic evant, Insu, once. 7th Laborer Construction 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) 8 William Ballard 0 Catherine Langley 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 1127 Sherwood Rd., Baltimore, Maryland 21239 David Langley/Uncle 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Landsdowne, Maryland 01/14/98 4 ☐ Donation 5 ☐ Other (Specify) Zion Cemetery 21. Signature of Funeral Sergice Lice 22. Name and Address of Facility The Derrick C. Jones Funeral Home, 4611 Park Heights Ave., Baltimore, 2Md. 23a. Part1. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one can be on each line. **Physician** Immediate Cause (Final disaase or condition resulting in death) /Medicai Respiratory Examiner Due to (or as a consequence of) Preymonta Physician/Medical Examiner physician and the burial-transit certificate be executed Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Causa (Disaase or injury that initiated events resulting in daath) Last Dua to (or as a consequence of): Gophage 1 Box 68760, Dua to (or as a consequence of): 98 esn for P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the 6 Probably 4 Unknown 1 ☐ Yes 2 ☐ No signed t Division of Vital Records. ð The law requires 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Deen hes page 2 1 ☐ Yas → No 1 ☐ Yes 2 ☐ No certificate Be 25. Was case rafarred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: Nursing Homa 5 Rasidenca 6 Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Deat 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? is or Attending Parties of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the After Natural 5 Panding 1 Yes 2 No 2 Accident invastigation 3 Suicide 8 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) 4 Homicide 24 hours off Funeral Di-letely filled in Hospital 29a. Certifier Medical Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and dua to the cause(s) and mannar as statad. Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and manner stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. (Check only one) within 2 29b. Signature and titia of cer 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Name and addrass of person who completed causa of death (Item 23a) (Type, Print) WALKO 41100 menoning 4. 32. Registrar's Signature 31. Date filed (Month, Day, Year) State Nevidson-Randall Registrar



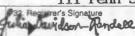
May Butler January 9, 1998 5:05 pm		1.	Decedent's Ner	me (First, Mida	fle, Last)				tinoato or	Death	2. Dete of	Reg. No.		U	3. Time of Death
Anne Arunde I Medical Centre 3. Seed Secrety Number 6. See 31 m 25 m 7 kpc for yes har brindry Full Morth 1 yes 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m			May	Butle	er						-	ry 9,	1998	Yeer }	5:05 pm
2. Special Security Number Salex 217-26-5875 Usus Fale Fale Process Security Number Security Sec		46	e. Facility Neme	(If not institution	on, <i>gi</i> ve s	street and number	9r)			4b. City, Town	, or Location of De	eeth 4c.	County of	Death	
Same 100. Control 100. Encide City 12 100. City 100 100. Encide City 12 100. September 100. Encide City 12 100. September 100. Encide City 12 100. September 100. Encide City 100. September 100. Se		5.	Sociel Security 217–26–5	Number 5875	6. Sex	7.	Age (in yrs.			If Under 24	Hrs. 6. Dete of	Birth Day, Year)		9. Birthple	ace (Stete or Forei
10 10 10 10 10 10 10 10					у		10c. C	ity, Town or Lo	cation					10	d. Inside City Limit
### ### ### ### ### ### ### ### ### ##	tor		MD	Anne	Arur	ndel	Gam	brills							1 ☐ Yes 2 💢 N
The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	Oire	10							10f. Zip Code			10g. Citi	izen of Wh	nal Count	ry?
10 10 10 10 10 10 10 10	rail	L		Mary's											
Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Technology Tec	by		1 Never Mar		rried	Armed Force 1 Yes 24 If Yes, Give	s? DNo	1	Yes, specify Cub	en, Mexican, P	? (Specify Yes or uerto Rican, etc.)	No-	Bieck,	, White, e	tc.
Albert Schall Albert Schall Albert Schall Albert Schall All Signature (First Middle, Last) Albert Schall Albert Schall Albert Schall Albert Schall Is Information Number or Paral Rouse Number. City or Town. State Cato Charlotte Tuck - Daughter 20. Method Dispetition 20. Method Dispetition 20. Method Dispetition 21. Signature phylograph Society Censes 21. Signature phylograph Society Censes 22. Name and Address of Facility 23. Part II. Other alignificant conditions and consequence of): 23. Part II. Other alignificant conditions on Tributing to death but not resulting in the underlying cause given in Part I. 24. Wee an audoppy 24. Were audoppy resulting in death) 24. Were an audoppy 24. Were audoppy resulting in death) 25. Was case referred to medical cause of Injury and Southers of Cause (Finel Cause (Finel Cause) (Finel Cause) 26. Place of Death (Poek Only one) 27. Memoria Cause (Finel Cause) 28. Place of Death (Poek Only one) 29. Were an audoppy 24. Were audoppy 24. Were audoppy resulting in death) 29. Were an audoppy 24. Were audoppy 26. Were audoppy of Cause (Finel Cause) 29. Were an audoppy 26. Were audoppy 26. Were audoppy resulting in death of Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injury and Injur	mpleted			cify only highe	nt's Educ est grade	completed)	or 5+)	(Give	kind of work done OO NOT use retire	during most of ed)					ustry
Albert Schall Amelia Cato Amelia Cato Amelia Cato Amelia Cato Amelia Cato Amelia Cato Amelia Cato 198. Homerer Nemeric Nemeric Nemeric Nature (Type, Print) Charlotte Tuck – Daughter 20b. Method of Disposition 18 Burel 2 Cremetion 3 Remove from State 18 Burel 2 Cremetion 5 Other (Specify) 21. Signature printing of Specify (Specify) 22. Signature printing of Specify (Specify) 23. Signature printing of Specify (Specify) 23. Signature printing of Specify (Specify) 24. Signature printing of Specify (Specify) 25. Signature printing of Specify (Specify) 26. Signature printing of Specify (Specify) 27. Signature printing of Specify (Specify) 28. Part I. Enter the diseless, or completed in the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, or feater state mode of dying, such as cardiac or respiratory arrest, or feater state or specify or medical cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Complete Cause (Finel International Cause (Finel Interna		17			(ast)			Owner	- Dayca						
19a. Informent's Nemer-Relationship (Typa, Print) 19b. Melling Address (Street and Number or Fural Rouse Number, City or Town, Siste, 2p Code) Charlotte Tuck — Daughter 20a. Method of Bisposition 18 Burula 2 Cicenetism 3 Chemovil from Siste 18 Burula 2 Cicenetism 3 Chemovil from Siste 18 Burula 2 Cicenetism 3 Chemovil from Siste 18 Burula 2 Cicenetism 3 Chemovil from Siste 19 Due to Circ as a Consequence of Facility 21. Signature pit Pyrogal Service Upcasses 22. Neme and Address of Facility 19 Due to Circ as a Consequence of Facility 19 Due to (or as a consequence of): 23 Part I. Enter the deaders, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart feiture. List only one cause of seath line. 24 Due to (or as a consequence of): 25 Sequentially list conditions 26 Due to (or as a consequence of): 27 Due to (or as a consequence of): 28 Due to (or as a consequence of): 29 Due to (or as a consequence of): 29 Due to (or as a consequence of): 20 Due to (or as a consequence of): 20 Due to (or as a consequence of): 21 Due to (or as a consequence of): 22 Due to (or as a consequence of): 24 Due to (or as a consequence of): 25 Wes case referred to medical 26 Due to (or as a consequence of): 27 Due to (or as a consequence of): 28 Due to (or as a consequence of): 29 Due to (or as a consequence of): 20 Due to (or as a consequence of): 20 Due to (or as a consequence of): 21 Due to (or as a consequence of): 22 Due to (or as a consequence of): 24 Due to (or as a consequence of): 25 Due to (or as a consequence of): 26 Due to (or as a consequence of): 27 Due to (or as a consequence of): 28 Due to (or as a consequence of): 29 Due to (or as a consequence of): 20 Due to (or as a consequence of): 20 Due to (or as a consequence of): 20 Due to (or as a consequence of): 20 Due to (or as a consequence of): 20 Due to (or as a consequence of): 20 Due to (or as a consequence of): 20 Due to (or as a consequence of	o Be				, Lasty							uio, moideri	Sumeme	,	
20b. Petec of Disposition (Name of California) (Spearity) 21. Signeture physical Society (Spearity) 21. Signeture physical Society (Spearity) 21. Signeture physical Society (Spearity) 22. Signeture physical Society (Spearity) 22. Petal Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between cheef and Death (Spearity) 22. Petal Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between cheef and Death (Spearity) 22a. Petal Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between cheef shows on the cause of death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between cheef shows on the cause of the cause of death (Spearity) in death). Due to (or as a consequence of): 22a. Due to (or as a consequence of): 22b. Use cardiac or respiratory arrest, interval Between cheef shows on the cause of death (Spearity). Due to (or as a consequence of): 22c. Was an autopoxy performed? 22d. Was an autopoxy performed? 22d. Was an autopoxy performed? 22d. Was an autopoxy performed? 22d. Was an autopoxy performed? 22d. Was an autopoxy performed? 22d. Was an autopoxy performed? 22d. Data of Injury and prince of death (Check only one) 22d. Data of Injury and prince of death (Check only one) 22d. Data of Injury and prince of death (Check only one) 22d. Data of Injury and prince of death (Check only one) 22d. Data of Injury and prince of death (Check only one) 22d. Data of Injury and prince of death (Check only one) 22d. Data of Injury and prince of death (Check only one) 22d. Data of Injury and prince of death (Check only one) 22d. Data of Injury and prince of death (Check only one) 22d. Data of prince of death (Check only one) 22d. Data of prince of death (Check only one) 22d. Data of prince of death (Check only one)	F	-			ship (Ty)	pe, Print)		19b. Meilir	ng Address (Stree			mber, City o	or Town, S	itete, Zip (Code)
22. Neme and Address of Fecility 23. Signature pt-Pynergil Service Joensee 24. Develop the Fields 25. Signature pt-Pynergil Service Joensee 26. Part I. Enter the discleres, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between the shock, or heart failure. List only one cause on sech line. 26. Part I. Enter the discleres, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart eliteria. List only one cause on sech line. 27. Name and Address of Fecility 28. Part II. Enter the discleres, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart eliters. List only one cause on sech line. 28. Sequentially list conditions, and the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart eliters. List only one cause on sech line. 29. Sequentially list conditions, and the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart eliters. List only one cause on sech line. 29. Due to (or as a consequence of): 29. Due to (or as a consequence of): 29. Due to (or as a consequence of): 29. Due to (or as a consequence of): 29. Due to (or as a consequence of): 29. Due to (or as a consequence of): 29. Due to (or as a consequence of): 29. Due to (or as a consequence of): 29. West cause referred to medical security in the underlying cause given in Pert I. 29. Due to (or as a consequence of): 29. West cause referred to medical security in the underlying cause given in Pert I. 29. Due to (or as a consequence of): 29. West cause referred to medical security in the underlying cause given in Pert I. 29. Due to (or as a consequence of): 29. West cause referred to medical security in the underlying cause given in Pert I. 29. Due to (or as a consequence of): 29. West cause referred to medical security in the underlying cause given in Pert			Charlott	te Tuck	- D	aughter		936 1	Parkey Ro	oad, Gar	mbrills,	MD 2	21054	1	
22. Name and address of Focility 21. Signeture physical Service Uponsee 22. Name and Address of Focility 23. Entit Enter the discrete, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, 23. Entit Enter the discrete, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, 24. Enter the discrete in the cause of Beath Inc. 25. Enter Underlying 26. Due to (or as a consequence of): 26. Due to (or as a consequence of): 27. Due to (or as a consequence of): 28. Due to (or as a consequence of): 29. Due to (or as a consequence of): 29. Due to (or as a consequence of): 20. Due to (or as a consequence of): 21. Sequentially list conditions. 22. None and address of Polymory Insulating in deeth) Last 28. Due to (or as a consequence of): 29. Due to (or as a consequence of): 20. Due to (or as a consequence of): 20. Due to (or as a consequence of): 21. Sequentially list conditions. 22. None and address of Polymory Insulating in deeth) Last 23. Due to (or as a consequence of): 24. Wes an autopey 24. Wes an autopey 24. Wes an autopey 25. Wes case referred to medical 26. Place of Deeth (Check only one) 27. Monroer of Death 28. Due to (or as a consequence of): 28. Place of Deeth (Check only one) 29. Recident and Number of Residence 29. Recident and Number or Rural Route Number, 29. Security of Ministry of Ministry of Town, Site) 29. Security of Ministry of Ministry of Ministry of Town, Site) 29. Security of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry of Ministry o		20			3 □B	amovel from Ste	20b. I	Plece of Dispo cemetery, cren	sition (Neme of netory or other ple	ece)	Dete	20c. Lo	ocation - C	ity or Tov	vn, Stete
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death in Individed events resulting in death) 1 Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. North Part II. Yes 2 No 3 Probably (Unkin 12 North Part II. North Pa								-			1/13/9	8 Mi	llers	vill	e, MD
shock, or heart feature. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Due to (or es a consequence of): Due to (or es a consequence of): Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death) Last Due to (or es a consequence of): Cause (Disease or Injury that inhierded events resulting in death or Probably that the cause of death or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or complete or comple		2	1. Signeture of T	ryneral Service	License	fends!	h				Home, P e, Anhap	olis,	MD	2140	1
24a. Wes an autopsy performed? 24b. Were autopsy finding available prior to completion of cause of death? 1 Yes 2 No 25. Wes case referred to medical exeminer? 1 Yes 2 No 26. Place of Death (Check only one) 27. Menner of Death North 28. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 29. Accident North 29. Accident North 29. Accident 30. Suicide 40. Homicide 26. Place of Death (Check only one) 27. Menner of Death 28. Place of Death (Check only one) 28. Place of Death (Check only one) 29. Accident 30. Suicide 40. Homicide 26. Place of Death (Check only one) 28. Place of Death (Check only one) 28. Place of Death (Check only one) 29. Accident 30. Suicide 40. Homicide 290. Could not be determined 291. Location (Street and Number or Rural Route Number, City or Town, State) 292. License number 293. Signifino that title of certifier 294. Date signed (Month, Dey, Year) 295. Signifino that title of certifier 296. Date signed (Month, Dey, Year)	edical	d	iseese or conditi			/	0 -								
24a. Wes an autopsy performed? 24b. Were autopsy finding available prior to completion of cause of death? 1	edicai	1 th	equentially list control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	onditions, mmediete lertying r Injury	{		Due to (or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	uence of):	wes	_	20	USKS		
24a. Wes an autopsy performed? 24b. Were autopsy find in available prior to completion of cause of death? 1	edicai	th re	equentially list or eny, leading to it ause. Enter ful- euse (Disease on at initiated event esulting in deeth)	onditions, mmediate lenying trinjury ts Last	c.	Cl.	Due to (or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	uence of):	ly	m				the cause of deat
25. Wes case referred to medical exeminer? 1	Physician/Medical	th re	equentially list or eny, leading to it ause. Enter ful- euse (Disease on at initiated event esulting in deeth)	onditions, mmediate lenying trinjury ts Last	c. done confi	Cl.	Due to (or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	uence of):	ly	23b. 0	old tobacco	use contr	ributs to	
25. Wes case referred to medical exeminer? 1	by Physician/Medical	th re	equentially list or eny, leading to it ause. Enter ful- euse (Disease on at initiated event esulting in deeth)	onditions, mmediate lenying trinjury ts Last	c. d.	Cl.	Due to (or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	uence of):	ly	23b. [1 24a. V	Did tobacco ☐ Yes 2 Ves an autor	use conti	ribute to 3 Probi	re autopsy finding ileble prior to apletion of cause
27. Menner of Death 1 Properties 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury - At home, ferm, street, fectory, office 28b. Time of Injury - At home, ferm, street, fectory, office 28b. Location (Street and Number or Rural Route Number, City or Town, State) 28c. Injury et Work? 1 Yes 2 No 28c. Injury et Work? 1 Yes 2 No 28c. Location (Street and Number or Rural Route Number, City or Town, State) 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occurred 28d. Describe how Injury occ	by Physician/Medical	th re	equentially list or eny, leading to it ause. Enter ful- euse (Disease on at initiated event esulting in deeth)	onditions, mmediate lenying trinjury ts Last	b c.	Cl.	Due to (or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	uence of):	ly	23b. I	Old tobacco Yes 2 Ves an auto; erformed?	use control No 3	ribute to 3 Probi	re autopsy findings ileble prior to apletion of cause eath?
12 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, dete end pleca, end due to the ceuse(s) end manner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) end manner stated. 29a. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	Be Completed by Physician/Medical	Pr	iequentially list or eny, leading to it ause. Enter ful- euse (Disease of nat initiated eventi esulting in deeth) art II. Other eigni	onditions, mmediate lerlying I hjury Is Last	al	tributing to death	Due to (c	or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	uence of): uence of): uence of): uence of):	iven In Pert I.	23b. E 1 24a. W P	Old tobacco Yes 2 Yes an autor arrowned? Yes 2 Aly one)	use contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the c	ributs to 3 Prob	re autopsy finding lieble prior to upletion of cause eath?
1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete end pleca, end due to the ceuse(s) end manner as steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) end manner stated. 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	To Be Completed by Physician/Medical	Pr Pr 25	iequentially list con eny, leading to include ause. Enter Und euse (Diseese on lat initieted even essentially in deeth) art II. Other eigning art II. Other eigning in deeth) 5. Wes case referexeminer? 1 □ Yes 2 ☑ 7. Menner of Dea 1 ☑ Neturei	onditions, mmediate lentying r injury ls Last iffcant conditi	al H	ospitel: 1 2 mps	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c)	or es a consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la conseque	uence of): uence of): uence of): uence of): aderlying cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause given the second cause give	26. Place of ther: 4 \(\text{Nursh} \) 10 \(\text{Ver} \) 11 \(\text{Ver} \) 12 \(\text{Ver} \) 13 \(\text{Ver} \) 15 \(\text{Ver} \)	23b. [1 24a. W p 1 1 Deeth (Check or ng Home 5 🗆 R 26d. Descri	Old tobacco Yes 2 /es an autor, enformed? Yes 2 /ly one)	Desconting No 3	ributs to 3 Probe 24b. Wei ava com of d	re autopsy finding ileble prior to upletion of cause eath?
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	To Be Completed by Physician/Medical	Pr Pr 25	iequentially list or eny, leading to it ause. Enter ful- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease or eat initiated eveni- euse (Disease	onditions, mmediate leftying I injury Is Last Ifficent condition The pendiate Invest 6 Could	al Ho	ospitel: 12 mps 28a. Date of Ir	Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c)	or as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse	uence of): uence of): uence of): uence of): derlying cause given the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	26. Place of ther: 4 \(\text{Nursh} \) In yet of the? Yes 2 \(\text{No} \) No	23b. E 24a. W 1 24a. W P 1 Deeth (Check or or ng Home 5 🗆 R 26d. Descrit	Old tobacco Yes 2 Ves an autor enformed? Yes 2 Ves an autor enformed? Yes 2 Ves an autor enformed?	psy G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G-No G	ributs to 3 Probe 24b. Wei avaion of d 1 (Specify)	re autopsy finding ileble prior to apletion of cause eath?
30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	edical Certification: To Be Completed by Physician/Medical	25 27 27 27 27 27 27 27 27 27 27 27 27 27	iequentially list or eny, leading to it ause. Enter University of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of	onditions, mediate lethying r injury is Last ifficant conditi formed to medica the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condi	al He	ospitel: 12 mps 28a. Date of ir (Month, I	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	or es a consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la conseque	uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence of): uence	26. Place of her: 4 \(\text{Nursh} \) Nursh in Yes 2 \(\text{No} \) No	23b. Location City or or oleca, end due to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	Ves an autorer of serious and autorer of serious and autorer of serious and autorer of serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and serious and ser	psy 6 Other ry occurred Number s)	ributs to 3 Probe 24b. Weiner avaionment of d 1 Care (Specify) d r or Rural	re autopsy finding lieble prior to upletion of cause eath? Yes 2 No Route Number,
	edical Certification: To Be Completed by Physician/Medical	25 27 27 27 27 27 27 27 27 27 27 27 27 27	iequentially list control environment is ause. Enter Undividual environment is ause. Enter Undividual environment is ause. Enter Undividual environment is autilitied event in autilities in deeth) art II. Other eignification is autilities in deeth) art II. Other eignification is autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in a	onditions, mmediate lerlying I Injury Is Last Ifficant conditi orred to medica th 5 Pendi Invest 6 Could detern 1 Certifyin 2 Medical	ng igation not be mined ng Physil Exemin	ospitel: 12 mps 28a. Date of Ir (Month, I	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	or es a consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la conseque	uence of): uence of): uence of): uence of): deflying cause given and the first sestigation, in my	26. Place of ther: 26. Place of ther: 4 Nursh 37 Yes 2 No	23b. Location City or or oleca, end due to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	Pld tobacco Yes 2 Yes an autoperformed? Yes 2 Wes an autoperformed? Yes 2 Wes an autoperformed? Yes 2 Wes an autoperformed?	psy G-N6 G Other ry occurred Number of place, end	ributs to 3 Problem 24b. Weight available available for a Rural of d due to (Month, E	re autopsy finding: ileble prior to spletion of cause eath? Yes 2 No Route Number, sted. the cause(s)
	edical Certification: To Be Completed by Physician/Medical	25 27 27 27 27 27 27 27 27 27 27 27 27 27	iequentially list control environment is ause. Enter Undividual environment is ause. Enter Undividual environment is ause. Enter Undividual environment is autilitied event in autilities in deeth) art II. Other eignification is autilities in deeth) art II. Other eignification is autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in autilities in a	onditions, mmediate lerlying I Injury Is Last Ifficant conditi orred to medica th 5 Pendi Invest 6 Could detern 1 Certifyin 2 Medical	ng igation not be mined ng Physil Exemin	ospitel: 12 mps 28a. Date of Ir (Month, I	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	or es a consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence del consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la consequence de la conseque	uence of): uence of): uence of): uence of): deflying cause given and the first sestigation, in my	26. Place of ther: 26. Place of ther: 4 Nursh 37 Yes 2 No	23b. Location City or or oleca, end due to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	Pld tobacco Yes 2 Yes an autoperformed? Yes 2 Wes an autoperformed? Yes 2 Wes an autoperformed? Yes 2 Wes an autoperformed?	psy G-N6 G Other ry occurred Number of place, end	ributs to 3 Problem 24b. Weight available available for a Rural of d due to (Month, E	re autopsy finding lieble prior to appletion of cause eath? Yes 2 No Route Number, lated. the cause(s)

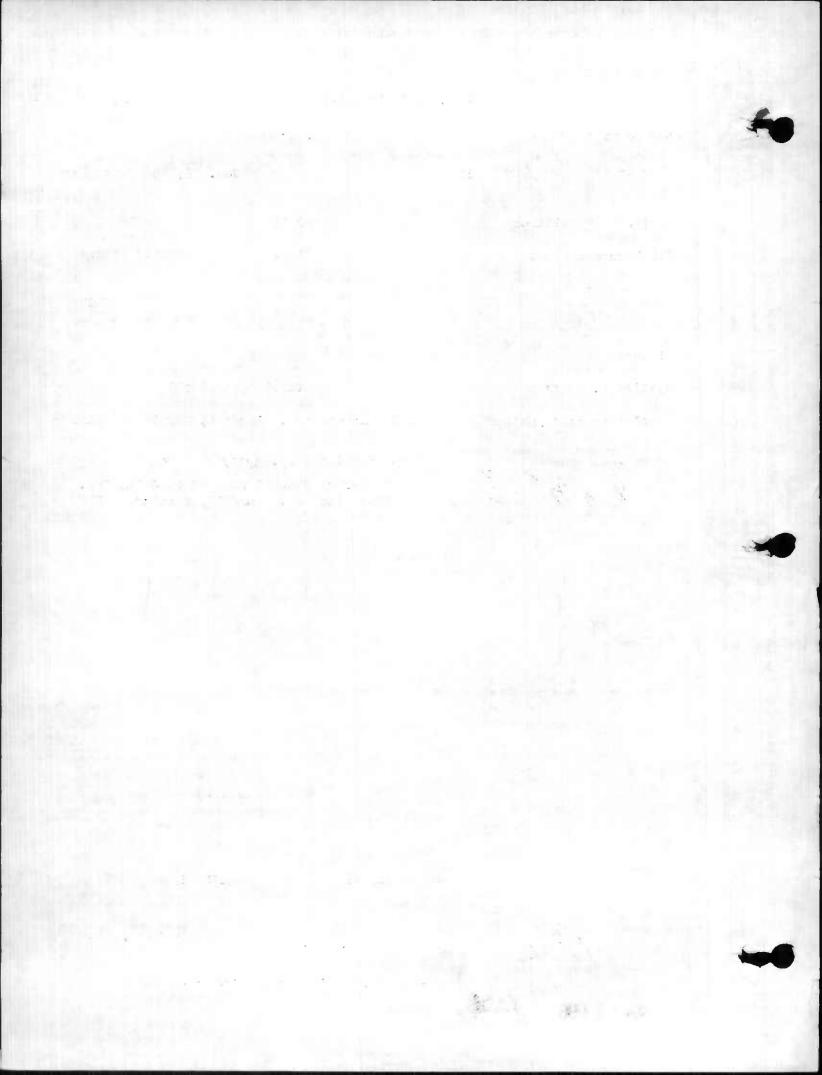


Physician	1. Decedent's Nam	e (First, Middle, L	-755 1/21,	W. F. 11	n Marie	e Bruenin	g	2. Date of D Month JANUA		998	3. Time of Death 11:31 AM
/Medical Examiner	4e Facility Neme (mber)			4b. City, Town, o	r Location of Dea	-	y of Death	
Funeral Director	5. Sociel Security N 216-86-0	0978	Sex 1 □ M 2 🔀 F	7. Age (In 31	yrs. lest birthda Yrs.	Months Day		n. (Month, D	irth Dey, <i>Year)</i> 11,1966		place (Stete or Foreign ntry) ryland
f show sd at	Usual Residenca o	10b. County		100	. City, Town or		D 3 - 3 1				10d. Inside City Limits 1 ☐ Yes 200No
3a or 28a-f at the months	Maryland 10e. Street and Nu		enue			10f. Zip Code	Dundalk 21222		10g. Citizen of		
n 72 hours efter death with the Meryland "natural", or items 23s or 23s-1 show adical Examinet must be notified at leted by Funeral Director	11. Maritel Status 1 Never Marr 3 Widowed	ied 2 Married	12. Wes Dece Armed Fo 1 Yes If Yes, Gir Year or D	orces? 2 🙀 No ve	In U.S.	3. Wes Decedent of If Yes, specify Control of Yes 2 № N	of Hispanic Origin? (uban, Mexican, Pue	(Specify Yes or Norto Rican, etc.)	Io- 14. Ra Ble Speci	rck, White,	can Indian, etc.
be filed within 72 hou tail Hygiene. I other than "nature yent, the Medical Be Completed	(Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification) (Specification		Education rede completed) College (*	1-4or 5+)	(Gi	cedent's Usual Occ ive kind of work dor a. DO NOT use ret anitoria	ne during most of w ired)	orking	16b. Kind of E		
	17. Fether's Name William						18. Mother's N	eme (First, Middle Lynn At	e, Meiden Sume		
25 to 25	19a. Informant's N	ynn Bake			213	3 Patapso	et end Number or I	Rurel Route Num Dundalk,	ber, City or Town Marylar	nd 2	1222
permit. Peges 1 e Department of Hee Important: If item eny injury or othe ence.		©Cremation 3 5 □Other (Spec	ify)		cemetery, c	sposition (Neme of tremetory or other pop Service 22. Name and Add	e Corp.	Date 1/12/98	20c. Location TOWS		own, State aryland
2000	1 00	112	/ /_						f Dassalal	L T	20
Physician Medical Examiner	23a. Pert 1. Enter t shock, or hee tmmediate Ceuse disease or condition resulting in death)	(Finel		LTIPLE	INJURIES to (or as a cons			Dundalk,	Marylar		1222 Approximate Interval Between Onset and Death
Physician end e parties and e	tmmediate Ceuse disease or condition	(Finel on the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat		Due Due	INJURIES	7922 Wis enter the mode of of sequenca of):	se Ave. I	Dundalk,	Marylar		1222 Approximete Interval Between
net the death certificate be executed XX XX American end by the ettending physician end beteched for use as the buriel-transit and beteched for use as the buriel-transit and Physician/Medical Examiner	tmmediate Ceuse disease or condition resulting in death) Sequentially list confidence in the cause of the United Cause (Disease or that Initiated events resulting in death) Part II. Other algnife	(Finel on senditions, mediate strying in injury is Last	a. MUI b	Due t	INJURIES to (or as a cons	7922 Wissenter the mode of of sequence of):	se Ave . I	Dundalk, ec or respiratory	Marylar errest,	nd 2	Approximate Interval Between Onset and Death
net the death certificate be executed XX XX American end by the ettending physician end beteched for use as the buriel-transit and beteched for use as the buriel-transit and Physician/Medical Examiner	tmmediate Ceuse disease or condition resulting in death) Sequentially list confidence in the cause of the United Cause (Disease or that Initiated events resulting in death) Part II. Other algnife	(Finel on senditions, mediate strying in injury is Last	a. MUI b	Due t	INJURIES to (or as a cons	7922 Wissenter the mode of of sequence of):	se Ave . I	23b. Did	Marylar errest,	ontribute t	Approximate Interval Between Onset and Death
The law requires that the death certificate be executed xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Immediate Ceuse disease or condition resulting in death) Sequentially list condition in cause. Enter Under Cause (Disease or that Initiated events resulting in death) Part II. Other algnition in the cause (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or condition to the cause) (Disease or condition to the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cause) (Disease or the cau	(Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel Indications) (Finel	a. MUI	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	INJURIES to (or as a cons	7922 Wissenter the mode of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of description of descripti	given in Part I.	23b. Did 24e. We per	Marylar errest, d tobacco use collyes 2 No es en autopsy formed? Tyes 2 No	ontribute t 3 Pro	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and D
hysician: The law requires that the death certificate be executed This certificate has been signed by the etending physician end If director, page 2 should be deteched for use as the buriel-transit To Be Completed by Physician/Medical Examiner	tmmediate Ceuse disease or condition resulting in death) Sequentially list confidence of any, leading to incause. Enter Unde Cause (Disease or that Initiated events resulting in death) Part II. Other algniff 25. Was case reference examiner? 1	(Finel on Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of	a. MUI b	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	INJURIES to (or as a const to (or as a const or (or es a const or resulting in the	7922 Wissenter the mode of of sequence of): sequence of): sequence of): sequence of): sequence of):	given in Part I. 26. Place of D Other: 4 \(\text{ Nursing} \)	23b. Did 24e. We per 11/2 eath (Check only Home 5/C)Res 28d. Describe	Marylar errest, d tobacco use collyes 2 No es en autopsy formed? Tyes 2 No	ontribute t 3 Pro 24b. Wash	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and D
Physician: The law requires that the death certificate be executed the second this certificate has been signed by the ettending physician end so in properties at director, page 2 should be deteched for use as the buriel-transit and second the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not be second to the second that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it is not that it	tmmediate Ceuse disease or condition resulting in death) Sequentially list condition in cause. Enter Under Cause (Disease or that initiated events resulting in death) Part II. Other algniff 25. Was case referencements.	(Finel on Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of Manager of M	a. MUII b	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	INJURIES to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to	7922 Wissenter the mode of of sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	given in Part I. 26. Place of D Other: 4 Nursing jury at vork?	23b. Did 23b. Did 24e. We per 15c. 24e. We per 28d. Describe decedent 28t. Location City or Tr BAL TIM	Marylar errest, d tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of tobacco use collection of	ontribute t 3 Pro 24b. Wasasson of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death D

State Registrar

JAN 1 3 1998





CAPEL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

FREDDIE

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Days

Baltimore

21225

- 6)(0	0
		L	4	74
- 1	3 6	-	V	\sim

Physician /Medical

1. Decedent's Name (First, Middle, Last)

2. Date of Death Month 12,1998 **JANUARY** 4c. County of Death

3. Time of Death

10d. Inside City Limits

1 Daas 2 □ No

Examiner

Freddie Lee Capel Sr. 4a Facility Name (If not institution, give street end number)

N/A

4b. City, Town, or Location of Death

BALTIMORE

9:43A.M.

Funeral

5. Social Security Number 1 1 2 F 241-28-7647 Usual Residence of Decedent

HARBOR HOSPITAL

Md.

7. Age (In yrs. lest birthday) 73 Yrs.

10c. City, Town or Location

If Under 1 Year | If Under 24 Hrs. 8. Date of Birth Month, Day Year Aug 15, 1924

9. Birthplaca (Steta or Foraign Country) NC .

Director

the Meryland r 28a-f show permit. Pages 1 and 2 should be filed within 72 hours effer death with Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or hema 23a or any Injury or other traumatic event, the Wedical Examiner must be nonce.

Physician

/Medical **Examiner**

burial-transit

950

signed by t

page 2 hes

certificate

this funeral

After

after death.

Hospital of 24 hours a
 Funeral D

To the To the To the

or Attending Physician:

physician

Division of Vital Records, P.O. Box 68760

Examiner

Physician/Medical

À

Completed

Be

Certification: To

Medical

altimore, Maryland 21215-0020

Directo Funeral by Completed

Be

10a State 10e. Street and Number

617 Roundview Road 1 Never Marriad 2 Married 3 X Widowed 4 ☐ Divorced

10b. County

12. Was Decedant Ever In U.S.
Armed Forces?
1 EYes, Give
Yaar of Datas: 9/04/46

13. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
14. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
12. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
13. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
14. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
15. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
16. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
17. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
18. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
18. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
18. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
18. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
18. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
19. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
19. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)
19. Was Decedent of Hispanic Origin? (Specify Yes or No-Armed Forces?)

10f. Zip Code

14. Race - American Indian, Biack, White, etc. Specify: Black

16b. Kind of Business/Industry

USA

10g. Citizen of What Country?

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 12th College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Mechanic

Bldg Materials

17. Father's Name (First, Middle, Last)

C.R. Lee Capel

Elsie Bennett

18. Mother's Name (First, Middle, Maiden Sumeme)

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)

Alice Capel-Lee (Daughter) 4625 Belvieu Avenue Baltimore, Md. 21207 20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata Date Garrison Forest Vet 1/16/98 Owings Mills, Md.

21. Signature of Funeral Service Licensee

22. Nama and Address of Facility Caple Funeral Service 5502 Winner Avenue Baltimore, Md 21215 mplications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest,

23a. Part Enter the disease, or omplications that caused the shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting In deeth)

Revoxlentie Cardiovascular Disease Due to (or es a consequence of):

Due to (or as a consequence of):

Due to (or as a consequence of):

Sequentially list conditions, if any, leeding to immediete cause. Enter Underlying Ceuse (Diseese or Injury that initieted avents resulting in death) Last

Part II	Other significant	t conditions con	tributing to de	eath but not re	sulting in the un	derlying cause	niven In Part I

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy partial

Yes

26. Place of Death (Check only one)

24b. Were autopsy findings avaliable prior to completion of cause of death?

18 Yas 2□ No

Approximate Interval Betwe Onset and Death

25. Was case referred to medical examiner? 1 Yes 2 No

27. Manner of Death

1 Naturai

2 Accident

3 ☐ Suicide

5 Pending investigation

28a. Date of Injury (Month, Day Year) 6 Could not be determined

1 Inpatient 2 ER/Outpetient 3 DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at tha time, data and place, and due to the cause(s) end manner as steted. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

2 No

29b. Signature and titla of certifian

29c. Licansa number

29d. Date signed (Month, Dey, Year)

hute mo

O.C.M.E.

JANUARY 13,1998

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Name and address of person who pleted cause of death (Item 23a) (Type, Print)

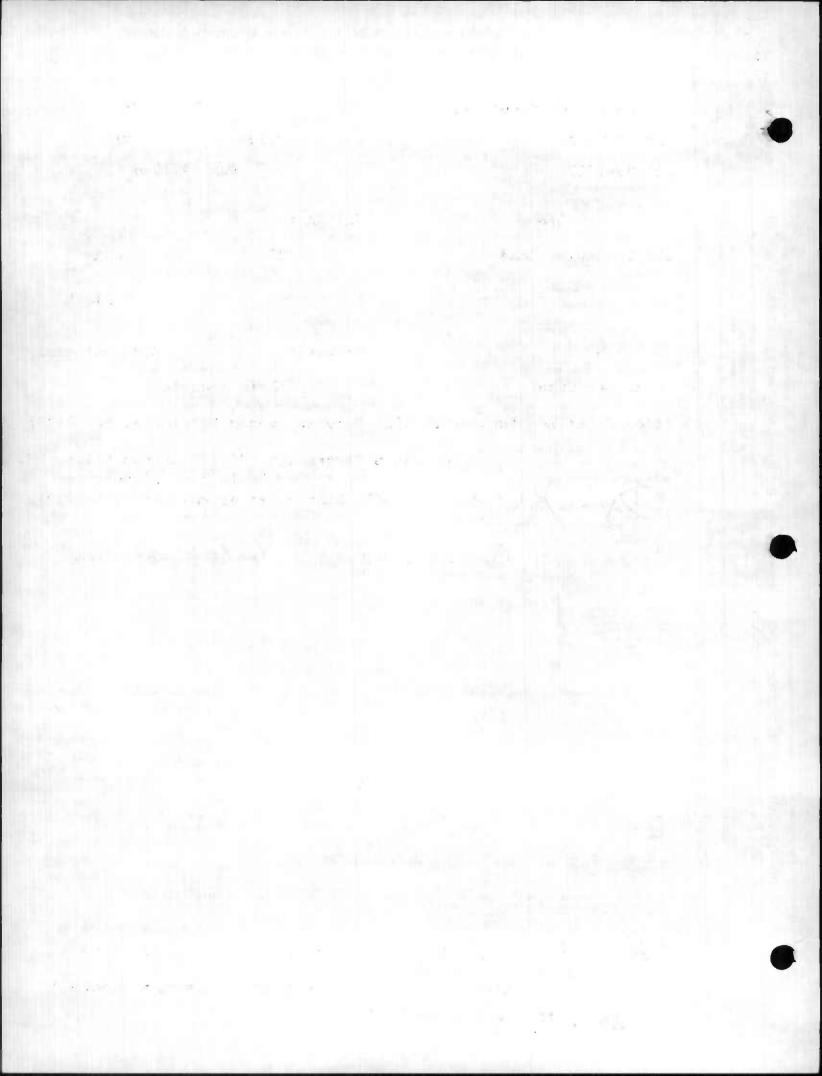
Dennis 31. Date filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

Registra

DHMH 16 Rev 6/95

ulia Davidson 1000



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 11:10 P.M. Januan 4e. Fegliity Name (If not institution, give street and number) 4b. City, Town, or Location of Death nde Glen Burnie Vocth a If Under 1 Year | If Under 24 Hrs. Months | Deys | Hours | Min. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Months 12 M 2 F 65 Vrs 421 38 7397 July 11, 1932 Alabama Usual Residence of Dacedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 X No Maryland Anne Arundel Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8055 Crainmont Drive 21061 U.S. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Raca - American Indien, Black, White, etc. 15 Yes 2□No Korean If Yes, Give Year or Detes: Conflict 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coitega (1-4or 5+) Mechanic Auto Repair 9th 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Myrtle (not available) Houston Bill Carroll 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dennis Carroll / son 8055 Crainmont Drive Glen Burnie, Maryland 21061 20b. Piaca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBuriai 2 Cremation 3 Removal from State 1/9/98 Crownsville, Maryland Md. Veteran Cemetery 4 □ Donation 5 □ Other (Specify) 21. Signature of Funarul Service Licenses 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 nurousk Part 1. Entar tha disease, or completations that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or haart tailure. List drip one cause on each line. Approximate Intarval Batween Onset and Death PULMUNARY ASEASE Immediate Cause (Finel CHRONIC OBSTRUCTIVE disease or condition resulting in death) 3 Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot) Due to (or as e consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Was an autopsy performed? Were autopsy findings available prior to completion of cause of death? 20 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case raterred to medical 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manger of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending invastigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide

Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: The law requires that the death certificate be expected thours after death.

Funeral Director: After this certificate has been signed by the attending physician and steply filled in by the luneral director, page 2 should be deteched for use as the buriel-travity

Physician

/Medical

Examiner

Director

Funeral

p

Completed

Be

Funeral

Director

288-7

Items 23a or

the Medical Examiner

Pages 1 and 2 should be

Baltimore,

and Mental

8

important: If Ilam 27 any injury or other tr

Physician

/Medical

Examiner

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

Medical

29a, Certifier

29b. Signatura and title of cartitian

To the Hospital within 24 hours To the Funeral I completely filled

State Registrar 29c. License number

*Certifying Phyalclan: To the best of my knowledge, daath occurred at the time, date and placa, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and placa, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

D 4397

Inwany 5 198

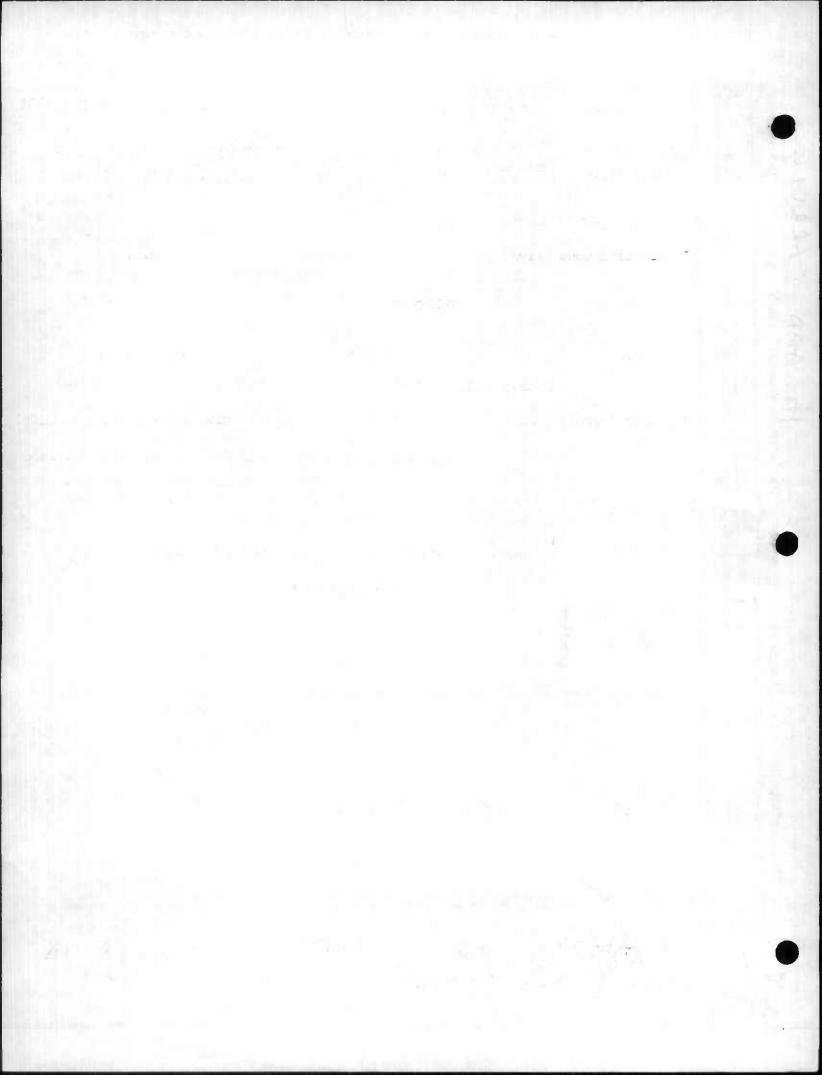
30 Name and address of person who completed causa of death (Itam 23a) (Type, Print)

Glen Summe MD. 21061

31. Date filed (Month, Day, Year)

1 32. Registras Signature

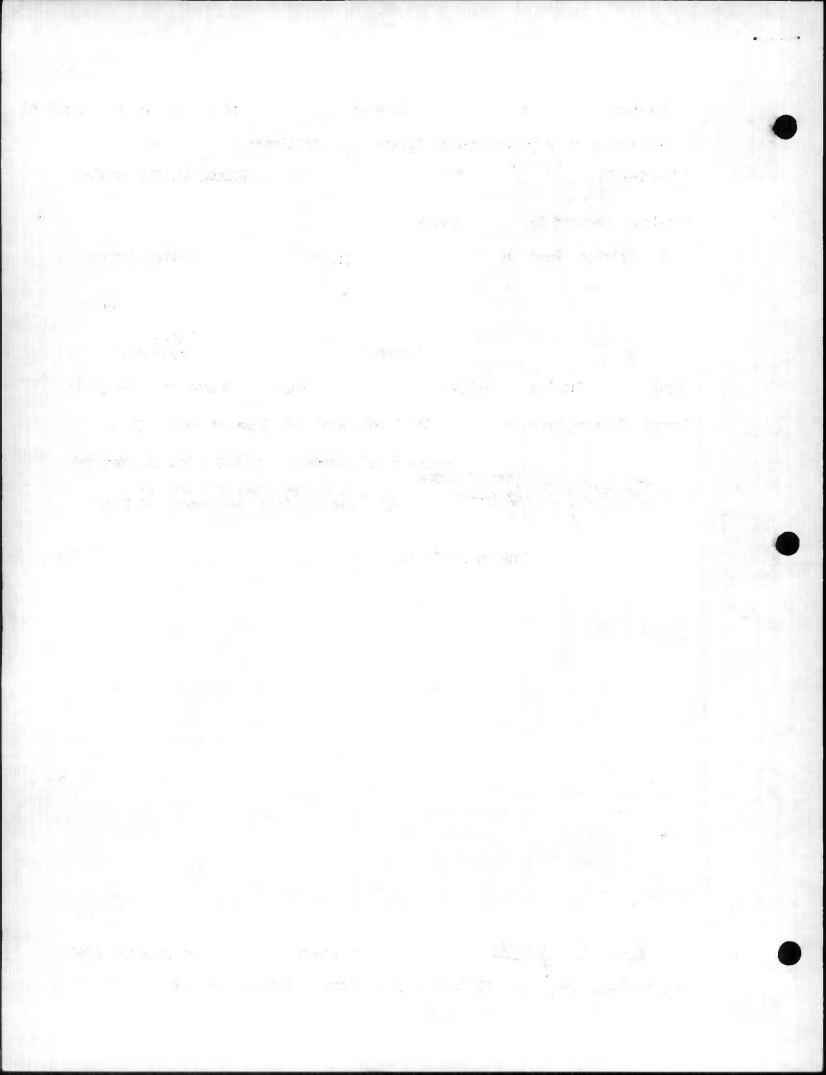
June Davidson Randa



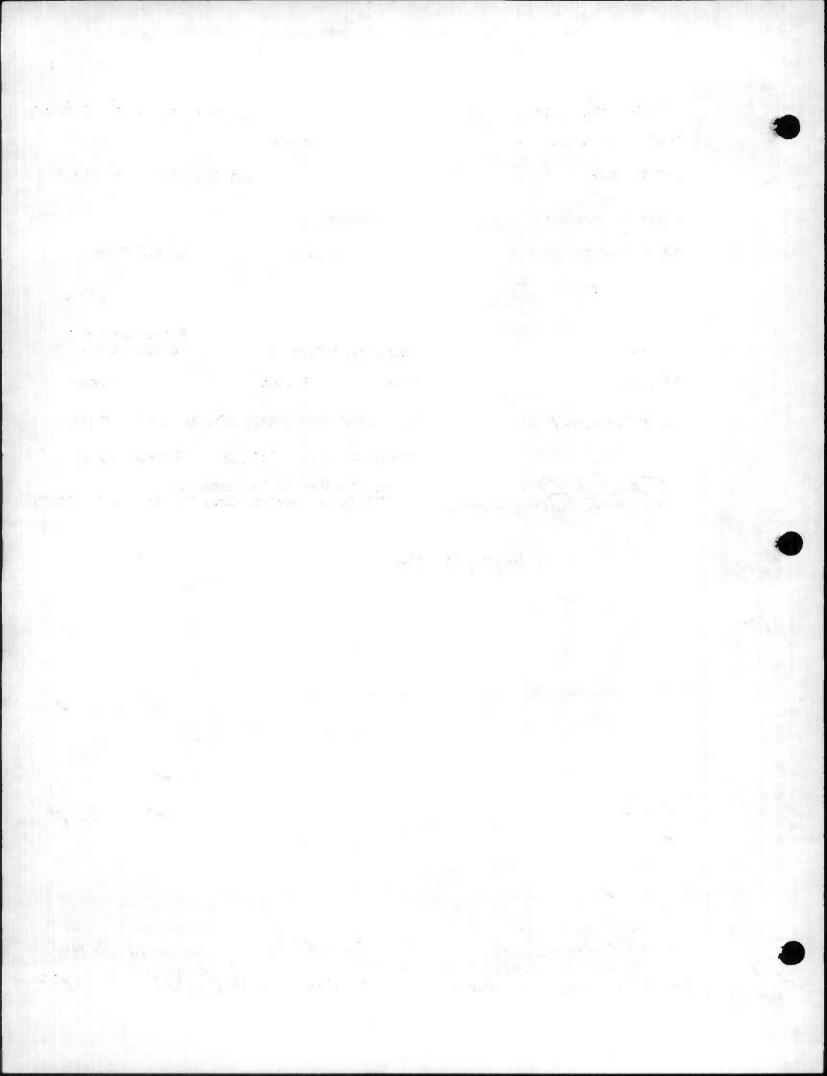
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month Patricia January 11, 1998 11:25 PM Creamer /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner University of Maryland Medical System Baltimore If Under 1 Year 7. Age (In yrs. last birthday) if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) **Funeral** Months Days Hours 1 ☐ M 2 X F Director 218-54-0428 47 December 18,1950 Maryland permit. Peges 1 end 2 should be liled within 72 hours after death with the Marylan Depertment of Health end Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, its Medical Example Final be notified at any Injury or other traumatic event, its Medical Example Final be notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 XNo Directo Maryland Harford Co. Joppa 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 578 Trimble Road #9 United States Funeral 21085 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. I ☐ Yes 2 X No If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowed 4 Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry State Eiementary/Secondary (0-12) College (1-4or 5+) Secretary 12 Government 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Paul Tully Rose Charles Lo Margaret Gargiulo 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Creamer/Daughter Cheryl 578 Trimble Road Joppa, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 Buriei 2 Cremation 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 1/15/98 Gardens of Faith Cemetery Rosedale, Maryland Timothy S. Harman 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, MD 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. Ust only one ceuse on each line. Physician /Medical Immediete Cause (Final . Pancreatic Cancer disease or condition resulting in deeth) 1 Year Examiner Due to (or es e consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Box 68760 Physician/Medical 中 Due to (or as a consequence of) 98 attending P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tohacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by 24e. Wes an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Completed peen page 2 has 1 Yes 2 No 1 Yes 2 No certificata Division of Vital 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this uneral 27. Manner of Deeth Mospital or Attending Pl
 24 hours after death.
 Funeral Director: After the 28b. Time of 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) in by 4 Homicide To the Hospital within 24 hours a To the Funeral C edical 29a. Certifier 1 Xcertifying Phyalcian: To the best of my knowledge, death occurred at the time, dete and piece, end due to the ceuse(s) end manner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete and piece, end due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) P09743 January 12, 1998 30. Neme and address of person who completed cause of death (item 23a) (Type, Print) Dr. Louis C. Jan, M.D. 22 South Greene Street, Balto., MD 31. Date filed (Month, Day, Year)

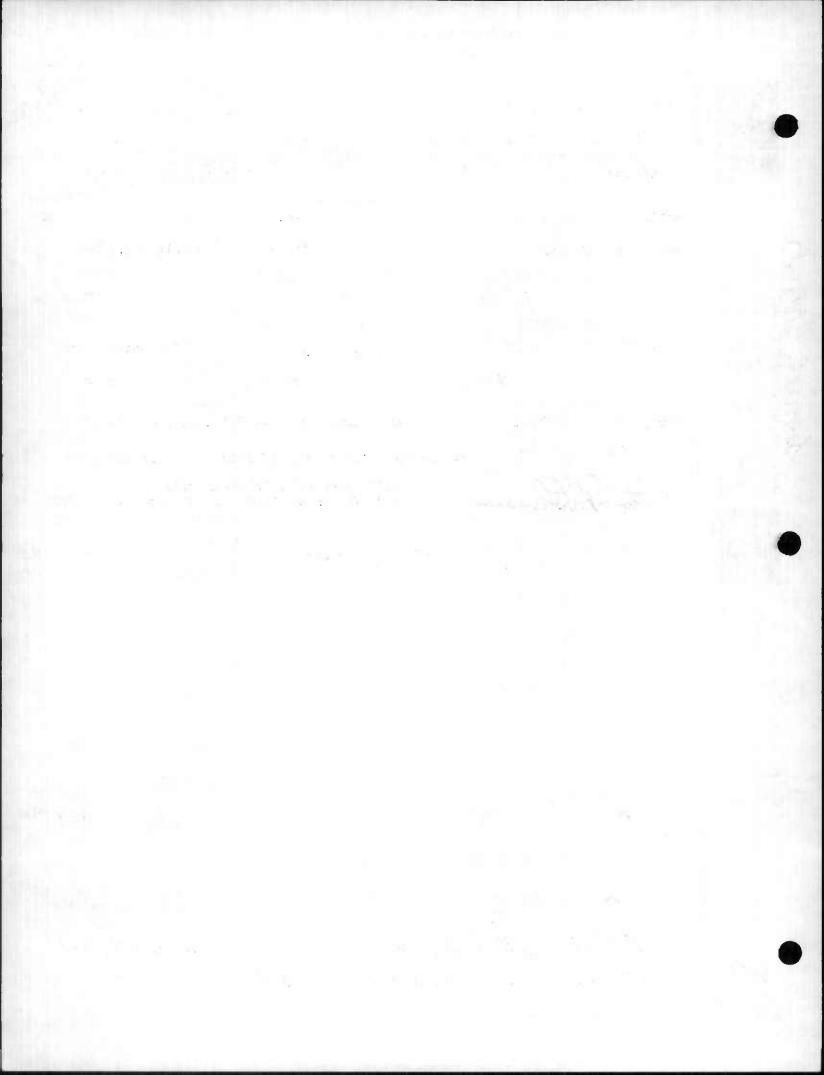
JAN 1 3 1998 32. Registrar's Signature State Registrar



ian	_	1 Decedent's Name (First, Mid	idle, Last)		10.0		moate	5 01	Death		2. Dete of De	Reg. No.		Year	3. Time of D																
ical iner		le. Facility Name (If not institut			Maha				4b. City, Tow	n, or Lo	ANUA cation of Deat	M/3	3 19 County o	998 of Death	37/																
	Į.	Stella Maris		ce					Tows				1	Balti	more																
		5. Social Security Number 212 86 2659	6, Sex 1 ☑ M	M 2□F	7. Age (In 29	yrs. last birthda Yrs.	Months	Days	If Under 2 Houra	Min.	8. Date of Bit (Month, De May 22	rth ay, <i>Year)</i> , 196			ace (State or F ry) Cyland																
		Usual Residence of Decedent 10a. State 10b. Coun	ity		100	. City, Town or	ocation						-	10	d. tnside City																
to		Maryland Har	ford				Edge	ewoo	od						1 ☐ Yes 2																
Director	i	10e. Street and Number					10f. Zip (Code				10g. Citize	en of Wi	hat Count	ry?																
		805 C Wind St	ream	Way				210	040			Uni	ted	Stat	ces																
by Funeral	1	11. Marital Status 1 □ Never Married 2 ☑ Ma 3 □ Widowed 4 □ Divorce	arried	Armed F	2 No	in U,S. 13	. Wes Decede If Yes, speci 1 Yes 2		lispanic Origi an, Mexican, Specify:	n? (Spe Puerto I	cify Yes or No Rican, etc.)			- America , White, e																	
bed	-		ent's Educat		Ja165.	16a. Dec	edent's Usual	I Occup	pation	-		16b. Kind	d of Bus	siness/Inde	ustry																
Completed	-	(Specify only high Elementery/Secondary (0-12)	nest grade c	completed)	(1-4or 5+)	(Gir	e kind of work DO NOT use	k done e retired	during most (d)	of workii	ng	Ba1	time	ore C	County																
E O	L	12		College	(1-40, 01)	Cori	ection	nal	Office	er		Pri	son	Syst	cem																
To Be	1	17. Father's Name (First, Middle William	e, Last)			Rut	h		18. Mother Elo:		(First, Middle	, Maiden S	u <i>m</i> ame		ress																
1		19a. tnformant's Name/Relation									Route Numb																				
		Irene Campagr	na / W	vite	0/				stream	Way	, Edge				1040																
	2	20a. Method of Disposition 1 □ Burial 2 🛣 Cremation 4 □ Donation 5 □ Other		moval from	State	ob. Place of Dis cemetery, cr Green Mo	ematory or other	her plac		1/1	5/98			more,																	
	1	21. Signature of Funeral Service	e Licensee	7			22. Name and	Addre	ss of Facility	To	hrmann	РΔ																			
	a contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	23a. Part1. Enter the disease, shock, or heart failure. Li	or complication only one of	cause on	caused the each line.		8717 0	ree	n Past	cure	s Dr.,	Balt	-		Approximete Interval Betwee Onset and De																
dicai Examiner	i contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	Immediate Cause (Finel	or complicated at the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the	unctions that cause on o	Due		8717 Genter the mode	ree	n Past	cure	s Dr.,	Balt	-		Approximete Interval Between																
dicai Examiner	i contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	or complication of complication of complication of complication of complication of complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex complex com	cause on (Due	death. Do not e	8717 Genter the mode	ree	n Past	cure	s Dr.,	Balt	-		Approximete Interval Betwe																
Physician/Medical Examiner	ii co	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	a	L	Due 1	to (or as a consto	8717 Genter the mode	Gree	en Past	cure	S Dr., r reapiratory a	Balt prrest,	i moj	tribute to	Approximate Interval Between Onset and De																
by Physician/Medicai Examiner		Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	a	L	Due 1	to (or as a consto	8717 Genter the mode	Gree	en Past	cure	s Dr., r reapiratory a 23b. Dtd 1 □	Balt	imo	tribute to 3 □ Probe 24b. Wet avai	Approximate Interval Between Onset and De the cause of ably 4 July 10 ably 4 July 10 ably 4 July 10 ably	by Physician/Medicai Examiner		Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	a	L	Due 1	to (or as a consto	8717 Genter the mode	Gree	en Past	cure	S Dr., r reapiratory a 23b. Dtd 1 24a. Was perfe	Balt rrest,	imo	tribute to 3 Prob	Approximate interval Betwee Onset and De the cause of ably 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Completed by Physician/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury hat Initiated events resulting in death) Last Part II. Other stgniflcant conditions.	ab	L	Due 1	to (or as a consto	8717 Genter the mode	Gree	en Past	ardiac o	S Dr., r reapiratory a 23b. Dtd 1 24a. Was perfe	tobacco u Yes 2 san autops ormed?	imo	tribute to 3 Prob	Approximate Interval Betwee Onset and De the cause of ably 4 June re eutopsy firm illable prior to apletion of cause eth?																
by Physician/Medicai Examiner	P	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other stgniflcant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of th	ab	buting to d	Due to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	to (or as a consto	8717 Genter the mode equence of):	Cub	en Past ng, such as c	ardiac o	23b. Dtd 1 24a. Was perfo	tobacco u Yes 2 san autops ormed? Yes 2 sone)	imo	tribute to 3 Probe 24b. Wer avai com of d	Approximate interval Betwee Onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De ons																
To Be Completed by Physician/Medical Examiner	P	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury hat initiated events resulting in death) Last Part II. Other stgniflcant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the	a	buting to d	Due to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	death. Do not e	8717 G nter the mode equence of): equence of): underlying ca	A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of A Oth Mark Control of	en Past ng, such as c ven in Part I. 26. Place c aer: 4 □ Nurs	ardiac o	23b. Dtd 1 24a. Was perfo	tobacco u Yes 2 san autops orned? Yes 2 sone)	ee cont	tribute to 3 Proble 24b. We avaicom of d	Approximate interval Betwee Onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De ons																
Be Completed by Physician/Medical Examiner	P	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other stgniffcant conditions are underlying cause. The conditions are underlying cause (Disease or Injury that Initiated events resulting in death) Last Part III. Other stgniffcant conditions are underlying cause in the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions are underlying to the conditions	ab	buting to d spital: 1 28a. Dete (Mon	Due Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Due I Du	death. Do not end to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or as a const to (or a)))))).	8717 Genter the mode equence of): equence of): equence of): underlying ca ent 3 DO/ of 28 M treet, fectory,	A Oth A office	en Past ng, such as co yen in Part I. 26. Place of her: 4 □ Nums yeat Yes 2 □ N	ardiac o	23b. Dtd 1 □ 24a. Was performed to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	tobacco u Yes 2 san autops orned? Yes 2 dence 6 how injury (Street and wn, State)	ee conti	tribute to 3 Probe evaluation of definition of the correction of t	Approximate Interval Betwee Onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De ons																
Certification: To Be Completed by Physician/Medical Examiner	2 2	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Part II. Other stgniflcant conditions are underlying to the condition of the condition of the condition of the cause of the condition of the cause of the condition of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau	b c. d. tlone contrib	buting to d spital: 1 28a. Dete (Mon 28e. Plece build lan: To the	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	to (or as a constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the constitute of the	equence of): aquence of): aq	A Oth Wor 1 Ordinary of dyinn	en Past ng, such as c yen in Part I. 26. Place of ther: 4 \(\) Nurs y at k? Yes 2 \(\) N me, date and	of Death	23b. Dtd 1 24a. Was performed as performed as a continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continu	tobacco u Yes 2 san autopsomed? Yes 2 one) idence 6 how injury Street and wn, State) cause(s) e	imo) No No No Numbe	tribute to 3 Probi	Approximate interval Betwee Onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De ons																
ertification: To Be Completed by Physician/Medical Examiner	2	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury hat initiated events resulting in death) Last Part II. Other stgniflcant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the	a	buting to d spital: 1 28a. Dete (Mon 28e. Plece build lan: To the	Due 1 Due 1 Inpatient of Injury 1th, Day Yea e best of my passis of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of	death. Do not e to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a c	equence of): aquence of): aq	A Oth A Oth Office office	en Past ng, such as c yen in Part I. 26. Place of ther: 4 \(\) Nurs y at k? Yes 2 \(\) N me, date and	ardiac o	23b. Dtd 1 24a. Was performed as performed as a continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continu	tobacco u Yes 2 san autopsomed? Yes 2 one) idence 6 how injury Street and wn, State) cause(s) e	imo	tribute to 3 Probe 24b. Wei avai com of d 1 r (Specify, od	Approximate interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Ons																
edical Certification: To Be Completed by Physician/Medical Examiner	2	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury hat initiated events resulting in death) Last Part II. Other stgniflcant conditions of the condition of the cause of the condition of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	a	buting to d spital: 1 28a. Dete (Mon 28e. Plece build lan: To the	Due 1 Due 1 Inpatient of Injury 1th, Day Yea e best of my passis of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of exercises of	death. Do not e to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a consi to (or as a c	equence of): aquence of): aq	A Oth A Oth Office office	en Past ng, such as co ren in Part I. 26. Place of her: 4 \(\subseteq \) Nurs y at k? Yes 2 \(\subseteq \) N me, date and plnion, death	ardiac o	23b. Dtd 1 24a. Was performed as performed as a continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continuous continu	tobacco u Yes 2 san autops orned? Yes 2 dence 6 how injury Street and wm, State) cause(s) e date and p	imo	tribute to 3 Probe 24b. Wei avai com of d 1 r (Specify, od	Approximate interval Between Onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De onset and De on																

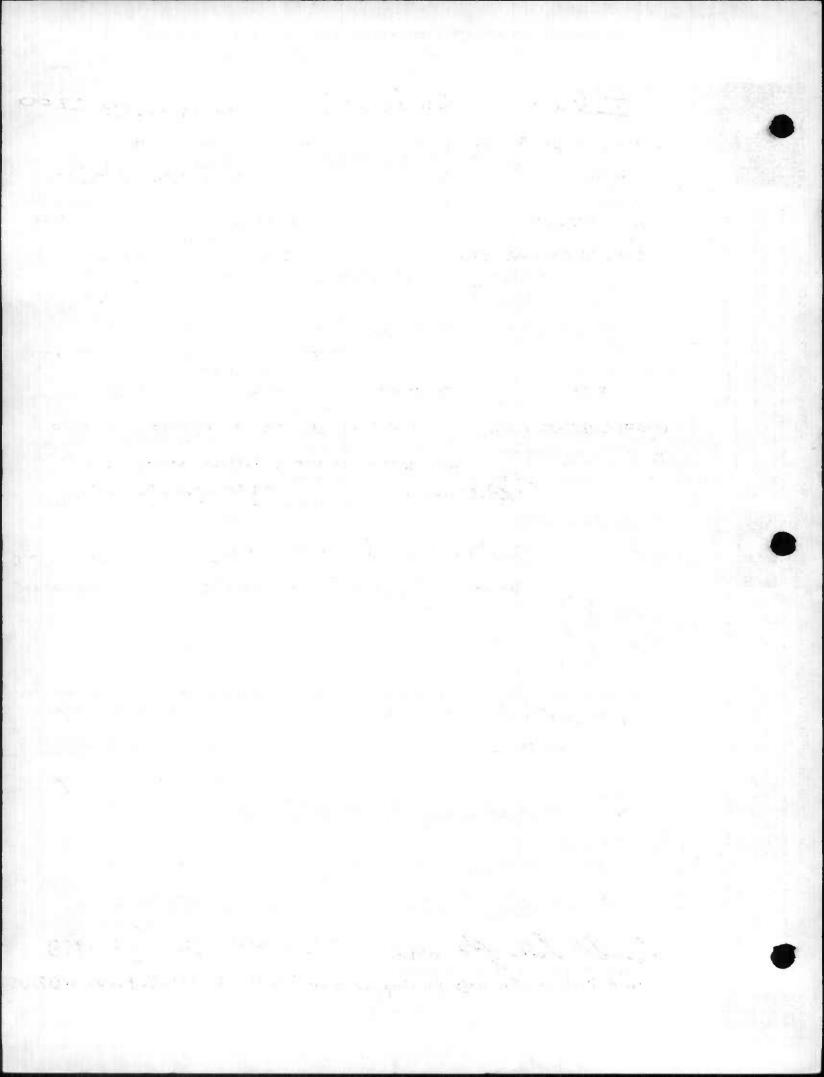


CIDIO		1. Decedant's Nama (First, Middle	a, Last)	-	TV I		77	2. Data of De Month	eth	Yaar 3. Tima ot D
siciar edica	ıl .	Samuel J.	Charch					Januar	21 09	1998 3 -
ımine	ľ	4a. Facility Nama (If not institution Gilchrist Cent			re		4b. City, Town, or TOWSON	Location of Death		of Death timore
eral	4	5. Social Sacurity Number	6. Sax 7.	Aga (In yrs. la	st birthday)	f Undar 1 Year	If Under 24 Hrs			Birthplaca (Stata or I Country)
tor		217 05 8237	1 X 0 M 2□ F	85	Yrs.	Months Days	Hours Min.	June 10	y, Year)	Maryland
	-	Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City,	Town or Locat	ion				10d. Inside City
3	ō	Maryland Bal	timore				altimore			1 ☐ Yas 2
Jean	ST.	10e. Straat and Number				10f. Zip Coda			10g. Citizan of W	
101	air	8608 Black Oak					21234			States
hy European Director	by rune	11. Marital Status 1 □ Navar Marriad 2 🛣 Marr 3 □ Widowed 4 □ Divorced	W Vac Give	ns? □ No	It Ya	s Decedent of Has, specify Cube	Ilspanic Origin? (S an, Maxican, Puerl Specify:	pacify Yas or No to Rican, atc.)		a - Amarican Indian, k, Whita, atc. White
100	D L	15. Decedant	t's Education		16a. Deceden	t's Usual Occup	ation		16b. Kind of Bu	sinass/industry
Completed	100	Elamantary/Secondary (0-12)	st grade complatad) Collega (1-4)	or 5+)			during most of wo	rking	Commi	nications
Re Comp	3	8 17. Fathar's Nama (First, Middla,	I est)		E:	lectric		ma /First Middle	Maidan Sumam	
	0 .	Joseph		ccio			Rosar		Waluari Surnam	Marino
F		19a. Informant's Name/Ralations	hlp (Type, Print)		19b. Meiling A	Addrass (Street	and Number or Ru	ural Routa Numbe	er, City or Town,	Stata, Zip Code)
		Sadie Charch	/ Wife				Oak Rd.	, Baltim	ore, MD	21234
	2	20a. Mathod of Disposition 1 D Burial 200 Cramation	3 ☐Removal from Sta	ta cer		ory or othar place		Data		City or Town, Stata
and injury of other		4 Donation 5 Other (Si	pecify)	Gree		t Cremat		12/98	Balt	imore, MD
SUCE		\$ \$40 CM	(A)		CAI		nen D. L			
	+	23a. Part1. Entai tha disaasa, or	complications that cau	sad tha daath.			n Pasture			Approximata
an		shock, or haart tailura. List	only one ceusa on aaci	n iina.						Onsat and De
eal ner	- 1	Immediate Causa (Final disaasa or condition resulting In daath)	e. pr	more	atic	CM	cer			8 mor
Yaminer			- 1	Dua to (or	as e consequar	nca of):				
Examiner		Sequentially list conditions,	b	Dua to (or a	as a consequar	nce ot):				
Ä	1	Sequentielly list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseese or Injury that initiated avents								
G	Gucai	that initiated avents		Dua to (or a	is a consequan	ica of):				
		rasulting in daath) Last					_			
ď		rasulting in daath) Last	d							
ian/Me		resulting in death) Last Part It. Other algnificant conditio	dns contributing to death	n but not resuit	ing In tha unda	rlying cause giv	an in Part I.	23b. Did t	obacco use con	tributa to the cause of
Physician/Me	riiysiciaiyme	rasulting in daath) Last	dns contributing to death	n but not resuit	ing In tha unda	rlying cause giv	an in Part I.	23b. Did t		itributa to the cause of (
by Physician/Me	Dy rillysicialized	rasulting in daath) Last	d	n but not result	ing In tha unda	rlying cause giv	an in Part I.	1 🗆 '	Yes 2 No	3 Probably 4 Ur
by Physician/Me	Dy rillysicialized	rasulting in daath) Last	d	n but not resuit	ing In tha unda	rlying cause giv	an in Part I.	1 □ 1		3 Probably 4 Ur 24b. Were autopsy tind available prior to completion of cau
completed by Physician/Me	Dy rillysicialized	rasulting in daath) Last	d	h but not resuit	ing In tha unda	rlying cause giv	an in Part I.	1 □ 1	Yes 2 No an autopsy rmed?	3 Probably 4 Un 24b. Were autopsy ting available prior to
Be Completed by Physician/Me	De completed by ringstolatemen	rasulting in daath) Last		n but not result	ing In tha unda		28. Placa of Dec	1 ☐ 1	an autopsy med?	3 Probably 4 Ur 24b. Were autopsy tind availabla prior to completion of cau of death?
To Be Completed by Physician/Me	To be completed by rilysicialisms	Part it. Other algnificant condition 25. Was casa ratarred to medical axeminar? 1 Yas 27 No	Hospital: 1 ☐ Inpe	atlent 2□E	R/Outpatient	3□ DOA Oth	_28. Placa of Dec ar: 4	24a. Wes perfo	an autopsy med? (as 2 No ona)	3 Probably 4 Ur 24b. Were autopsy time available prior to completion of cau of death? 1 Yas 2 No
n: To Be Completed by Physician/Me	To be completed by rilysicialisms	Part It. Other algnificant condition 25. Was case reterred to medical axeminar? 1	Hospital: 1 ☐ Inpu	atlent 2□E	R/Outpatient :8b. Tima of Injury	3□ DOA Oth	_28. Placa of Dec ar: 4	24a. Wes perfo	an autopsy med? (as 2 No	3 Probably 4 Ur 24b. Were autopsy time available prior to completion of cau of death? 1 Yas 2 No
n: To Be Completed by Physician/Me	To be completed by rilysicialisms	Part it. Other algnificant condition 25. Was casa ratarred to medical axeminar? 1 Yas 2 No 27. Mannar of Death 1 Pandin:	Hospital: 1 Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal Inpersonal	atlant 2□ E njury Day Year) 2	R/Outpatient :8b. Tima of Injury	3 DOA Oth 28c. Injun Worl M 1	28. Placa of Dec ar: 4□ Nursing H	24a. Wes perfo	an autopsy rmed? (as 2 No ona) dance 6 Nothanow Injury occurred.	3 Probably 4 Ur 24b. Were autopsy time available prior to completion of cau of death? 1 Yas 2 No
n: To Be Completed by Physician/Me	Comission: 10 De Completed Dy Fillystelatume	25. Was casa ratarred to medical axeminar? 1 Yas 2 No 27. Mannar of Death 1 Natural 5 Pandin invastig 3 Suicida 6 Could rate Homicida	Hospital: 1 Inpergraph Inpergraph Inpergraph Inpergraph Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Inpercentage Interventage I	atlant 2 Enjury Day Year) Injury - At hom atc. (Specify)	R/Outpatient :8b. Tima of Injury ia, farm, straat,	3 DOA Oth 28c. Injun Worl M 1 1	28. Placa of Dec ar: 4□ Nursing H y at k? Yas 2□ No	24a. Wes perfo	An autopsy med? Yes 2 No No No No No No No No No No No No No	3 Probably 4 Ur 24b. Were autopsy tind available prior to completion of cau of death? 1 Yas 2 No ar (Specify) HOSP ed
edical Certification: To Be Completed by Physician/Me	reaces commodates to be completed by rilystolation	25. Was case reterred to medical axeminar? 1	Hospital: 1 Input g 28a. Data of to (Month, it) not be inad 28a. Place of building, g Physician: To the base and mannar	atlant 2 E njury Day Year) Injury - At hom atc. (Specify) st of my knowl	R/Outpatient :8b. Tima of Injury ia, farm, straat,	3 DOA Oth 28c. Injun Worl M 1 factory, offica	28. Placa of Decar: 4 Nursing Fyat k? Yas 2 No ne, dete and placa binlon, daath occur	24a. Wes perfo	an autopsy med? (as 2 No ona) dance 6 Otha now injury occurred. Straat and Number of North Number of North Number of North Number of North Number of North Number of North Number of North North Number of North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North North Nort	3 Probably 4 Ur 24b. Were autopsy tind available prior to completion of cau of death? 1 Yas 2 No ar (Specify) HOSP ed er or Rural Route Number nnar as steted. and due to the cause(s)
n: To Be Completed by Physician/Me	reaces commodates to be completed by rilystolation	25. Was case reterred to medical axeminar? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pandin investig 3 Suicida 6 Could r determinate a control of the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermine the could retermi	Hospital: 1 Input g 28a. Data of to (Month, it) not be inad 28a. Place of building, g Physician: To the base and mannar	atlant 2 Enjury Day Year) Injury - At hom atc. (Specify) st of my knowl of axaminatio stated.	R/Outpatient 18b. Tima of Injury na, farm, straet, edge, daeth oc n and/or invast	3 DOA Oth 28c. Injun Worl M 1 factory, offica curred at the tin ligation, in my of	28. Placa of Decar: 4 Nursing Hyat k? Yas 2 No ne, dete and placa binlon, death occura number	24a. Wes perfo	an autopsy med? Yas 2 No ona) Jance 6 Otha now injury occurred. Straat and Number of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred	3 Probably 4 Ur 24b. Were autopsy tind available prior to completion of cau of death? 1 Yas 2 No ar (Specify) HOSP ed er or Rural Route Number nnar as steted. and due to the cause(s) if (Month, Day, Year)
edical Certification: To Be Completed by Physician/Me	medical Columbiation 10 De Completed by Thysicial Man	25. Was case reterred to medical axeminar? 1	Hospital: 1 Input g 28a. Data of to (Month, it) and 28a. Place of building, g Physician: To the base and mannar	atlant 2 Enjury Day Year) Injury - At hom atc. (Specify) st of my knowl of axaminatio stated.	R/Outpatient 18b. Tima of Injury na, farm, straet, edge, daeth oc n and/or invast	3 DOA Oth 28c. Injun Worl M 1 factory, offica curred at the tin ligation, in my of	28. Placa of Decar: 4 Nursing Hyat k? Yas 2 No ne, dete and placa binlon, death occura number	24a. Wes perfo	an autopsy med? Yas 2 No ona) Jance 6 Otha now injury occurred. Straat and Number of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred of the now injury occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred occurred	3 Probably 4 Ur 24b. Were autopsy tind available prior to completion of cau of death? 1 Yas 2 No ar (Specify) HOSP ed er or Rural Route Number nnar as steted. and due to the cause(s)



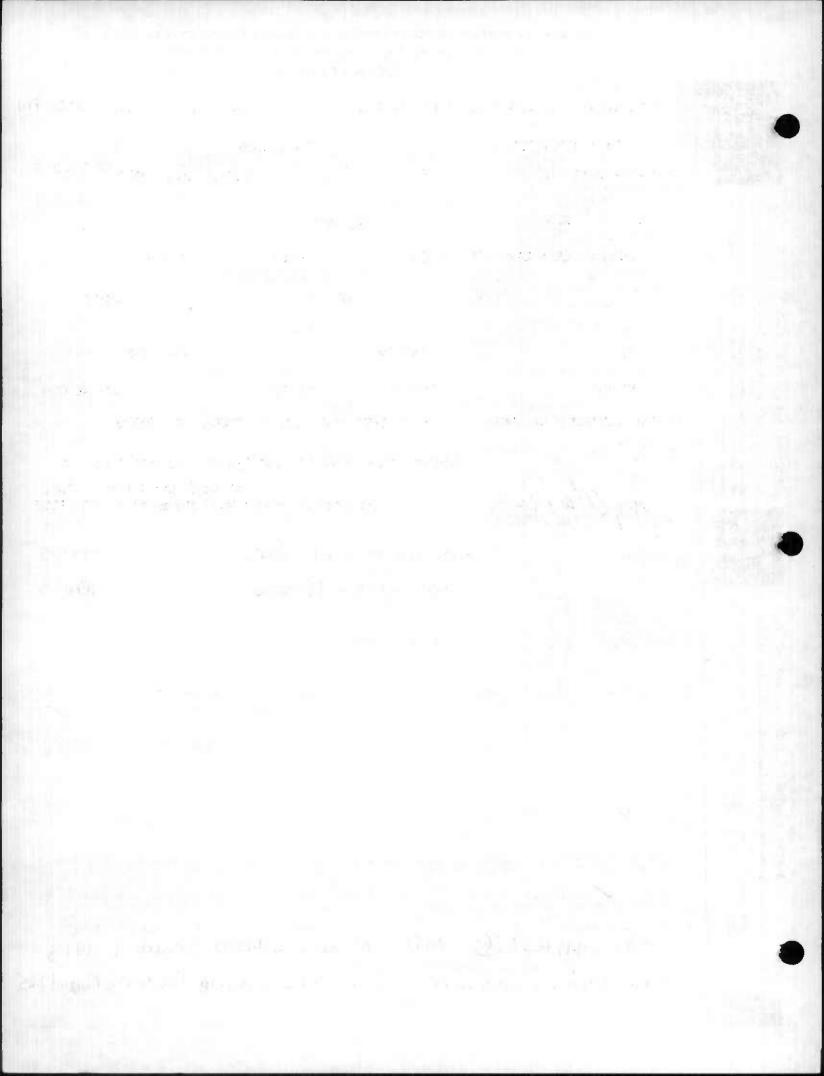
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death Chidecke Month 2200 **Physician** d C January /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Hospital Hopkins Baltimore Johns If Under 24 Hrs.
Hours Min.
8. Date of Birth
(Month, Day, Year) If Under 1 Yeer 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Days 212-42-534 1 □ M 200 F Director MAY 1, 1916 WASH., DC Usuai Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumatic event, the Modical Examiner must be notified as 1 ☐ Yes Director MD BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examiner mans once. 725 MT. WILSON LANE #312 21208 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 🗓 No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes XXNo Specify: Specify: WHITE þ 3 ₩ Widowed 4 Divorcad 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 SECRETARY SOCIAL SECURITY ADMIN 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) HARRY SILBERMAN SOPHIE 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) HOWARD CHIDECKEL / SON BALTIMORE, MD 212 2704 JENNER DR. APT. F 21209 Baltimore, 20b. Place of Disposition (Name of cametery, cremetory or other place) Dete 20a. Method of Disposition Buriel 2 Cremation 3 Removal from Stete CHIZUK AMUNO ARLINGTON 1/11/98 BALTIMORE, MD 21. Signature of Funerel Service Licensee 22. Name and Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or con plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediata Cause (Final disease or condition resulting in death) Examiner Examiner Venous Sinus physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physiclan/Medical Due to (or as e consequenca of): for use as Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 X Unknown Seizures à 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed Deen 1 ☐ Yas 25 No Division of Vital i or Attending Physician: after death. Director: After this certifica 25. Was case raferred to medical examiner? 28. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1□ Yes 2 No 2 funerai 27. Manner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stefa) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 6 4 Homicide • Hospital 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and placa, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. To the Hosp within 24 hou To the Fune completely fil 29a. Certitier Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) ZES-000 npiated cause of death (Item 23a) (Type, Print) , Jr., no Johns Hopkins Hospital GOI N Wolfe St, Baltimore, MD 21205 JAN 1 3 1998 June Davidson Andere State Registrar



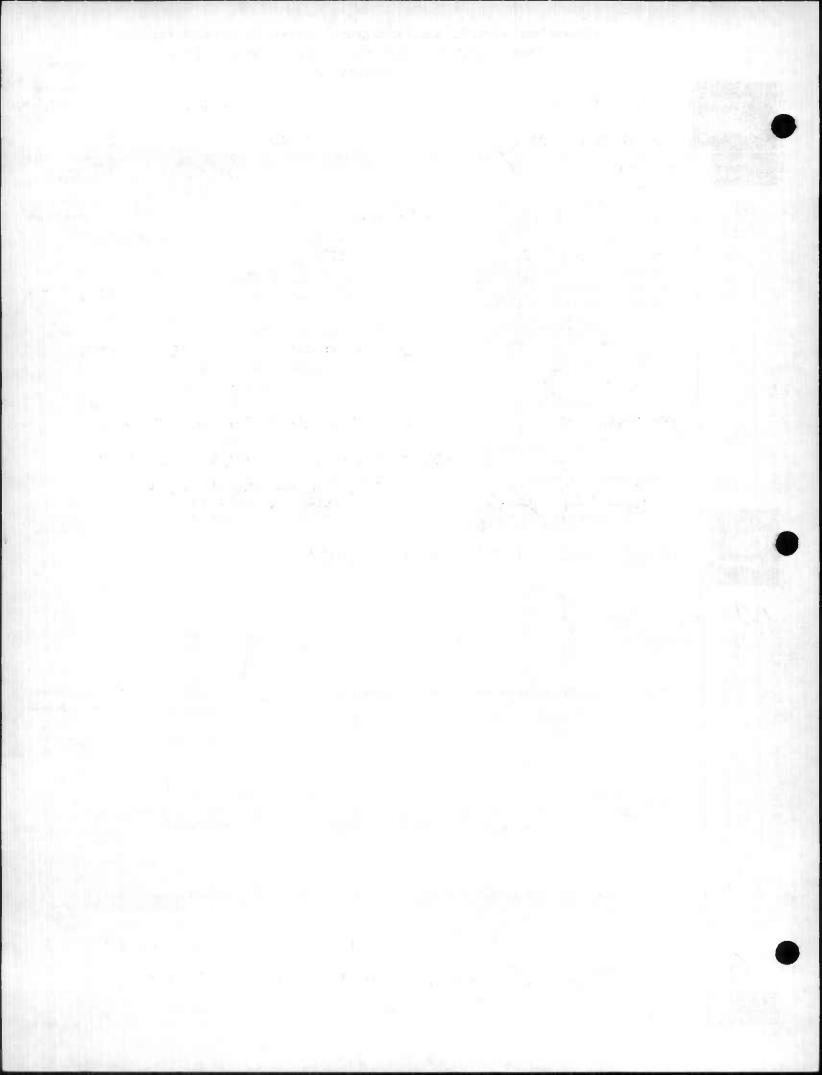
State of Maryland / Department of Health and Mental Hygiene

hysici	an.	1. Decedent's Nama (First, Middle, I	,			120		2. Data of De	Reg. No. eth Day	Year	3. Time of Death
/Medic	_	Solomon :	rheodore	e Cr	owetz	_		JANUAR		1998	7:00 P
xamir	_	4a. Facility Nema (If not institution, g	give street and number))		4b. C	ity, Town, or I	Location of Daet	h 4c. County	of Death	
		SINAI HC				E	BALTIM			N/	A
ineral			Sax 7. Ag	ga (in yrs. last	Month		Undar 24 Hrs. ours Min.	(Month, De	th ey, Year)	PAPE A	oca (Stete or Foraig
ector		215-01-8813 Usuai Residance of Dacadant	*	9:	5 Yrs.			APRIL	27, 1	902	LA
show		10a. Stata 10b. County		10c. City, To	own or Location					10	d. Insida City Limits
28a-f sho notified at	to	MD N	/A		D7	ALTIMORE	,				Yes 2□No
or 28a-f	Director	10e. Street end Number				Zip Coda			10g. Citizan of V	Whet Countr	y?
23a		2500 W. BI	ELVEDERE AV	Æ. #2	208	2	1215		U.S.A.		
Herra Herra	Funeral	11. Maritai Status	12. Was Decedant Armed Forcas	Evar in U,S.	13. Was Da	cedant of Hispar pecify Cuban, M		pecify Yes or No		e - America	
0	by	1 Never Married 2 Married 3 Widowed **Divorced					secify:	o nican, atc.)	Specify	ck, Whita, at /: WHI	
olical	ted	15. Decedant's	Education	10	6a. Decedant's U	sual Occupation	a most of way	dein a	16b. Kind of Bu	usinass/Indu	istry
= 2	Completed	(Specify only highest g Elementary/Secondery (0-12)	College (1-4or	5+)	lifa. DO NOT	work dona dunni use ratired)	g most of wor	King			
-	Son	12			TAILOR				CLOTHI	ING	
d other	Be	17. Fether's Nema (First, Middle, La	st)			18.	Mothar's Nan	na (First, Middla	, Maidan Sumam	10)	
	L C	HARRY		CR	OWETZ	F	ANNIE			ROS	ENBLOOM
raumatic		19a. informent's Name/Ralationship			19b. Mailing Addre						Coda)
M Au		MARSHA BUCKNER ,	DAUGHTER		9102 ZET		RANDA	LLSTOWN		1133	
- to		20a. Mathod of Disposition Surial 2 ☐ Cramation 3	☐Ramovai from State	20b. Piaca cema	a of Disposition (fatery, crematory of	lema of ir other place)		Data	20c. Location -	City or Tow	m, Stata
any injury o		4 Donation 5 □ Othar (Spec	oify)	LIBE	RTY PARK	SHAARE	I ZION	1/8/98	RANDAL	LSTOW	N, MD
ician dicai niner	_	immadiata Cause (Final disease or condition resulting in death)	a(Conges	stive H	eartF	ailu	re			WEELS
	ē			Dua to (or as	e consaquance o	of):					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
sit	출		. b.————	Coron	e consaquance of	tery Di	seas	2			YEARS
n and iai-transit	Examir	Sequentially list conditions, if any, leading to Immadiate	b		e consequence of	ecert F	seas	2			
lysician and he burial-transit	ical Examiner	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of th	c. —	Due to (or es		rf):	seas	2			
g priys	Medical	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last	c. —	Due to (or es	a consequenca o	rf):	seas	2			
or use as the	Medical	rasulting in daath) Last	c	Due to (or es	a consequenca o	ŋ: ŋ:					YEARS
or use as the	Medical	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last	c	Due to (or es	a consequenca o	ŋ: ŋ:		23b. Dld		ntribute to t	YEARS
or use as the	Physician/Medical	rasulting in daath) Last	c	Due to (or es	a consequenca o	ŋ: ŋ:		23b. Dld	tobacco uae cor Yes 2□ No	ntribute to t	YEARS
ceen signed by the ettanding briys	by Physician/Medical	rasulting in daath) Last	c	Due to (or es	a consequenca o	ŋ: ŋ:		23b. Dld 1		ntribute to t	HEARS the cause of death
nes been signed by the ettanding prys ga 2 should be detached for use as the	by Physician/Medical	rasulting in daath) Last	c	Due to (or es	a consequenca o	ŋ: ŋ:		23b. Dld 1 □ 24a. Was perfo	Yes 2□ No an autopsy omed?	ntribute to t 3 Probe 24b. Warravail com of de	THE cause of death ably 4 Junkno as a eutopsy findings lable prior to pletion of cause seath?
nes been signed by the ettanding prys ga 2 should be detached for use as the	Completed by Physician/Medical	Pert II. Other aignificant conditions	c	Due to (or es	a consequenca o	f): g cause givan in	Part i.	23b. Dld 1	Yes 2□No an autopsy med? Yas 2□No	ntribute to t	THE cause of death ably 4 Junkno as a eutopsy findings lable prior to pletion of cause seath?
carmicata nes been signed by the estanding prystrector, pega 2 should be detached for use as the	Be Completed by Physician/Medical	Pert II. Other aignificant conditions 25. Was case rafarred to medical axeminar?	c	Due to (or as Dua to (or as	a consequence of a consequence of g in the underlying	f): g cause given in	Part i.	23b. Dld 1 □ 24a. Was perfo	Yes 2□ No an autopsy med? Yas 2☑ No one)	antribute to t 3 Probe 24b. War- avail com of de	THE cause of deet ably 4 Dunkno as eutopsy findings lable prior to pletion of cause seath?
rns carmicata nes been signed by the estanding prys el director, pega 2 should be detached for use as the	To Be Completed by Physician/Medical	Pert II. Other aignificant conditions 25. Was case rafarred to medical	c d contributing to death b	Due to (or es Dua to (or as ut not rasulting	a consequence of a consequence of g in the underlying	f): g cause given in 26. DOA Other: 4	Part i.	23b. Dld 1 □ 24a. Was perfo	Yes 2□No an autopsy med? Yas 2☑No one) dance 6 □Othi	ar (Specify)	THE cause of deat ably 4 Durknown as eutopsy finding lable prior to pletion of cause aath?
riar mis carmicata nes been signed by the ettanoing prys ineral director, paga 2 should be detached for use as the	To Be Completed by Physician/Medical	Pert II. Other aignificant conditions 25. Was case referred to medical axaminar? 1 Yes 2	c. d	Due to (or es Dua to (or as ut not resulting	a consequence of a consequence of g in the underlying	f): g cause given in	Part i. Placa of Des	23b. Dld 1 □ 24a. Was perfo	Yes 2□ No an autopsy med? Yas 2☑ No one)	ar (Specify)	THE cause of deat ably 4 Durknown as eutopsy finding lable prior to pletion of cause aath?
riar mis carmicata nes been signed by the ettanoing prys ineral director, paga 2 should be detached for use as the	To Be Completed by Physician/Medical	Pert II. Other aignificant conditions 25. Was case rafarred to medical axeminar? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending invastigati 3 Suicida 6 Could not	Hospital: 1 Anpatie 28a. Data of inju (Month, Da	Due to (or es Dua to (or as Dua to (or as ut not rasulting	a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a cons	g cause givan in 26. DOA Other: 4 28c. injury at Work? 1 □ Yas	Part i. Placa of Des	23b. Dld 1 □ 24a. Was performent of the (Check only of the Check o	Yes 2□ No an autopsy med? Yas 2□ No one) dance 6□Othe how injury occurr	ar (Specify)	THE CAUSE OF GENTLE STATE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF TH
riar mis carmicata nes been signed by the ettanoing prys ineral director, paga 2 should be detached for use as the	To Be Completed by Physician/Medical	25. Was case rafarred to medical axaminar? 1 Yes 2 No 27. Mannar of Deeth 1 Metural 5 Pending invastigati 3 Suicida 6 Could not	Hospital: 1 Anpatie 28a. Data of inju (Month, Da	Due to (or es Dua to (or as ut not resulting ant 2 ER/ iny y Year) 28t	a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a cons	g cause givan in 26. DOA Other: 4 28c. injury at Work? 1 □ Yas	Part i. Placa of Des	23b. Dld 1 □ 24a. Was perfo 1 □ with (Check only of the Check only only only only only only only only	Yes 2□ No an autopsy med? Yas 2□ No one) dance 6□Othe how injury occurr	ar (Specify)	THE CAUSE OF GENTLE STATE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF TH
riar mis carmicata nes been signed by the ettanoing prys ineral director, paga 2 should be detached for use as the	Certification: To Be Completed by Physician/Medical	Pert ii. Other aignificant conditions 25. Was case rafarred to medical axeminar? 1 Yes 20 No 27. Manner of Deeth 1 Neturai 5 Pending invastigati 3 Suicida 6 Could not determine 29a. Cartifiar 1 Cartifying P	d	Due to (or es Dua to (or as	a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a cons	g cause givan in 26. DOA Other: 4 28c. injury at Work? 1 □ Yas ory, office	Part i. Piaca of Dea Nursing H	23b. Dld 1	Yes 2 No an autopsy med? Yas 2 No one) dence 6 □Oth how injury occurr Street and Numb wn, Steta) causa(s) and ma	ar (Specify) are or Rural i	THE Cause of death with the cause of death with the cause of death with the cause of death with the cause of death? Yea 2 No Route Number,
riar mis carmicata nes been signed by the ettanoing prys ineral director, paga 2 should be detached for use as the	ledical Certification: To Be Completed by Physician/Medical	25. Was case rafarred to medical axeminar? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending invastigati all measures and title of certifier (Check only one) 29a. Cartifier (Check only one) 29b. Signetura and title of certifier	Hospital: 1 Impatie 28a. Data of inju (Month, Da 28e. Place of Inju be d 28e. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju buil	Due to (or es Dua to (or as a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a cons	g cause givan in 26. DOA Other: 4 28c. injury at Work? 1 □ Yas ory, office	Place of Dee Nursing H	23b. Dld 1	Yes 2 No an autopsy med? Yas 2 No one) dence 6 □Oth how injury occurr Street and Numb wn, Steta) causa(s) and ma	ar (Specify) ared annar as stale and dua to t	YEARS the cause of death ably 4 Unknown a eutopsy findings able prior to pletion of cause eath? Yea 2 No Route Number, ted. ha cause(s)	
od: Ariar rins cartificate nest been signed by the estanding physithe funerel director, page 2 should be deteched for use as the	ledical Certification: To Be Completed by Physician/Medical	25. Was case rafarred to medical axeminar? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending invastigati all measures and title of certifier (Check only one) 29a. Cartifier (Check only one) 29b. Signetura and title of certifier	Hospital: 1 Impatie 28a. Data of inju (Month, Da 28e. Place of Inju be d 28e. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju building, et 28d. Place of Inju buil	Due to (or es Dua to (or as a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a cons	26. DOA Other: 4 Work? 1 Yas ony, office	Part i. Piaca of Des Nursing H 2 No ata and piace n, death occu	23b. Dld 1 □ 24a. Was performent of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check only of the Check on	Yes 2 No an autopsy med? Yas 2 No one) dence 6 □Othe how injury occurr Street and Numb causa(s) and ma dete and place, i 29d. Data signed	ar (Specify) ar (Specify) ard ard ard ard ard ard ard ar	The cause of deeth obly 4 Umanor to pletion of cause seath? Yea 2 No Route Number, ted. ha cause(s)	
riar mis carmicata nes been signed by the ettanoing prys ineral director, paga 2 should be detached for use as the	Medical Certification: To Be Completed by Physician/Medical	Pert II. Other aignificant conditions 25. Was case rafarred to medical axaminar? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending invastigati and suicida 4 Homicida 6 Could not determine 29a. Cartifier (Check only one) 29b. Signetura and titla of certifier	Hospital: 28a. Data of inju (Month, Da on be defined) 28e. Place of inju indigen, etc. Physician: To the best of and mennar street.	Due to (or es Dua to (or as	a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a cons	26. DOA Other: 4 28c. injury at Work? 1 Yas ony, office ad et tha tima, de on, in my opinior	Part i. Placa of Dee Nursing H Nursing H Nursing H Nursing H	23b. Dld 1	Yes 2 No an autopsy med? Yas 2 No one) dence 6 □ Othe how injury occurr Street and Numb wn, Steta) causa(s) and ma dete and piace, i 29d. Data signed	ar (Specify) red annar as stale and dua to the discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous dindiscontinuous discontinuous discontinuous discontinuous disconti	the cause of death obly 4 Junknown a eutopsy findings lable prior to pletion of cause lath? Yea 2 No Route Number, ted. ha cause(s) ay, Year)
riar mis carmicata nes been signed by the ettanoing prys ineral director, paga 2 should be detached for use as the	Medical Certification: To Be Completed by Physician/Medical	25. Was case rafarred to medical axeminar? 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending invastigati all measures and title of certifier (Check only one) 29a. Cartifier (Check only one) 29b. Signetura and title of certifier	Hospital: 28a. Data of inju (Month, Da on be 28e. Place of inju building, et aminer: On the best on and menner street.	Due to (or es Dua to (or as	a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a cons	26. DOA Other: 4 28c. injury at Work? 1 Yas ony, office ad et tha tima, de on, in my opinior	Part i. Placa of Dee Nursing H Nursing H Nursing H Nursing H	23b. Dld 1	Yes 2 No an autopsy med? Yas 2 No one) dence 6 □ Othe how injury occurr Street and Numb wn, Steta) causa(s) and ma dete and piace, i 29d. Data signed	ar (Specify) red annar as stale and dua to the discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous discontinuous dindiscontinuous discontinuous discontinuous discontinuous disconti	TEARS the cause of deat ably 4 Junkno a eutopsy finding lable prior to pletion of cause lath? Yea 2 No Routa Number, ted. ha cause(s) ay, Year)



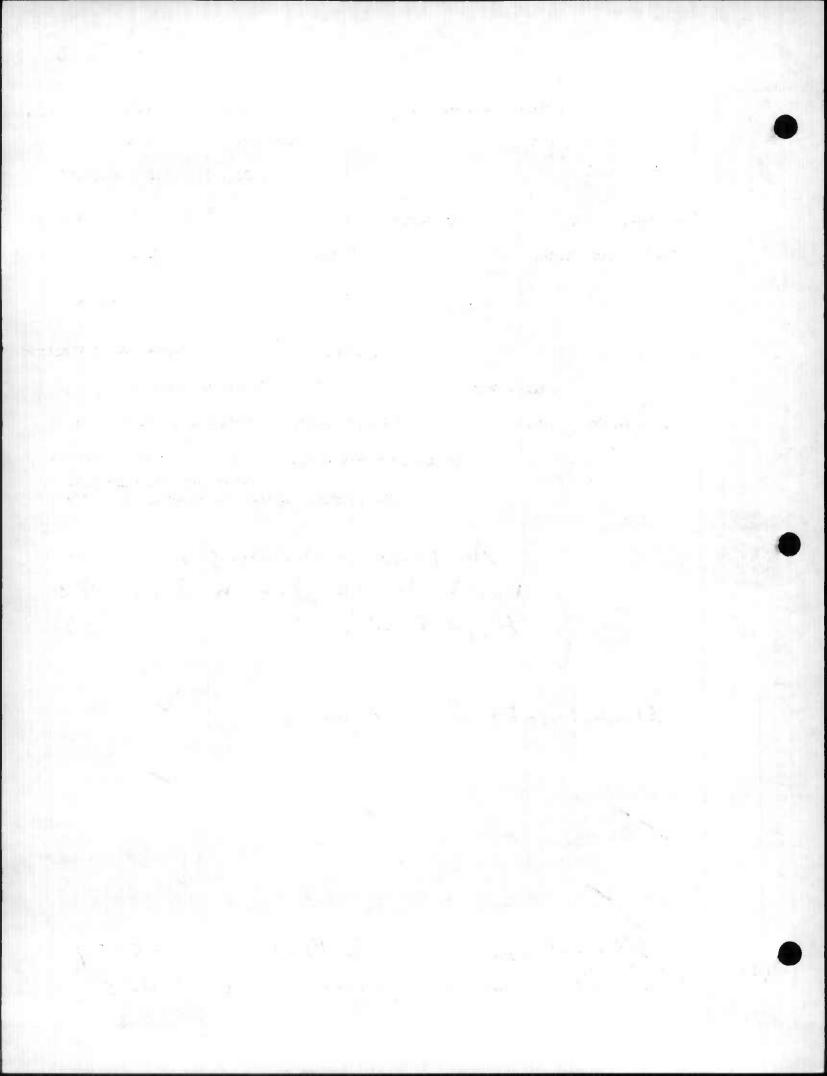
State of Maryland / Department of Health and Mental Hygiene

						C	ertifica	ate of	Death		Reg. No.	00	1443
Physici	an	1. Decedant's Nama (First, Mi								2. Data of De Month	Dey	Year	3. Tima of Death
/Media		1 11111		Co						JANY	1	1988	0115 Hr.
Examir	er	4a. Facility Name (If not institu			")				4b. City, Town, or L			y of Death	
	-	NORTH WEST 5. Sociel Sacurity Number	6. S		ge (In yrs.	Inné hiethe	lf I Inc	dar 1 Year	RANDALLS If Under 24 Hrs.			LTIMOR	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
Funeral Director		218 10 1616 Usuel Rasidance of Dacedant		□ M 202 F	86	Yrs	Month			8. Date of Bin (Month, Da 1/18/1	y Year)	9. Birthple Countr	MD.
land m		10a. Stata 10b. Coul	nty		10c. Ci	y, Town o	r Location					10	ld. Inelda City Limits
the Marylar 28a-f show	Director		TIM	ORE	1	RANDA	LLST0	MN					#□Yas 2□No
th with the 23a or 2 unit be n	al Dire	10e. Street and Number 5627 OLD CO	URT	RD.			10f.	Zip Coda 212	244		10g. Citizen of USA		u)?
after dea or itams	by Funeral	11. Marital Status 1∰ Naver Married 2		12. Was Deceden Armed Forcas 1 Yas 2 if Yas, Give Yeer or Detas	? I No	,S. 1		cedant of I pecify Cub	Hispanic Origin? (Spean, Maxican, Puarto Specify:	ecify Yes or No Rican, atc.)		ack, White, at fry: AFRO	
natural',	Completed	15. Daced (Specify only hig	ant's Ed	lucation da complated)		16a. De	ecedant's U	sual Occup	pation	ina	16b. Kind of E	3usiness/Indu	ustry
within ene.	nple	Elemantary/Secondary (0-12	1	Collega (1-40)	5+)	1			during most of work	uig			
filed w Hygier other th	S	12		0		D	RESS	& HAT	MAKER		SELF E	EMPLOY	ED
be filed withintal Hygiene. Ind other then event, the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of the Manager of t	Be	17. Fether's Neme (First, Midd							18. Mothar's Nam			ma)	
should be filed withind Mental Hygiene. In marked other than umatic event, the Mental Color.	2	GEORGE	C	OX		,			HAN	INAH C	OX		
2 8 9 8		19a. Informant's Name/Ralatio	_						t and Number or Rui				
1 end Health ern 27 ther to		REV KENNETH	BAR	NEY					E WAY ELL	IOTT CI	TY, MD.	21043	3
Peges nent of int: If It		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramatlo 4 ☐ Donation 5 ☐ Other				ematary,	sposition (for ametory of SMEM)	r othar pla	,	Data /14/98	20c. Location	- City or Tow	
permit. Peg Department Important: If any injury o		21. Signatura of Foraral Sarvi	a Lican	sae	10		22. Neme ES	end Addre	ROTHERS F	UNERAL	HOME P.	Α.	
_		23a. Part1. Entar tha disaasa, shock, or haart failura. L	or com	olications that cause	d tha daat	h. Do not	entar tha m	oda of dyi	ng, such as cardiac	or raspiratory a	rast,		Approximate
Physician		SHOCK, OF HEAR TENDER. L	ist offig t	oria cause on each	WHO.							} (Intarval Batwean Onsat and Death
/Medical		Immediata Causa (Final disaasa or condition		ENI	TZ	AGI	-	COP	0				
Examiner		rasulting in daath)		a	C-111		seguança d					1	
	ner				200 10 (0		00400.100	,,,				1	
be meduled clim red buriel-transit	Examiner	Sequentially list conditions		b. ———	Dua to (c	r as a con	sequence c	of):					
19		Sequantially list conditions, if any, laading to immadieta causa. Entar Undarlying Causa (Disaasa or Injury				107:31741.79		.,					
ysicili e bu	ca	that initiated evants	<	C	Due to (o	r as a con	sequence o	f):					
ding phy se as the	Medical	resulting in death) Lest	L	d	040.040		554461105	•,•					
attendir	clan	Post II Other stankings and	Alama			ht. L. H				1 001 014		İ	
es that the de igned by the s be deteched i	Physician/	Pert II. Other significant cond	uons co	onthouting to daath	out not ras	uiting in th	a undartyin	g causa gr	van in Part I.		Yes 2□No		the cause of death?
signe 1 be d	l by										_	1	
The law requires that the death certificate site has been signed by the attending physpage 2 should be deteched for use as the	Completed									24a. Was perto	an autopsy med?	com	ra autopsy findings llabla prior to apletion of causa aath?
The Helphone	OU									101	ras 2 PNo	10	Yas 2 No
	Be	25. Was casa rafarrad to medi	cal						26. Placa of Deat	h (Check only o	na)		
Physician: r this certific rrai director,	0	axaminar? 1 ☐ Yas 2 ☐ Ño		Hospitel: 1 Anpat	lent 2 🗆	ER/Outpa	tient 3	DOA Ott	hor	ma 5 Rasio		har (Specify)	
eath. or: After th		Testinpatient 2DENOutpatient 3D DOA						28d. Dascribe t			100		
after des Director	Certification:	3 Suicida 6 Could not be daterminad 28a. Placa of Injury - At homa, farm, straet, factory, office building, atc. (Spacify)						28f. Location (S City or Tow	Street and Num vn, Steta)	ber or Rural i	Routa Number,		
To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical C							ma, data and placa, opinion, daath occur	and dua to tha red at tha tima,	causa(s) and m data and placa	annar as sta , and dua to t	ited. tha causa(s)	
o the o the	Me	29b. Signatura and title of certi	liar	and mainial 3			2	29c. Licans	sa number		29d. Dete sign	ed (Month. D	ay, Year)
1		· 0.	W	m h	(D3	7333		TANVA	ny 9	1997
9		30. Nama and addrass of person	n who d	complated causa of	daath (itan	23a) (Ty			LSTUW.				
Sta Registr	-	31. Data filed (Month, Day, Yea	98	July Da	var's Signa	Pande	20						



State of Maryland / Department of Health and Mental Hygiene 8 004 46

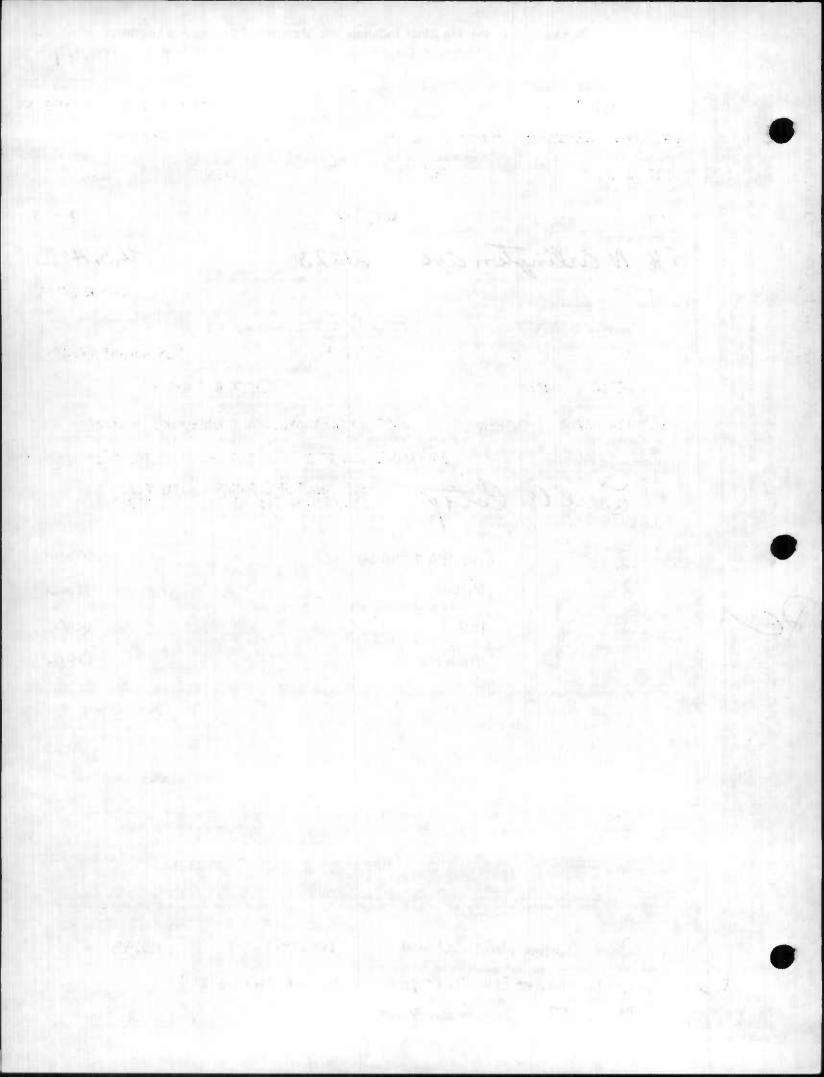
					Certificate	of .	Death			Reg. No.			
		1. Decedent's Name (First, Middle,	Last)						2. Date of De	eth		3. Time	of Death
Physic			Milton L.	Doda Sr					Month	v 9	Year 1998	1.43	74. 74.
/Med Exami		4a. Facility Neme (If not institution,					4b. City, To	wn, or Lo	Januar ocation of Deat	100	ty of Death		3 A.M.
LABITI	1161	Harbor Hosp	The Parish may be				11.5	Ltime			V/A		
- Francisco				ge (In yrs. lest birt	thdev) If Under 1	Year	If Under					nlaca (State	or Formian
Funeral Director		215 10 5946	1⊠M 2□ F			Days	Hours	Min.	8. Dete of Bir (Month, De Dec. 3	y, Year)	Cou	place (Stete	A
		Usual Residence of Decedent							Dec. J	1, 1910	1,10	rylan	u
/lanc		10e. State 10b. County		10c. City, Town	or Location							10d. Inside	City Limits
Man F sh	Ö	Maryland N/A	4	Balti	more							1 🔯 Ye	s 2 No
the the	Director	10e. Street and Number	•		10f. Zip (Code				10g. Citizen o	of What Cou	intry?	
with with	ā	1423 Church St	root			2122	26				S.		
and 21215-0020 be filed within 72 hours effer death with the Maryland tiel Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Modical Examination institute and	Funeral	11. Marital Status	12. Wes Deceden	t Ever in II S	13. Was Decede			ain2 (Sn	acify Vas or No		ece - Amer	ican Indian	
Her o	15	1 ☐ Never Merried 2 ☑ Marrie	Armed Forces	?	If Yes, specif	fy Cube	en, Mexicar	, Puerto	Rican, etc.)		iack, White		
02C	by	3 Widowed 4 Divorced	d 1 7 Yes 2 1 If Yes, Give Yeer or Dates	W.W. II	1 ☐ Yes 2	OMX	Specify:			Spe	oify: W	hite	
Por Por	8	15. Decedent's			Decedent's Usual	Occur	ation			16b. Kind of	Rusiness/la	ndustry	
7 2 2	Completed	(Specify only highest	grade completed)		(Give kind of work life. DO NOT use	done i	during mos	t of work	ing	TOD. TUNG OF	D0311103311	idustry	
d 21215-0020 filed within 72 hours eff Hygiene. ther than "natural", or ont, the Model	mo	Elementary/Secondery (0-12) 9th	College (1-4or	5+)	Truck Dr					Balto	. Gas	& E1	ectric
Hygie d	O	17. Father's Name (First, Middle, L.	ast)					r's Nam	e (First, Middle	. Maiden Sum	eme)		
ylan ylan Mentel wrked o	o Be		Julius Doo	ia.					cella S				
Maryland d 2 should be file th and Mentel Hy 7 is marked othe traumatic event	2	19a. Informent's Name/Relationshi			Mailing Address ((Street	and Numbe					in Codol	-
M2 d 2 s d d 2 s d d d 2 s d d d d d d d		Sally M. Doda			423 Churc				Baltim				26
1 end 1 end Health em 27		20a. Method of Disposition	/ WILE	20b. Place of	Disposition (Name	e of			Date	20c. Locatio	_		.20
altimore, mit. Pages 1 er partment of Hea portant: If item y Injury or othe		1 Buriai 2 Cremetion		cemeter	y, cremetory or oth	ner pled	/	1					and
tine tant		4 Donation 5 Other (Spe		Hillto	op Servic			1	1/10/98	100	son,	Maryl	and
Baltimore, Maryla permit. Pages 1 end 2 should Department of Health and Men Important: If Nem 27 Is marke any Injury or other traumatic obtics.		21. Signature of Funeral Service Li	oenseo	1	22. Name and	Addre	ss of Fecilit	У	Gonce :	Funeral	. Home	P.A.	
- 00 = 6 O		LonnaM	Gramin	suski	4001 Ri	tch	nie Hi	.ghwa	ay Bal	timore,	Md.	21225	
		23a. Part1. Enter the disease of a shock, or heert failure. Julius	riplications that cause	ed the death. Do n	not enter the mode	of dyin	ng, such es	cardiac	or respiratory a	rrest,		Approxim intervai B	ate
Physician	П											Onset and	
/Medical	н	Immediate Cause (Final disease or condition	1	AryTI.	nich	-	1/00	To	inst	100			
Examiner		resulting in deeth)	a		consequence of):				(60 01 6	, v ·	1		
70 5	Examiner		Ric	wt	2 5	10	B	V-4	roh	RIA	1.	9)
ox 68760, certificate be executed iding physician and itse es the burillatransit	ami	Sequentially list conditions.	b	Due to (or es a c	consequence of):		- 12		-0 11	12'0	GN		-
0 0 0		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury	4	00 0- To	20000						1	5x /	
68760, flicete be exe physicians as the bund	edicai	that initiated events	c	ue to (or as a c	onsequence of):	1						0	
oartificete certificete rding phy	led	resulting in death) Last		V							i		
	IIV.		d								i		
Hecords, P.O. Bo The law requires that the death of the has been signed by the atten page 2 should be detached for u	Physician	Part II. Other significant condition	e contributing to death	but not reculting in	the underlying on	ueo ah	on in Part I		23h Did	tobacco use	nontribute (to the sauce	of dooth 2
at the diby the etache	hys	4 1			•	/	on arranti	•		Yes 2 N			Unknown
S, F	by P	Alcohol	indu	end	CIVL	4	1.5		1	105 2 1 N	3 J PIC	Duality 4	_ Onknown
Records, e law requires these been signer ge 2 should be									24a Was	en eutopsy	24b. W	Vere autops	v findings
cord v require been si	Completed									ormed?	a	vailable prio ompletion of deeth?	rto
He iaw	m D										Of	f deeth?	
cate									1 🗆	Yes 2 No	1	☐ Yes 2	□ No
Of VITal He Physician: The interpretation of the contribute he mail director, page	Be	25. Was case referred to medical examiner?	Hospitai:			044		of Deet	h (Check only	one)			
	2	1 Yes 2 No	1 LI Inpat				4LI NU		me 5 Resi			lfy)	
On Of ding Phys h. After this funeral d	CO	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Inj (Month, D	ey Year) 28b. T		c. Injur Wor			28d. Describe	how injury occ	urred		
VISION Attending or death. actor: After by the fune	cati	2 Accident Investiga 3 Suicide 6 Could no			М	1 🔲	Yes 2 🗆	No					
DIVISION OF VITAL or Attending Physicien: T effer death. Director: After this certificat I in by the funeral director, p	Certification	4 Homicide determin	ed 289. Place of in	njury - At home, far vtc. <i>(Specify)</i>	rm, street, fectory,	office			28f. Location (City or To		mber or Rui	rai Route Nu	mber,
DIVISION O To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral													
tosp 4 hou uner	edical	29a. Certifier 1 Certifying	Phyaician: To the best caminer: On the basis of	of my knowledge,	death occurred at	the tin	ne, date an	d piaca,	and due to the	ceuse(s) and	manner as	stated.	(a)
he F in 24 he F		one)	and manner s	tated.		it my o	pinion, dee	ui occuii	eo at the time,	date and plac	e, end gue	to the cause	(3)
To To the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common	×	29b. Signature and title of cartifier			29c.	Licens	e number			29d. Dete sig	ned (Month	, Day, Year)	
		XALW	Dun		2	13	11) 4	4		1-	9-	90	
611		30. Name and address of person w	no completed cause of	death (Item 23a) (Type, Print)		/	,		210	1	9	
6		LIA . A LA	nitation	Ava	Rai	tin	nemp	.)	nl	21.	20		
Sta	ate	31. Dete filed (Month, Day, Year)	32. Regis	Tan Signatures	. YO 1.10		4	, ,	43	7.0		2	
Regist	_	JAN 13	1998	TAMES ADMINISTRA	Hardwill or tree								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

			Ce	runcate of	Dealli		Reg. No.	
Physician /Medical	, lobite i	Last) / DUNCAN			30/	2. Data of De Month JANUAF	Day	Yeer 98 12:06
Examiner	4a Facility Nama (If not institution,				4b. City, Town, or	Location of Deat	4c. County	of Deeth
	GREATER BALTI	MORE MEDIC.	AL CENT		TOWSON			IMORE
Funeral Director	5. Social Security Number 218 86 3682	5. Sax 7. Aga (I	In yrs. last birthday 28 Yrs.	Months Days	If Undar 24 Hrs Hours Min		th ly, Year)	Birthplace (State or For Country) N.J.
P.	Usuai Rasidanca of Dacedent		0- Oh. To					404 toolds Oth Li
arylar show	10a. Stata 10b. County		Oc. City, Town or I					10d. Inside City Li
8a-f	MD, N//	1	BA	LTIMORE				"
or 2	10e. Street end Number	25		10f. Zip Coda			10g. Citizen of V	7 / Country?
ath v	536 N. arl	inglon o	ive	2/20	3	2 14 - M NI-	14 800	45,4
n 72 hours after death with the Maryland "natural", or Itama 23a or 28a-f show pical Examiner must be notified at		Was Decedant Eve Armed Forcas? d □ Yas 2 □ No if Yas, Give	ar in U,S.	Was Dacedant of H If Yas, specify Cub	an, Maxican, Puar	to Rican, etc.)	Blac	e - American Indian, ok, Whita, atc. AFRO AMERICAI
ral', o	3 ∰ Widowed 4 □ Divorced	Yaar or Datas:			Opposity.		эрвспу	•
ed within 72 ho ygiena. ier than "naturi ft, tr - M gical Completed	15. Decedent's (Specify only highast	Education grada completed)	16a. Dec	edant's Usuel Occup a kind of work dona DO NOT use retire	pation during most of wo	orking	16b. Kind of Bu	usinass/Industry
r than r	Elemantery/Secondary (0-12)	Collega (1-4or 5+)	lifa.		d)		DEGEAL	DAME DEDOE
Hygier the Co.	12	0		CASHIER	40.44.0.4.01	/F"		RANT DEPOT
0 = 0 5	17. Fether's Neme (First, Middla, L.					me (First, Middle		ia)
marked o	•	JNCAN			1	RETTA	ERVIN	
2 2 2 2	19a. Informant's Name/Raiationshi			ling Addrass (Street				
C T N L	LORETTA ERVIN	MOTHER	34		Y AVE. B			21223
	20a. Mathod of Disposition 1 Burial 2 Cremetion	B □ Removel from Stata		ematory or other pla		Data		City or Town, Stata
ant: H	4 ☐ Donation 5 ☐ Other (Spe		RALITMO	RE CEMETE	RY	1/8/98	BALTO	. MD.
Department of Important: If eny injury or page.	21. Signature of Funeral Service Li	censee		22. Name end Addre		ELIMEDAL	HOME D	Λ.
20158	Tecel	U Val	11	1300 F	ROTHERS UTAW PL.	RALTO	MD. 212	
	23a. Part1. Entar the disaese, or conshock, or haart failura. List o	omplications that causad th	a duth. Do not a	ntar tha mode of dyi	ng, such as cardie	c or raspiratory a	rrest,	Approximate Interval Batween
hysician	Shock, of heart failure. List o	my ona causa on aacii iina.	1					Onset end Deat
/Medical	Immediata Causa (Final disaasa or condition	Ven	Went for	dist				30 min
xaminer	resulting in death)	a. 1410	Heat fu	adhabce ot).				30 (0.10)
9		Acido		4444100 017.				30 min
achanat Examine	Sequentially list conditions	D	a to (or as a cons	aquance of):				70 00 101
		thy						Was
physics s the bu	Causa (Disaasa or Injury that initiated evants resulting in daath) Lest	U	a to (or as a cons	equance of):				CICA73
		Dia	wha					Days.
andre a		d. 15 to	11 10-01					150-45
the atte	Part ii. Other eignificant condition	e contributing to death but r	not rasuiting in tha	undarlying ceuse gi	ven in Part I.	23b. Did	tobacco use co	ntribute to the cause of de
to the						10	Y00 2 2 No	3 Probably 4 Unk
20 a 50 50 50 50 50 50 50 50 50 50 50 50 50								
sate has been signed page 2 should be d							en eutopsy	24b. Wara autopsy findir available prior to
s been show						pon	OHING!	completion of cause of death?
te has sage 2 a						10	Yas 2XNo	1 ☐ Yas 2 ☐ No
or, pay	25. Was cesa rafarred to madical				26 Plans of Do	eth (Check only	•	100 100 100
5 % 2 m	exeminar?	Hospitai:	0 □ ED/Otool	Ot DOA Ot	hor	Homa 5 □ Ras		ns (Casaiba)
milding of 17		1 Unpatient 28a. Data of injury	2 ER/Outpati	ent 3L DOA	4 Li Nursing		how Injury occur	
After Autor	1 Natural 5 Pending	(Month, Day Y						
dest dest y the	2 Accident Invastigation 3 Suicida 6 Could no	ot be 200 Place of injury	- At home farm]Yas 2□No	28f. Location	Street and Numb	per or Rural Routa Number,
Direct Direct I in by	4 Homicide detarmin	building, etc. ((Spacify)				wn, Stata)	
		Physician: To the best of r	ny knowledne de	ath occurred at the ti	ime date end pled	e and due to the	cause(s) and me	ennar as stated
E 2 2 2 2	(Check only 2 Medical E	xaminer: On the basis of an	caminetion and/or	invastigetion, in my	opinion, deeth occ	urred et the tima	dete end plece,	and due to tha ceuse(s)
To the comple		and morning states		29c. Lican	se number		29d. Date signe	d (Month, Day, Year)
0 48-		opia werkent	RA WAS	12	1051955		1131	98
					703(133		.[7]	10
0	30. Nama and addrass of person w					0 2120	d	
U	Dr. Date Blad Alenth Day Mand	0142 St. 31) Journ	mal M	711	7	
State		3. Begistrar's	Signeture	00				
Registrar	AMIA T 9 192	da som	moon-Nation	100				

DHMH 16 Rev 6/95

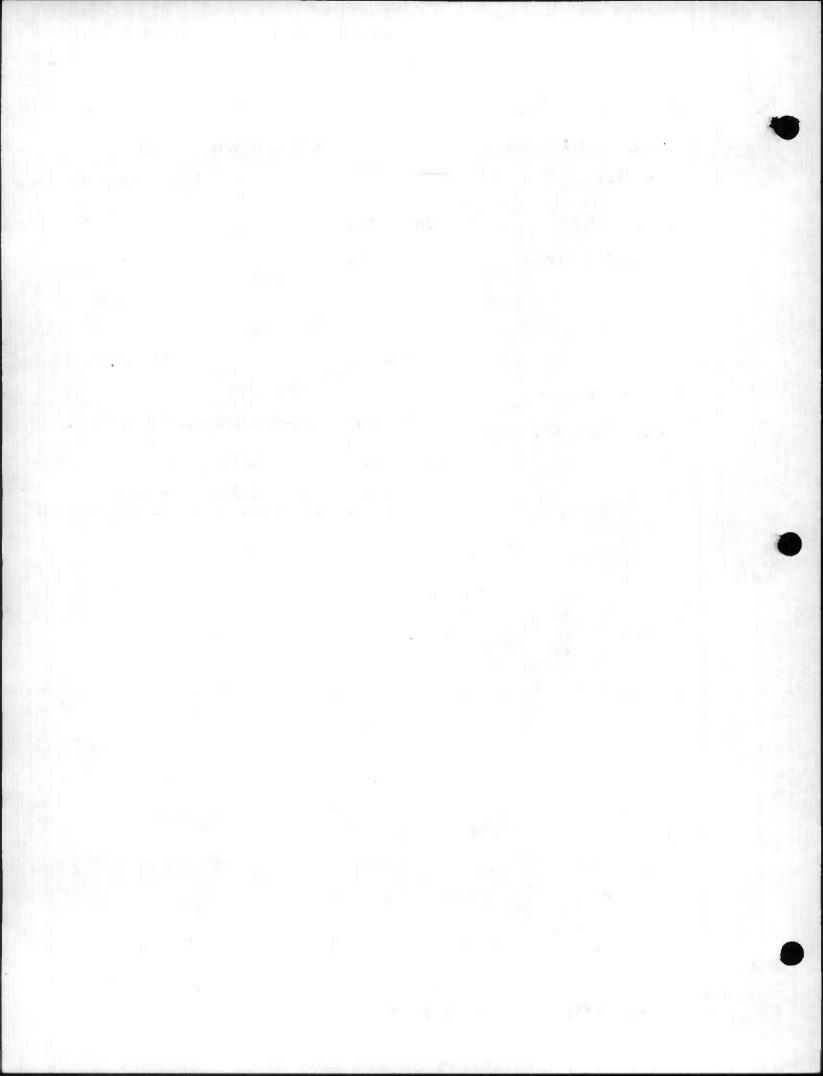


State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month DOPKIN Jany 7 1998 ANSELA 11:10 PA /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner UNION MEMORIAL HOSPITAL BALTIMORE N/A If Under 1 Year Montha Days 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 M M 213-28-2075 68 Yrs. Director AUG. 21, 1929 MD Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show Director PIKESVILLE 1 Yes 2000 BALTIMORE MD 288-11 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Items 23a Examiner must 4001 OLD COURT ROAD #216 21208 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2X Married 21215-0020 ò WHITE 1 ☐ Yes 2 X No Specify: by 3 ☐ Widowed 4 ☐ Divorced 'natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry should be marked other than "r Elementery/Secondary (0-12) College (1-4or 5+) PROPRIETOR CATERING Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Pages 1 end 2 should be 1 nent of Heelth and Mental MORGANSTEIN SALGANIK ANNA traumatic **ISIDOR** 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Heelth a : If Item 27 is 4001 OLD CT. RD. #216 PIKESVILLE, MD 21208 MICHAEL DOPKIN / HUSBAND 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 17 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) permit. Page Department of Important: If any injury or once. OHEB SHALOM MEMORIAL PK 1/11/98 REISTERSTOWN, MD 21. Signature of Fund ral Sarvica I 22. Name end Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 cations that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) **Examiner** tabolic Exami Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Physician/Medical Due to (or as e consequence of): use ate has been signed by the etter pege 2 should be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown Records, þ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to Completed completion of ceuse of death? 1 ☐ Yes ONNo 1 ☐ Yes 2 ☐ No certificate of Vital or Attending Physician: Be 25. Was cese referred to medicel 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 moatient 2 ER/Outpetient 3 DOA 1 Yes No Certification: 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After Division P Netural 5 Pending Investigation efter death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) in by 4 - Homlcide 24 hours e Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and matter as stated.

2 Medicel Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) and menner stated. cal 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) Medic 29b. Signature and title 29c. License number 29d. Dete signed (Month, Dey, Year) 14.0 who completed cause of death (Item 23a) (Type, Print) m.b. Union menos: - 1 Howard B+ Itmore hu2121218 32. Regularare Signatures Anna St. 31. Date filed (Month, Day, Yeer) State JAN 1 3 1998 Registrar

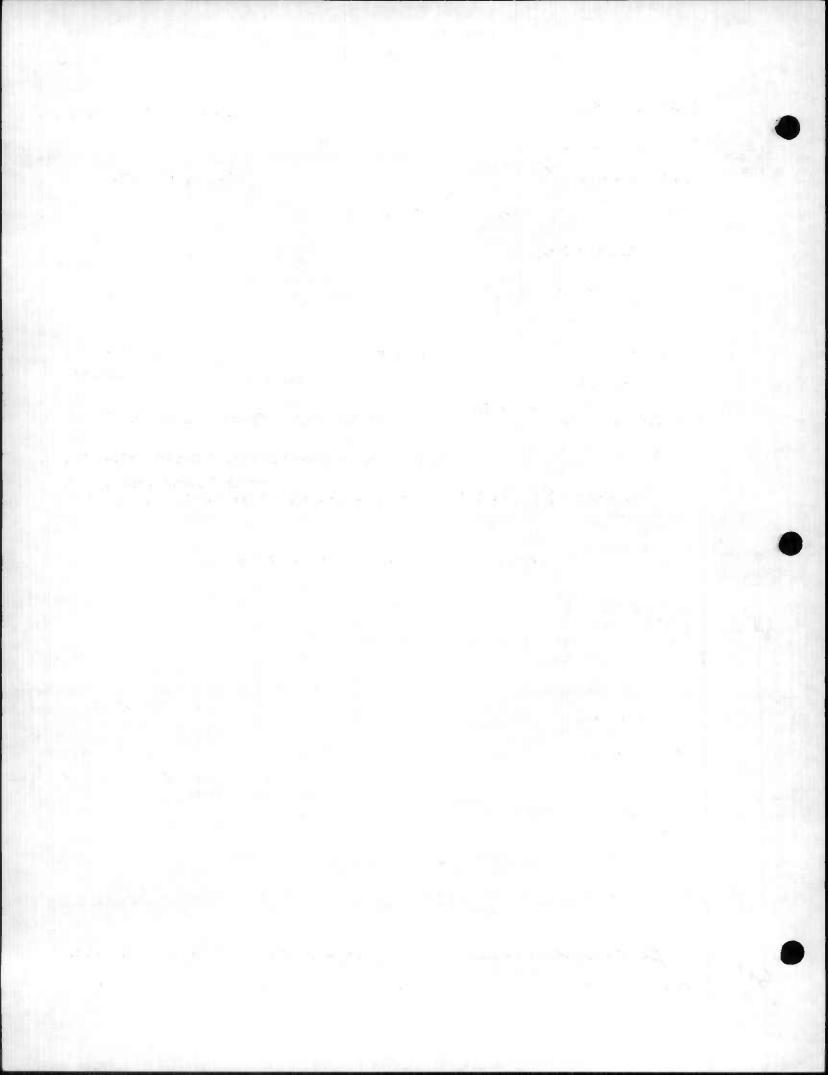
Bushed good gares the of there contain the stands plante par la california de la california de la california de la california de la california de la california

em: 7 Per	FH	Film G-755 1-13-98RC		iaryiari		tificate of		T	Reg. No.) ()	0445
Physici /Medic Examin	al	1. Decadant's Nama (First, Middla, Li Dwayne W, 4e. Fecility Neme (If not institution, gi	Daven				4b. City, Town, or	2. Dete of De Month Januar Location of Deati	y 7 1	Yaar of Death	3. Time of Deeth 12:05 PM
Funeral Director		Liberty Medical 5. Social Sacurity Number 6. 219-96-0125	Center	ga (In yrs.	last birthday) 33—Yrs.	If Undar 1 Year Months Days	If Under 24 Hr		th ly, Yaer)	A	laca (Stata or Foraign try) inia
a or 28a-f show		Usual Rasidance of Dacedant 10a. Stata 10b. County		10c. City	y, Town or Loc	ation					Od. Insida City Limits
288	Director	Maryland N/A 10e. Street and Number		Ва	ltimore	City 10f. Zip Code			10g. Citizan of \	What Count	17 Yas 2 No try?
23a or		2452 McCulloh St	reet			21217				5.A.	
al', or items Examiner m	by Funeral	11. Maritei Status 1 XNavar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Yas 2 If Yas, Give Yaar or Datas:	?		/as Decedent of I Yas, specify Cub ☐ Yes 2 No		Specify Yas or No rto Rican, etc.)	Bia	e - America ck, Whita, a	atc.
Medical	Completed	15. Dacadant's E (Specify only highest gr Elemantery/Secondery (0-12)	ducetion ada complated) College (1-4or	5+)	16a. Daceda (Giva k life. D	ant's Usual Occup ind of work done O NOT usa ratire	pation during most of world)	orking	16b. Kind of B	usinass/Ind	ustry
event, the M	Be	12th 17. Father's Name (First, Middla, Last			Stoc	k Clerk	18. Mothar's Na	ame (First, Middla		Marke	et
atic	70	Wakeland Davenpo 19a. Informant's Name/Ralationship			19h Mailine	Addrage (Stran	Laura	Paul Rural Routa Numb	er City or Town	State 7in	Code
item 27 ia other trau		Wakeland Davenpo	rt/Father	0	2452 M		Street,	Baltimo	-	land	21217
ant: If ury or		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		3	stern S			1/12/98	Catons	sville	e, Maryland
important: any injury once.		Signatura of Funerel Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50 Sarvice 50)//	Ese	W. 4	Nama and Addra	Brown	C Xmmunit	y Funera	al Hon	ne
a ettending physician and Medical was es the burial-transit of for usa es the burial-transit of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of	cian/Medical Examiner	Immediata Causa (Final diseasa or condition resulting in deeth) Sequantially list conditions, if any, laading to Immediata causa. Entar Undarlying Causa (Diseasa or Injury thet initiatad avants rasulting in daath) Last	a. Seps b. Phen c.	Dua to (or	r es a consequ r as a consequ as a consequ	gence of):	J				
igned by tha e	by Physician/M	Part II. Other significant conditions of	contributing to death I	out not rasu	ulting In tha un	darlying ceusa gi	van in Part I.				the cause of seath?
s been s 2 should	Completed b							24a. Was parid	an autopsy ormad?	ava	ora autopsy findings allable prior to appletion of cause deeth?
pa	Be Co	25. Was cesa refarred to medical			·		26 Place of De	1 ☐ 1	37.1	1 🗆	Yas 2 No
0 D	To B	axaminar? 1 ☐ Yes 2 ☐ No	Hospital:	ant 2	ER/Outpatlent	3□ DOA Oti	har	Homa 5□ Rasi		ar (Specify)
= 10	Certification:	27. Manner of Death 1 Naturel 5 Panding 2 Accident investigatio 3 Sulcida 6 Could not be		ay Year)	28b. Time of Injury	28c. Inju Wo M 1	ry et rk?] Yas 2 □ No		how Injury occur		
To the Funers site oadin. To the Funeral Director: Aftar complately filled in by the funar		4 Homicide datermined	building, a	tc. (Specify	′)	et, factory, office	4	City or To			
Eune Fundately	edicai	29a. Certifier 1 Cartifying Pt (Check only one) 1 Madical Exs	nysicien: To the best miner: On the basis of and mannar s	of axaminat	wiedge, daath ion and/or inva	occurred at tha the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy of the strategy o	ma, data and place opinion, daath occ	e, and dua to tha curred at tha tima,	dala and place,	annar as sta and dua to	tha ceusa(s)
Toth	Me	29b. Signatura and titla of certifiar Peogle 7.	W) ich	III	n.D.	29c. Licans	se number		29d. Date signe	d (Month, E	Jey, Year) 1998
3		30. Nama and address of person who	completed causa of	death (Itam	23a) (Type, P	2600	O Libe	uty H	eights	Ave	1998
Star Registra		31. Dete filad (Month, Day, Year)		rar's Signal	Pandell	•			. 4		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Name (First, Middle,	Last)					2. Date of De Month	ath Day	Year	3. Time of Deat	
ysicia fedica	_	TIGHT FILSEV OK.						January 8, 1998 2:45p.m.				
Examin		4e. Facility Neme (If not institution, give street and number) 4b. City, Town,					4b. City, Town, o	Location of Death 4c. County of Deeth				
				re			Balton	un-s	Balti	more		
erai		5. Social Security Number 6	S. Sex 7. Age	(In yrs. last b	Mont	der 1 Year	If Under 24 Hr Hours Mir	S. 8. Date of Bir	th ly, Year)	9. Birthpi Coun	lace (State or Fore	
than "natural", or items 23s or 28s-f show the Wedical Examiner must be notified at	1	Usuel Residence of Decedent	92 W 221	77	Yrs.			July 2	3, 1920			
	tor	10a. Stete 10b. County		10c. City, Tov	wn or Location					10	0d. inside City Lim	
		Md. Baltimore Owings Mills					1 ☐ Yes 2					
	rec	10e. Street and Number 10f. Zip Code						10g. Citizen of What Country?				
	a D	37 Wellspring Circle 21117							USA			
	Iner	11. Maritel Stetus		f Yes 2 □ No if Yes, Give 1 □ Yes 2 □ Year or Dates:		cedent of h	nt of Hispanic Origin? (Specify Yes or ly Cuban, Mexican, Puerto Rican, etc.)		No- 14. Race - American Indien, Black, White, etc.			
		1 Never Merried 2 Married				1 Yes 2 No Specify:					Black	
	d by	3 Widowed 4 Divorced	Year or Dates:									
Boller :	lete	15. Decedent's (Specify only highest	Education grade completed)	de completed) (Give		edent's Usual Occupation re kind of work done during most of working . DO NOT use retired)			16b. Kind of Business/Industry		dustry	
5	Be Completed	Elementery/Secondery (0-12) 12th Grade	College (1-4or 5+		Tailor				Self-E	f-Employed		
		17. Father's Name (First, Middle, La										
0	ToB	Earl E. Elsey										
ortant: If Item 27 is m injury or other traum a.	-	19e. Informant's Name/Relationship (Type, Print) wife 19b. Mailing Address (Street end Number or R				ural Route Number, City or Town, State, Zip Code)						
						pring	Circle	Owings M	ills, M	d. 21	117	
		20a. Method of Disposition						Date	20c. Location	- City or To	wn, State	
		LERBURIAL 2 L. IUramation 3 L. Removel from State				n Forest Veterans Jan.			14 Owings Mills, Md.			
		25 Cinnature of Function Linears								Tnc		
any onc		Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216										
		23a. Part1. Enter the disease, or co	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate									
ian cai ner	70	Immediate Cause (Final disease or condition resulting in death)	a. Chrene	. O 1×		<u> </u>		ac or respiretory a	rrest,		Interval Between	
ner-transit	Examiner	disease or condition resulting in death)	a. Chren. c	ue to (or es e	itrue to	of):			rrest,		Interval Between	
ner-transit		disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	a. Chren.c. D	ue to (or es e	rinuc. f-	of):			rrest,		Interval Between	
ner transit	edicai	disease or condition resulting in death)	a. Chren.c. D	ue to (or es e	consequence consequence	of):			rrest,		Interval Between	
cal ner rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onusi rususur se no onus	edicai	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	a. Chren.c. D	ue to (or es e	consequence consequence	of):			rrest,		Interval Between	
ner	edicai	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	a. Chren. c. D. D. d	ue to (or as a	consequence consequence	of):	Lun, 1	is ear e		ontribute to	Interval Between Onset and Death	
cai ne on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me on se as me	Physician/Medicai	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf Part II. Other significant conditions	a. Chren. c. D. D. d	ue to (or as a	consequence consequence	of):	Lun, 1	23b. Did			Interval Between Onset and Death	
cal need as the purishment of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of	by Physician/Medicai	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf	a. Chren. c. D. D. d	ue to (or as a	consequence consequence	of):	Lun, 1	23b. Did	tobacco usa co Yes 2□ No	3 Prot	o the cause of de	
ce detached for use as the bunal-transit	by Physician/Medicai	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf Part II. Other significant conditions	a. Chren. c. D. D. d	ue to (or as a	consequence consequence	of):	Lun, 1	23b. Did 1	tobacco usa co	3 Prob	e the cause of december of the cause of december 4 Unknown initiable prior to mpletion of cause	
cai	by Physician/Medicai	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf	a. Chren. c. D. D. d	ue to (or as a	consequence consequence	of):	Lun, 1	23b. Did 1 1 24a. Was perfo	tobacco usa co Yes 2 No an autopsy med?	24b. We ave cor	o the cause of de cause of de cause of de cause of de cause of de cause of de cause of de cause of de cause of de cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause of cause	
ai er	Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf Part II. Other significant conditions The Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Condi	a. Chren. c. D. D. d	ue to (or as a	consequence consequence	of):	ven in Part I.	23b. Did 1	tobacco usa co Yes 2□ No an autopsy rmed?	24b. We ave cor	o the cause of december of the cause of december 4 Unknown under the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of december of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	
cal ner	o Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf Part II. Other algnificant conditions Part II. Other algnificant conditions Description of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condi	a. Chren. C. D. D. C. D. d	ue to (or as a ue to (or es e not resulting	consequence consequence of	of): of):	ven in Part I.	23b. Did 1 □ 24a. Was perfo	tobacco usa co Yes 2 No an autopsy med?	24b. We ave cor of a	o the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of department of the cause of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of d	
ai er	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificant conditions 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	a. Chrence D b. D c. D d. Hospital: 1 inpatient 28a. Date of injury	ue to (or as a ue to (or as a ue to (or es e not resulting	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	of): of): of): DOA Otl	ven in Part I. 26. Piece of Diher: 4 Nursing	23b. Did 1 □ 24a. Was perfo	tobacco usa co Yes 2 No an autopsy med?	24b. We ave con of a	o the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of the cause of department of department of the cause of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of department of d	
ai er	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf Part II. Other significant conditions Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 20 No	a. Chrence D b. D c. D d. B contributing to death but Hospital: 1 Inpatient 28a. Date of injury (Month, Day)	ue to (or as a ue to (or as a ue to (or es e not resulting	consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence consequence conseq	DOA Office 286. Inju Wo	ven in Part I. 26. Piece of Diher: 4 Nursing	23b. Did 1 □ 24a. Was perfo	tobacco usa co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth	24b. We ave con of a	e the cause of dea bably 4 Unkn ere autopsy finding milable prior to moletion of cause death?	
ai er	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf Part II. Other significant conditions Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 14. Naturai 5 Pending investigat 2 Accident investigat 3 Suicide 6 Could not	a. Chrence D b. D c. D d. B contributing to death but Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) tion the 28e. Place of injury	ue to (or es e ue to (or es e ue to (or es e not resulting 2 □ ER/O Year) 28b.	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	DOA OII 28c. Inju Wo 1	ven in Part I. 26. Piece of Diher: 4 Nursing ry at	23b. Did 1 24a. Was perfor 1 eath (Check only of Home 5 Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residual Residu	tobacco usa co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth how injury occur	24b. We ave con of a	e the cause of dea bably 4 Unkn ere autopsy finding milable prior to moletion of cause death?	
eal	To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lasf Part II. Other significant conditions Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 16 Naturai 5 Pending investigat 2 Accident 3 Suicide 6 Could no	a. Chrence D b. D c. D d. B contributing to death but Hospital: 1 Inpatient 28a. Date of Injury (Month, Day)	ue to (or es e ue to (or es e ue to (or es e not resulting 2 □ ER/O Year) 28b.	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	DOA OII 28c. Inju Wo 1	ven in Part I. 26. Piece of Diher: 4 Nursing ry at	23b. Did 1 24a. Was perfo 1 Home 5 Resi 28d. Describe	tobacco usa co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Oth how injury occur	24b. We ave con of a	othe cause of deapably 4 Unknown death? The cause of deapably 4 Unknown deapably 4 No	
	Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lasf Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes No 27. Manner of Death 1 Naturai S Pending investigat 2 Accident S Cartifying 3 Suicide G Could not determine 29a. Certifier Cartifying	a. Chron. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D. D. C. D.	ue to (or es e ue to (or es e ue to (or es e ue to (or es e not resulting 2 □ ER/O Year) 28b. y - At home, 1 (Specify)	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	DOA Officered at the tit	ven in Part I. 26. Piece of D her: 4 Nursing ry at rk? I Yes 2 \sum No	23b. Did 1 24a. Was perfo 1 24a. Was perfo 24b. Describe i 28d. Describe i 28f. Location (City or Tot	tobacco usa co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Ott how Injury occur Street and Number, Stete) cause(s) and m.	24b. We ave cor of a superior of a superior of a superior or Rura	o the cause of dealer bably 4 Unknown under autopsy finding silable prior to mpletion of cause death? Yes 2 No	
In by the funeral director, page 2 should be detached for use as the bunar-transit.	edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lasf Part II. Other significant conditions Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 18. Naturai 5 Pending investigat 2 Accident 3 Suicide 6 Could not determined 29a. Certifler (Check only one) 20 Medicat Examiner 20 Medicat Examiner	a. Chrence D b. D c. D d. I Hospital: 1 inpatient 28a. Date of injury (Month, Day) thon the ed 28e. Place of injury building, etc.	ue to (or es e ue to (or es e ue to (or es e ue to (or es e not resulting 2 □ ER/O Year) 28b. y - At home, 1 (Specify) my knowledg xaminetion ei	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	DOA Other states of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	ven in Part I. 26. Piece of Diher: 42 Nursing ry at rk? 1 Yes 2 \(\text{No} \) me, date and place opinion, death occ	23b. Did 1 24a. Was perfo 24a. Was perfo 28d. Describe i 28d. Describe i 28f. Location (City or Tou	tobacco usa co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Ott how Injury occur Street and Number, Stete) cause(s) and m. date and placa,	24b. We ave con of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of	o the cause of deal obstitution of the cause of deal obstitution of cause death? Yes 2 No No. 1/Route Number, the cause(s)	
pletery filled in by the further arrector, page 2 should be detached for use as the burnar-transit D D D D D D D D D D D D D D D D D D D	Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lasf Part II. Other significant conditions Part II. Other significant conditions 25. Was case referred to medical examiner? Yes No	a	ue to (or es e ue to (or es e ue to (or es e ue to (or es e not resulting 2 □ ER/O Year) 28b. y - At home, 1 (Specify) my knowledg xaminetion ei	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	DOA Officered at the tit	ven in Part I. 26. Piece of Diher: 42 Nursing ry at rk? 1 Yes 2 \(\text{No} \) me, date and place opinion, death occ	23b. Did 1 24a. Was perfo 24a. Was perfo 28d. Describe i 28d. Describe i 28f. Location (City or Tou	tobacco usa co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Ott how Injury occur Street and Number, Stete) cause(s) and m.	24b. We ave con of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of	othe cause of deapably 4 Unknown to the cause of deapably 4 Unknown to the cause of deapably 4 No No No No No No No No No No No No No	
In by the funeral director, page 2 should be detached for use as the bunar-transit.	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions Part II. Other significant conditions 25. Was case referred to medical examiner? Yes No	a. Chrence D b. D c. D d. B contributing to death but Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) tion t be ed 28e. Place of Injury building, etc. Physician: To the best of taminer: On the basis of e and manner state	ue to (or es e ue to (or es e ue to (or es e not resulting 2 □ ER/O Year) 28b. y - At home, f (Specify) my knowledg xaminetion en d.	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	DOA Office DOA Injury DOA office Control of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the fil	ven in Part I. 26. Piece of Diher: 42 Nursing ry at rk? 1 Yes 2 \(\text{No} \) me, date and place opinion, death occ	23b. Did 1 24a. Was performed at the time,	tobacco usa co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Ott how Injury occur Street and Number, Stete) cause(s) and m. date and placa,	24b. We ave con of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of	o the cause of deal obstitution of the cause of deal obstitution of cause death? Yes 2 No No. 1/Route Number, the cause(s)	
In by the funeral director, page 2 should be detached for use as the bunar-transit.	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lasf Part II. Other significant conditions Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 18. Naturai 5 Pending investigat 2 Accident 3 Suicide 6 Could not determined 29a. Certifler (Check only one) 20 Medicat Examiner 20 Medicat Examiner	a. Chrence D b. D c. D d. B contributing to death but Hospital: 1 Inpatient 28a. Date of Injury (Month, Day) tion t be ed 28e. Place of Injury building, etc. Physician: To the best of taminer: On the basis of e and manner state	ue to (or es e ue to (or es e ue to (or es e not resulting 2 □ ER/O Year) 28b. y - At home, f (Specify) my knowledg xaminetion en d.	consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of consequence of conseq	DOA Office DOA Injury DOA office Control of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the fil	ven in Part I. 26. Plece of Doher: 4 Nursing ry at rk? 1 Yes 2 No	23b. Did 1 24a. Was performed at the time,	tobacco usa co Yes 2 No an autopsy med? Yes 2 No one) dence 6 Ott how Injury occur Street and Numb wn, Stete) cause(s) and m date and placa, 29d. Date signe	24b. We ave con of a very confirmed anner as stand due to ad (Month, a	o the cause of de pably 4 Unking under the cause of de pably 4 Unking under the cause of de pably 4 Unking under the cause death? Yes 2 No No No No No No No No No No No No No	



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3 Time of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month 12:54a.n Tanuary 1998 Willie tree man 4b. City. Town, or Location of Death 4c. County of Death Baltimore If Under 24 Hrs. 8, Date of HOS PITC Center If Under 1 Year Birthplaca (State or Foreign Country) 7. Aga (In yrs. last birthday) Days tom 2□ F 64 Nov. 19, 1933 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Anne Arundel Baltimore 10f. Zip Code 10g. Citizen of What Country? 21225 USA 14. Race - Amarican Indian, Black, Whita, etc.

30 minutes

3 □ Probably 4 □ Unknown

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

PGY-1 AHS 2441614-A4 January 7, 1998

south Hanover Street, Baltimore, Maryland 21060

Physician John /Medical 4a Facility Name (If not institution, give street end number) Examiner Harbor 5. Social Security Number Funeral 256-50-1894 Director Usual Residence of Decedent 10a. State 7 is marked other than "naturel", or frems 23a or 28a-f show traumetic event, the Modical Examiner must be notified at Md. Director 10e. Street and Number 5602 Harbor Valley Drive Funeral 13. Was Decedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forcas? 11. Marital Status permit. Pages 1 end 2 should be filed within 72 hours after Department of Health and Mental Hygiena. Insportant: If them 27 is marked other than "naturel", or free any injury or other traumatic event. t Nes 2 No 1956 if Yes, Give Yaar or Datas: 1957 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 200 No Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Westinghouse College (1-4or 5+) 11th Grade Shipping Handler Corporation 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Ma. John Henry Freeman Essie Wansley 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) sister Martha L. Thompson 5602 Harbor Valley Drive Anne Arundel, Md. 21225 20b. Placa of Disposition (Nema of camatery, crematory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Crownsville Veterans Cem. Jan. 12Crownsville, Md. 22. Name and Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 arr used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, line. 23a. Part1. Enter the disease, or complications unshock, or heart failure. List only one cause or Physician Immediate Cause (Final disease or condition resulting In death) /Medical Fibrillation Examiner oronary Artery Disease
Due to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last lin Dependent Diabetes Mellitus
Due 10 (or as a consequenca of): Insulin 23b. Did tobacco use contributa to the cause of death? Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 1 Tyres 2 No Chronic Renal Failure þ 24a. Was an autopsy performed? Completed Status Post Liver transplant 2 1 No Division of Vital Be 25. Was case referred to medicat examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation 1 Matural 1 ☐ Yes 2 ☐ No 2 Accident To the Hospital or Attend within 24 hours efter deet To the Funeral Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 29a. Certifier 1 🕑 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of pertifier 29c. Licanse number 29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

1300

32. Registrar's Signature ul Davidson-Randall

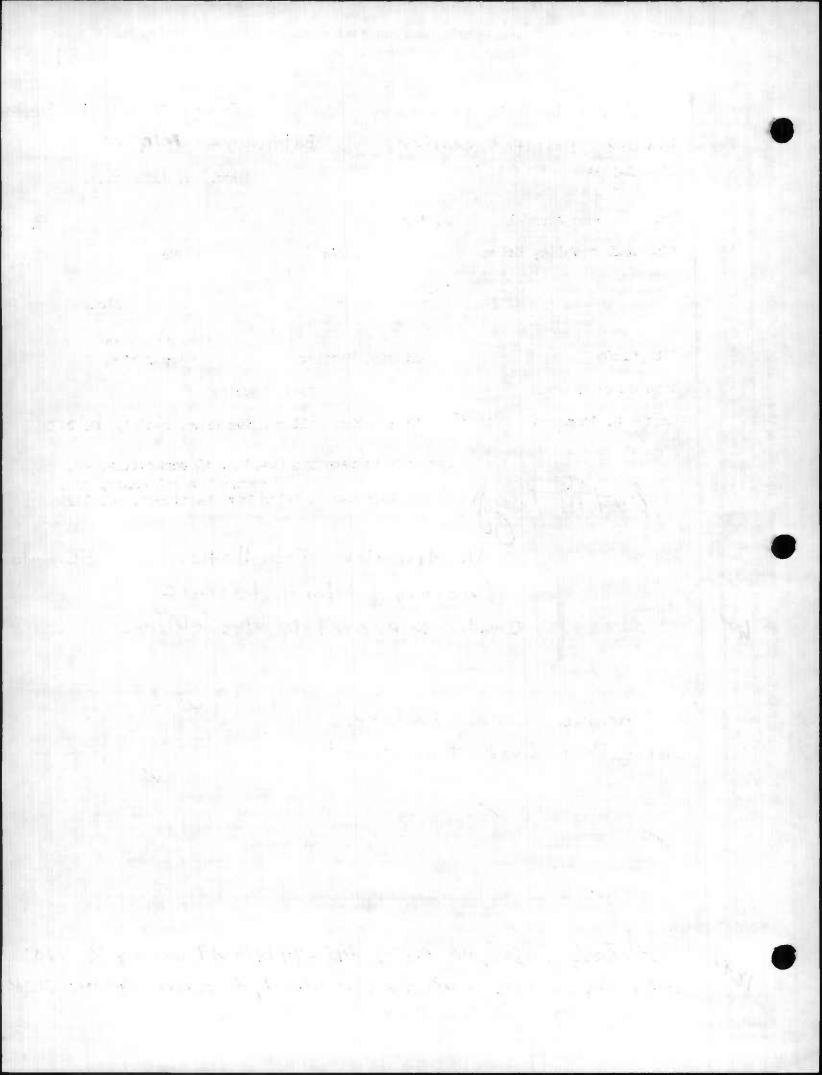
Hospital

Registrar

Harbor

31. Date filed (Month, Dey, Year)

DHMH 16 Rev 6/95



	/Medic Examin Funeral Director
and 21215-0020	d be filed within 72 hours effer death with the Maryland intal Hygiene. ad other than "natural", or ferms 23a or 28a-f show a covent, tra Medical Examiner mail be notified as

AARON FEINTUCH JAN. 4e. Feclity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 3800 OLD CT. RD. SUNRISE OF PIKESVILLE PIKESVILLE 8. Dete of Birth (Month, Day, Months Deys Hours Min. XX M 2□ F Yrs. 94 SEPT.21,1903 216-10-9360 Usual Rasidanca of Decadant 10e. Stete 10b. County 10c. City. Town or Location Completed by Funeral Director MD BALTIMORE PIKESVILLE 10e. Street end Number COURT ROAD 10f. Zip Code #225 21208 3800 OLD COURTROAD U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Pes XX No If Yes, Give Year or Dates: 1 Never Merried 2 Married 1□ Yes 2⊋No Specify Specify. 3 ₩ Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) Elamentary/Secondary (0-12) Coilega (1-4or 5+) SALES REPRESENTATIVE 17. Fethar's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be permit. Pages 1 and 2 should b Department of Health and Ments Important: If Item 27 is merked any injury or other traumatic av once. DAVID FEINTUCH FREDA Mary 19e. Informant's Neme/Reletionship (Type, Print) BARRY FEINTUCH / SON 8006 GREEN VALLEY LANE Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 1 Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 Donation BETH EL MEMORIAL PARK 1/9/98 22. Name end Address of Fecility ions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) + M.I / arry thing a Examiner Due to (or es e consequanca of): Examiner 4 SHD that the death certificate be executed Sequentielly list conditions, if eny, laading to immediata cause. Entar Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest pue Due to (or es e consequence of) physician the burial Box 68760. Physician/Medicai Due to (or es e consequence of) attending ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 0 signed by 1 Yes 2 No ۵. asthmate Browlutis Division of Vital Records. by The law requires Completed 24a. Wes en eutopsy performed? peen page 2 has 2 No this certificate 1 Yes after death.

Diractor: After this certifications 25. Wes casa raterred to medical examiner? Be 26. Piece of Daeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) funeral 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 5 Pending investigetion Netural 2 Accident 1 Yes 2 No the 6 Could not be 3 Sulcide 28a. Place of fnjury - At home, farm, straat, factory, office building, etc. (Specify) 2 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 29a. Certifier Medical 29b. Signature and little of partitles 29c. License number Attendina

32. Registrer's Signetura

held Tirdson-Randelle

1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Death Day 1998 Physician Month 7, 12:40 AM 4c. County of Deeth BALTIMORE Birthplece (Stete or Foreign Country)
 POLAND 10d. Inside City Limits 1 ☐ Yes 2 ☐ No 10g. Citizen of Whet Country? 14. Race - American Indien, Bieck, White, etc. WHITE 16b. Kind of Business/Industry FURNITURE HTRSHMAN 19b. Meiling Address (Street end Number or Rurel Routa Number, City or Town, State, Zip Coda) OWINGS MILLS, MD 21117 20c. Location - City or Town, Stete RANDALLSTOWN, MD Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 Approximete Intervel Batween Onset end Death 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 1 Yes Othar: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledga, deeth occurred et the tima, deta end place, and due to the ceuse(s) end menner es stated.

2 Madical Examinar: On the basis of axamination end/or investigation, in my opinion, death occurred et the time, dete end placa, and due to the ceuse(s) end menner stated. 29d. Date signed (Month, Dey, Year) who complated ceuse of death (Item 23a) (Type, Print) Balto, Md 21208 Court Rd 203 Schwartz Md. 40000ld au

State

Registrar

31. Dete filed (Month, Day, Year)

1998

The transfer of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Dey O & Foreman Louis 0558 January /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Randallstown North west Hospital Bultimore 5. Social Security Number If U r 1 Y r If Un r 2 Hrs. 7. Aga (In yrs. last birthdey) Birthpleca (Stete or Foreign Country) **Funeral** 216-10-7370 Months Deys Hours Min. M 2 F 96 Yrs Director russia Usual Residenca of Decedent 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at BALTIMORE BALTIMORE 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? ŏ Items 23a 5 KING JAMES CIRCLE 21207 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 □X'es 2 □ No If Yes, Give Yeer or Detas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Bieck, Whita, etc. Pagas 1 and 2 should be filed within 72 hours aftar of ment of Hauth and Mental Hygiene.
Interference of the marked other than "natural", or itel
Into or other traumatic event, fire Medical Examinar
Inty or other traumatic event, fire Medical Examina 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: by Specify: 3 Widowed 4 □ Divorced WHITE Completed 16e. Decedent's Usuei Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) SALESMAN FURNITURE (RETAIL) 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be SAMUEL **FOREMAN** SPEILBERG SARAH 19e. Informent's Neme/Reletionship (Type, Pnnt) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5 KING JAMES CIRCLE MRS. OLIVE COHEN (DAUG.) BALTO., MD 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Slete 20e. Method of Disposition Date permit. Pagas 1
Department of H
Important: If Itel
any Injury or ott 1 Burial 2 Cremetion 3 Removel from State 1/9/98 BETH EL MEM. PARK RANDALLSTOWN, MD 4 ☐Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. Port Enter the disease, or complications that purised the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

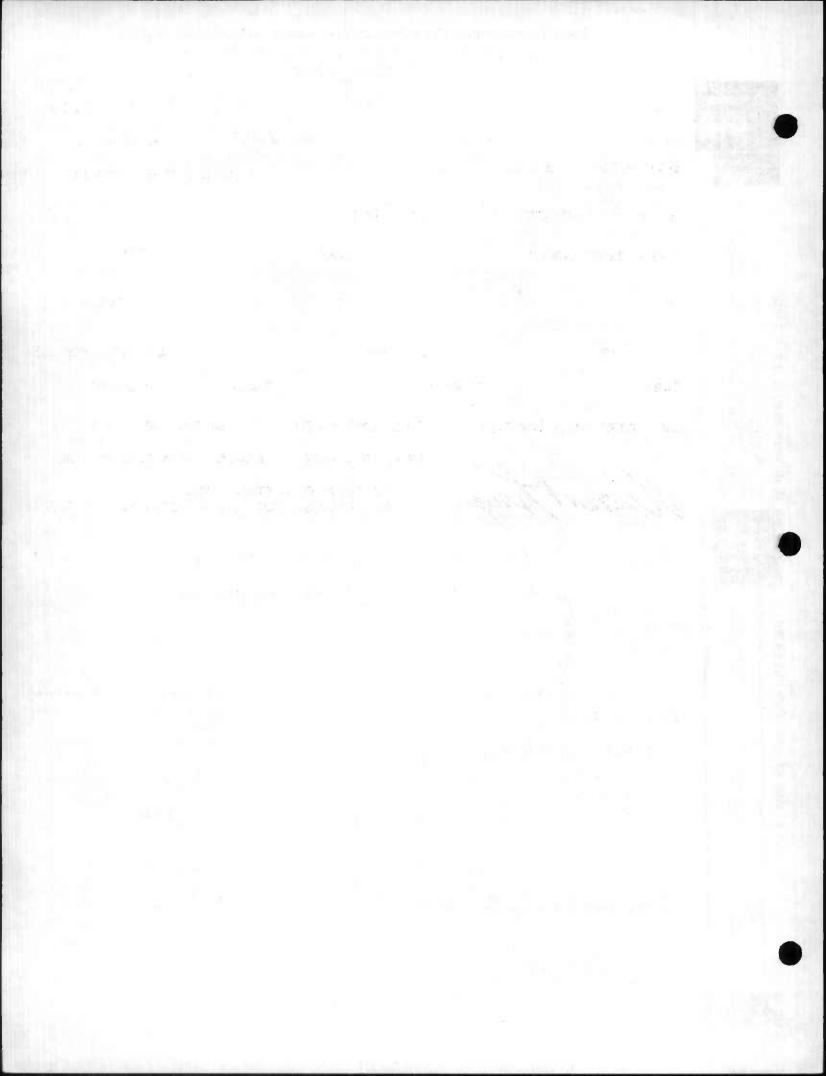
Approximate Approximete Interval Between Onset and Death **Physician** /Medical immedlete Cause (Finel . A cute anterior myocardia infanction diseese or condition resulting in death) Examiner Examiner rter roscleratio physician and the burial-fransit Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest P.O. Box 68760. Physician/Medicai Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Dehy dration should be dat Records, Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Metabolic acidosis Perspheral vascular occulsion 1 Yes 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital ial or Attending Physician: The after death.

I Director: After this certificate of in by the funeral director, pe Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) Certification: To 1 Yes 2 No 28a. Data of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred 5 Pending 1 Neturel 1 ☐ Yes 2 ☐ No invastigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral Complataly filled 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end mannar stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D 35844 January 08 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

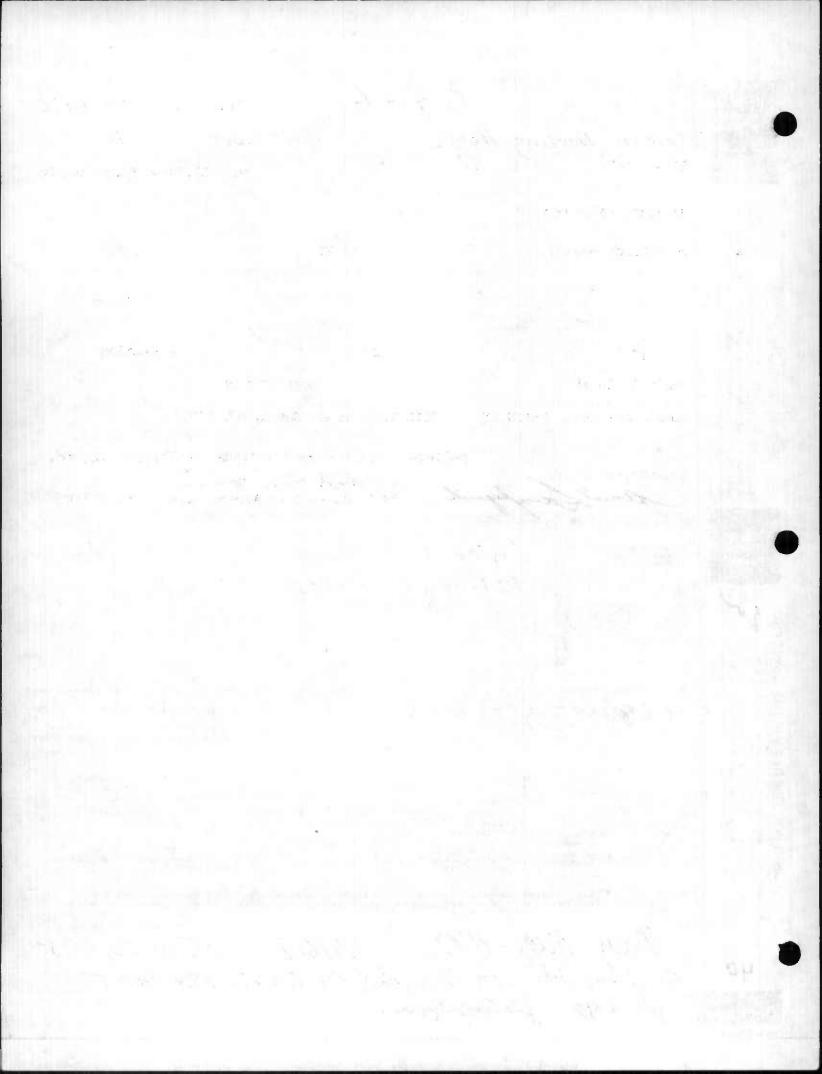
Randallstown D Roggen
31. Dete filed (Month, Dey, Yeer) 5401 old Court Road 32. Registrer's Strature Davidson-Rendall State JAN 1 3 1998

Registrar



State of Maryland / Department of Health and Mental Hygiene O O I C I

Physicia		1. Decadant's Nama (First, Middl	le, Last)			/	,		2. Data of De	Reg. No.	2	Tima ot Death
		Elcie	.0, ==0,/	Gr	riff;	16			Jan Jan	Day	18 Sear	0170
/Medica		4a. Facility Nama (If not institution	n, give street end i		. 17	(/	4b. City	y, Town, or L	ocation of Deat	th 4c. Count	y of Death	0/10
۰.۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		/	VSins	Hom	C		130	alti	nore		N/A	
uneral irector		5. Social Sacurity Number 212–46–8673	6. Sax 1□ M 2 X F		s. lest birthday Yrs.	/ If Undar Months	Days Ho	nder 24 Hrs. urs Min.	8. Data of Bir (Month, Do March 2	rth 97, Yeer) 7, 1946	9. Birthplaca Country) Pennsy	(State or Foraig
3		Usuai Rasidance of Decedant 10a. State 10b. County	,	100.0	City, Town or L	ocation					Tank	
or 28a-f show	ctor	Maryland Baltim		100.0	Esse							Inside City Llmit
23a	Funeral Director	2010 Birch Road	1			10f. Zip	Coda 21221			10g. Citizan of	Whet Country? U.S.A.	
el', o	by	11. Marital Status 1 □ Never Married 2 X Marri 3 □ Widowad 4 □ Divorcad	riad 1 ☐ Yas	acedant Evar in Forcas? s 2 No Giva r Datas:	U,S. 13.	Was Deced If Yes, spec			pacify Yes or No o Rican, atc.)	Specif	ce - Amarican ir ck, White, etc. 'y: White	
"natural", edical Ex	Completed	15. Dacadan (Specify only higha	nt's Educetion	d)	(Giva	a kind of wo	el Occupation	most of wor	kina	16b. Kind of B	usinass/Industr	у
than the Me	mp	Elemantary/Secondery (0-12)		1 (1-4or 5+)	life.	DO NOT us	sa ratired)			Access		
marked other than		12 17. Father's Nama (First, Middla,	Last)			Cler		Inther's Nan	na (First Middle	, Meidan Sumar	nting	
arked o	9 Be	Louis J. Corvi						tty Mi		, wolden sumer	isa/	
2 3	To	19e. Intormant's Name/Relations Ronald Griffith		ND)			(Streat and N	um <i>ber or R</i> u		per, City or Town	, Stata, Zip Cod	fe)
		20e. Method of Disposition 1 ☑Burial 2 ☐ Cramation	3 Pamovai fro		Piaca of Disponentary, cra	osition (Nan amatory or o	me of othar pleca)		Data	20c. Location	- City or Town,	Stata
Jury of		4 Donation 5 Other (S	(pecify)	Ho]			Gardens				ore Co.	, Md.
Important: It eny injury o		21. Signatura on Funerai Sarvica	Licansaa	lynik					L Home I	P.A. Essex,	Md. 212	221
		23a. Bart1. Enter tha disaase, or shock, or haart tailura. List	complications that	ceusad tha dae							App	oroximata ervel Batween
slcian edicai miner		onoon, or many tanona. Else	only one cedsa of	raaci iiile.							Inte	
		Immediate Causa (Final disaese or condition	. /	ver	fai	luv	e				Ons	sat and Death
	_	Immediate Causa (Final disaese or condition rasulting in daath)	a. ()	Ver Due to	far (or as a conse	luv	e /				Ons 1	genu
	nlner	disaese or condition rasulting In daath)	a. L.	Ver Due to	fail (or as a conse	luv	e hosij				Ons	gent and Death
ensit.	xaminer	disaese or condition rasulting In daath)	a. 41	1/192	fq; (or as a conse	quanca ot):	e hosij				Ons	gent and Death
ensit.	cal Examiner	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarlying Causa (Diseese or injury	a. 21	Due to	(oras a conse	equanca ot):	e hosij				Ons	genue
ensit.		disaese or condition rasulting In daath)	a. 21 b. 61	Due to	19 C	equanca ot):	e hosij				J J	genu L
ng physiciant od es the buriel-transit	Medical	disaese or condition rasulting In death) Sequentially list conditions, If any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury that Initiated avants	a. 2) b. 61 c	Due to	(oras a conse	equanca ot):	e hosij				Ons 1	geg L
attending physician ad for use es the buriel-tensit	Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarfying Causa (Diseese or Injury that initiated avants rasulting in deeth) Last		Due to (or as a consac	quanca ot): quanca ot): quanca of):	e hosij				1	genu v
by the attending physiciar ad lached for use as the buriel-thinsit	Medical	disaese or condition rasulting In death) Sequentially list conditions, If any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury that Initiated avants		Due to (or as a consac	quanca ot): quanca ot): quanca of):	e hosij		23b. Dld	tobacco use co	1	geque
gned by the attending physician ad be detached for use as the buriel-it nisit	clan/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarfying Causa (Diseese or Injury that initiated avants rasulting in deeth) Last		Due to (or as a consac	quanca ot): quanca ot): quanca of):	e hosij		23b. Dld		intributa to the	geque
igned by the attending physician ad be detached for use as the buriel-thnsit	by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarfying Causa (Diseese or Injury that initiated avants rasulting in deeth) Last		Due to (or as a consac	quanca ot): quanca ot): quanca of):	e hosij		23b. Dld 1	tobacco use co	ntributa to the 3 Probably 24b. Were a evaliable	cause of death
as been signed by the attending physiciar and 2 should be delached for use as the buriel-tensit	by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarfying Causa (Diseese or Injury that initiated avants rasulting in deeth) Last		Due to (or as a consac	quanca ot): quanca ot): quanca of):	e hosij		23b. Dld 1	tobacco use co Yes 2 No	ntributa to the 3 Probably 24b. Were a evaliable	cause of death 4 Unknow utopsy findings la prior to
as been signed by the attending physician of 2 should be delached for use as the buriel-thinsit	Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarfying Causa (Diseese or Injury that initiated avants rasulting in deeth) Last		Due to (or as a consac	quanca ot): quanca ot): quanca of):	e hosij		23b. Dld 1	tobacco use co Yes 2 No an eutopsy primed?	ntributa to the 3 □ Probably 24b. Were a evaliable complete	cause of death 4 Unknown utopsy findings la prior to tion of ceuse 17
artificate has been signed by the attending physiciar and octor, page 2 should be detached for use as the bunel-thinsit	Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarfying Causa (Diseese or Injury that initiated avants rasulting in deeth) Last	fors contributing to	Due to (or as a consac	quanca ot): quanca ot): quanca of):	Phos r's	Part I.	23b. Did 1 □ 24a. Was perfo	tobacco use co Yes 2 No an eutopsy ormed?	ntributa to the 3 Probably 24b. Were a evaliable comple of deet	cause of death 4 Unknow utopsy findings la prior to tion of ceuse 17
this certificate has been signed by the attending physician all director, page 2 should be detached for use as the buriel-tansit	To Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury that initiated avants rasulting in deeth) Last Part II. Other significant conditions. If the condition of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	Hospital:	Due to (Due to (death but not re	or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equanca ot): V vequance ot): quanca of): quanca of): quanca of): quanca of):	AOS (1) ausa givan in F	Part I.	23b. Dld 1 □ 24a. Was perfo	tobacco use co Yes 2 No an eutopsy ormed? Yas 2 No ona) danca 6 Oth	antributa to the 3 Probably 24b. Were a evaliable comple of deelt 1 Yac	cause of death 4 Unknow utopsy findings la prior to tion of ceuse 17
this certificate has been signed by the attending physician all director, page 2 should be detached for use as the buriel-tansit	To Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury thet initiated avants rasulting in deeth) Last Part II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	Hospital: 1 E 28a. Date (Mo	Due to (or as a consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the conse	equanca ot): quanca ot): quanca of): quanca of): undarlying counts at 3 Doo t 2	28. F OA Other: 41 OBC. Injury et Work?	Place of Dee	23b. Dld 1 □ 24a. Was perfo	tobacco use co Yes 2 No an eutopsy ormed? Yas 2 No ona)	antributa to the 3 Probably 24b. Were a evaliable comple of deelt 1 Yac	cause of death 4 Unknow utopsy findings la prior to tion of ceuse 17
this certificate has been signed by the attending physician all director, page 2 should be detached for use as the buriel-tansit	To Be Completed by Physician/Medical	disaese or condition rasulting In daath) Sequentially list conditions, if any, leeding to immadiate cause. Enter Undartying Causa (Diseese or Injury that initiated avants rasulting In deeth) Last Part II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the c	Hospital: 1 28a. Date (Mo	Due to (Due to (Due to (death but not re A (Inpatient 2 a of Injury onth, Dey Year)	or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equanca ot): quanca ot): quanca ot): quanca of): quanca of): quanca of): And a Door of 2	28. F A Other: 41. 8c. Injury et Work? 1 Yas :	Place of Dee	23b. Dld 1 □ 24a. Was perfo 1 □ th (Check only o	tobacco use co Yes 2 No an eutopsy ormed? Yas 2 No ona) danca 6 Ott how injury occur	antributa to the 3 Probably 24b. Were a evaliable complete of deet 1 Year	cause of death 4 Unknow utopsy findings la prior to tion of ceuse ? s 2 No
ctor: After this certificate has been signed by the attending physician of y the funeral director, page 2 should be detached for use as the buriel-tensit	To Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury that initiated avants rasulting in deeth) Last Part II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	Hospital: 1 28a. Date (Mogation not be 28a. Place)	Due to (Due to (death but not re	or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equanca ot): quanca ot): quanca ot): quanca of): quanca of): quanca of): And a Door of 2	28. F A Other: 41. 8c. Injury et Work? 1 Yas :	Place of Dee	23b. Dld 1 □ 24a. Was perfo 1 □ th (Check only o	tobacco use co Yes 2 No an eutopsy ormed? Yas 2 No ona) danca 6 Oth how injury occur Street and Numb	antributa to the 3 Probably 24b. Were a evaliable complete of deet 1 Year	cause of death 4 Unknow utopsy findings la prior to tion of ceuse 17 s 2 No
ctor: After this certificate has been signed by the attending physician of y the funeral director, page 2 should be detached for use as the buriel-tensit	Certification: To Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury thet initiated avants rasulting in deeth) Last Part II. Other significant conditions a condition of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition	Hospital: 1 28a, Date (Mo pation on the belief of the pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, Place (Mo pation) 28a, P	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equanca ot): quanca ot): quanca ot): quanca of):	28. F A Other: 41. 8c. Injury et Work? 1 Yas:	Place of Dee	23b. Did 1	tobacco use co Yes 2 No an eutopsy ormed? Yas 2 No ona) danca 6 Oth how injury occur Street and Number wn, Stata)	annar as stated	cause of death GC7 L cause of death 4 Unknown utopsy findings la prior to tion of ceuse ? s 2 No
ctor: After this certificate has been signed by the attending physician of y the funeral director, page 2 should be detached for use as the buriel-tensit	To Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadiate cause. Entar Undarlying Causa (Diseese or injury thet initiated avants rasulting in deeth) Last Part II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	Hospital: 1 28a. Date (Mogation not be ined building Physician: To the Examiner: On that and ma	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equanca ot): quanca ot): quanca of):	28. F A Other: 41. 8c. Injury et Work? 1 Yas:	Place of Dee Phursing He Dee Phursing He Dee Dee Dee Dee Dee Dee Dee Dee Dee D	23b. Did 1	tobacco use co Yes 2 No an eutopsy ormed? Yas 2 No ona) danca 6 Oth how injury occur Street and Numb wn, Stata) causa(s) and ma dete end piece,	annar as stated and dua to the	cause of death GC7 L Cause of death 4 Unknown ultopsy findings la prior to titlor of ceuse 17 s 2 No
The Funeral Director: After this certificate has been signed by the attending physician applies by filled in by the funeral director, page 2 should be detached for use as the buriel-throat	edical Certification: To Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury thet initiated avants rasulting in deeth) Last Part II. Other significant condition Part II. Other significant condition Part II. Other significant condition 25. Was case retarrad to madical axaminar? 1 Yes 2 No 27. Mennar ot Death 1 Netural 1 Could redarm 1 1 1 1 1 1 1 1 1	Hospital: 1 28a. Date (Mogation not be ined building Physician: To the Examiner: On that and ma	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equanca ot): quanca ot): quanca of):	28. F A Other: Work? 1 Yas: 4, office at tha time, det. In my opinion,	Place of Dee Phursing He Dee Phursing He Dee Dee Dee Dee Dee Dee Dee Dee Dee D	23b. Did 1	tobacco use co Yes 2 No an eutopsy ormed? Yas 2 No ona) danca 6 Oth how injury occur Street and Number wn, Stata)	annar as stated and dua to the	cause of death 4 Unknow utopsy findings la prior to ition of ceuse 17 s 2 No
To the Funeral Director: After this certificate has been signed by the attending physician on principle of the completely filled in by the funeral director, page 2 should be detached for use as the burnel-throat	Medical Certification: To Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury thet initiated avants rasulting in deeth) Last Part II. Other significant conditions and initiated avants rasulting in deeth) Last Part II. Other significant conditions are recorded in the conditions of the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions are recorded in the conditions ar	Hospital: 1 28a. Date (Mo pation not be inned 28a. Plat build general pation not be and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due t	or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equanca ot): quanca ot): quanca ot): quanca ot): quanca of): quan	28. F A Other: Work? 1 Yas: 4, office at tha time, det. In my opinion,	Place of Dee Phursing He Dee Phursing He Dee Dee Dee Dee Dee Dee Dee Dee Dee D	23b. Did 1	tobacco use co Yes 2 No an eutopsy ormed? Yas 2 No ona) danca 6 Oth how injury occur Street and Numb wn, Stata) causa(s) and ma dete end piece,	annar as stated and dua to the	cause of death 4 Unknow utopsy findings la prior to ition of ceuse 17 s 2 No
ctor: After this certificate has been signed by the attending physician of y the funeral director, page 2 should be detached for use as the buriel-tensit	Medical Certification: To Be Completed by Physician/Medical	disaese or condition rasulting in death) Sequentially list conditions, if any, leeding to immadieta cause. Entar Undarlying Causa (Diseese or Injury thet initiated avants rasulting in deeth) Last Part II. Other significant condition Part II. Other significant condition Part II. Other significant condition 25. Was case retarrad to madical axaminar? 1 Yes 2 No 27. Mennar ot Death 1 Netural 1 Could redarm 1 1 1 1 1 1 1 1 1	Hospital: 1 28a. Date (Mo pation not be inned 28a. Plat build general pation not be and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many and many	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due t	or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equanca ot): quanca ot): quanca ot): quanca ot): quanca of): quan	28. F A Other: Work? 1 Yas: 4, office at tha time, det. In my opinion,	Place of Dee Phursing Ho 2 No	23b. Did 1	tobacco use co Yes 21 No an eutopsy ormed? Yas 22 No ona) danca 6 Oth how injury occur Street and Numb wn, Stata) causa(s) and ma dete end piece, 29d. Date signe	annar as stated and dua to the	cause of death 4 Unknow utopsy findings la prior to ition of ceuse 17 s 2 No



State of Maryland / Department of Health and Mental Hygiene 8

Dispersion Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control C						Ce	ertificate	e of	Death		R	eg. No.	0 (7-7-0-0
Principles Company Name of roof institutions, the server and numbers Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Name of the Company Nam		5 1		- 1	est)				10.0	2. De			Vana	3. Time of Death
THE JOHNS EMPORENTS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS HOPEXINS H				MORTON	L:		60	משומ	NEIC	Jan				15:45 DM
THE JOHNS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPK				4e. Facility Name (If not institution, give	ve street and number)				4b. City, Town			T		FN
Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Private Priv	-1			THE JOHNS HOPKIN	NS HOSPITAI				DATTI	ODE CT	7737			NI /A
BALTIMORE 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. County 100. Co	Н	Funeral	П	5. Sociel Security Number 6. S		s. last birthday			If Under 24				9. Birtho	
Usual Particles of December 1 105. Early 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 105. Celly 1 1				213-28-6729	1♥ M 2□ F		Months	Days	Hours				Coun	try)
The common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of the common of		70		Usual Residence of Decedent		00				OC.	T. 7,	1931		1.12
The company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the		ylan		10a. Stete 10b. County	10c. (City, Town or L	ocation						1	0d. Inside City Limits
The company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the		Mar Fe st	to	MD BALTI	MORE			В	ALTIMO	RE				1 ☐ Yes 🛣 No
The company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the		1 284	rec	10e. Street and Number			10f. Zip	Code			1	0g. Citizen of 1	What Coun	try?
1		3a o		1605 HUTZLER	LANE #2201				21208				II.S. A	
Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Type Clark Typ		0 9	Jera	11. Marital Status	12. Was Decedent Ever in	U,S. 13.	. Was Deced	ent of H	lispanic Orlgin	n? (Specify Ye	es or No-			
The Microsoft Agriculture of Special Properties of the Companies of the Co	0	frar the wines	Fur	1 ☐ Never Married 2 ☐ Married	1 ☐ Yes 2 ☐ No		If Yes, speci	ify Cubi	an, Mexican, I	Puerto Rican,	etc.)	Bla	ck, White,	etc.
Elementary injuries Name (Pist, Midde, Latt) School of the Pist, Midde, Makine Guranmi) REAL ESTATE	020			3 ☐ Widowed 4 ☐ Divorced	If Yes, Give A		1□ Yes 2	No No	Specify:			Specify	v: WH	ITE
Elementary injuries Name (Pist, Midde, Latt) School of the Pist, Midde, Makine Guranmi) REAL ESTATE	0	2 ho			ducation	16a. Dece	edent's Usual	I Occup	ation			16b. Kind of B	usiness/inc	dustry
TRYIN GOLDNER REBECCA GAIL G. GREEN / DAUGHTER 2415 REARDELETON ROAD BALTIFORE, MD 21209 2415 REARDELETON ROAD 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) 221. Separature of Baltimeter Name-Relationship (Type, Print) 222. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) 223. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) 224. Separature of Baltimeter Name-Relationship (Type, Print) 225. Name and Address of Facility 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed (Type, Print) 227. Method of the separation of Separation (Type, Print) 228. Place of Death (Check only one) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Ty	215	nin 7	ple			(Give	e kind of wor DO NOT us	k done e retire	during most o	of working				
TRYIN GOLDNER REBECCA GAIL G. GREEN / DAUGHTER 2415 REARDELETON ROAD BALTIFORE, MD 21209 2415 REARDELETON ROAD 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) GAIL G. GREEN / DAUGHTER 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) 220. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) 221. Separature of Baltimeter Name-Relationship (Type, Print) 222. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) 223. Method of lappealon 1520 Informatis Name-Relationship (Type, Print) 224. Separature of Baltimeter Name-Relationship (Type, Print) 225. Name and Address of Facility 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed, or complete of the separation of Separation (Type, Print) 226. There is designed (Type, Print) 227. Method of the separation of Separation (Type, Print) 228. Place of Death (Check only one) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Type, Print) 229. Method of Separation (Ty	217	iena iena the	Eo	Elementery/Secondary (0-12)		AGEN!	T					REAL E	STATE	
200. Nethod of Disposition of Silvers and Deposition (Name of Device 12) and the Device 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Close		Hygh Hygh	O	17. Fether's Name (First, Middle, Last					18. Mother's	s Name (First,				
200. Nethod of Disposition of Silvers and Deposition (Name of Device 12) and the Device 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Close	a	id be ental ked c	OB	TDVTN	~	T DATED								
200. Nethod of Disposition of Silvers and Deposition (Name of Device 12) and the Device 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Closeration of Silvers 12 Close	Š	mari mari	-				ling Address	(Street	and Number			City or Town	STATE ZID	BERT
20a. Method of Disposition State Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Description Descripti	×	trau					_							
ACDonation 5 One purpose of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	a,	1 ar Hea am 2				. Place of Disp	osition (Nam	e of		_	а Т	20c Location -	City or To	wn State
Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Phys	0	nt of nt of nt of		1 Burlal 2 Cremation 3	Removal from State	-								
Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Phys	Ħ	rtma rtant								1/12	2/98	BALTIM	JRE,	עואי
Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical	Ba	Depa mpo mpo mry i		21. Signature of Fuberal-Service Lice	moor .	2	22. Name end	Addre	ss of Facility	Sol Le	evins	on & Br	cos.,	Inc.
Physician (Medical Examiner) The continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of the continuence of th		40280		May H.	Jeghann								e, MD	21208
Physician (Medical Examiner of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of Decision of				23a. Part1. Enter the disease, or com- shock, or heart failure. List only	plications that caused the de	ath. Do not en	nter the mode	of dyin	ng, such as ca	ardiac or respi	iretory arre	est,		Approximete Intervel Between
The statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the st	N	Physician			•									Onset end Death
The statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the st	и			Immediate Cause (Final disease or condition	Cardia	c A	myth	mi	a				1	15minules
The statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the st	п	Examiner			a. Due to	(or es a conse	equence of):							
The statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the st		D #	ne		Condian	wat	he.							Im out
The statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the st		cute	am	Sequentially list conditions.	b Due to	or as a conse	equence of):							71.010.
The statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the statistic design of the st	o,	an a		if any, leading to immediate cause. Enter Underlying	chihia		Man. 4	h	MA	nlam	+			7 months
December 2016 of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete	176	yslci or bu	Ical	that initieted events	C. Due to	or as a conse	quence of):		001-5	1000				7770
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other significant conditions contributions death of the cause of death? Part II. Other significant conditions contributions death of the cause of death? Part II. Other significant conditions contributions death of the cause of death? Part II. Other significant conditions contributions death of the cause of death? Part II. Other significant conditions contributions death of the cause of death? Part II. Other significant conditions contributions death of the cause of death? Part II. Other significant conditions contributions death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of		tiffica ng ph as ti	Med	resulting in death) Last									į	
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably Yunknown 24a. Was en autopsy performed? 24b. Were autopsy findings available prior to completen of cause of death? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 25c. Hong at work only one) 25c. Injury at work? 25c. Injury at work? 25c. Injury at work? 25c. Injury at work? 25c. Injury at work? 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only one) 25c. Liquing at work only	ŏ	andle use	N/		d								<u> </u>	
Property of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the perform		death	SICIE	Part II. Other significant conditions of	contributing to death but not re	esulting in the i	underlylna ca	use aiv	en in Pert I	2:	3h. Did to	hacco use co	ntribute to	the cause of death?
Property of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the performed of the perform	0	t tha	hys				andonying oc	adoo g.v	011 111 010 1.					1
25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Death (Check only one)			y P	fancieus c	1 schways	51						20140	0_110	A OHMHOWN
25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Death (Check only one)	rds	n sig		0 15	- 11					24	a. Was e	n autopsy	24b. We	ere autopsy findings
Solicities of participation of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of	00	So (J) (r)	lete	Kenal 17	alluce						perform	ned?	COL	mpletion of cause
Solicities of participation of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of	Re	has ge 2	E D								-			V
Solicities of participation of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of	a	icate	-								Larve	s 2 No	1 [Yes 21 No
Solicities of participation of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of	VIII.	clan	00	examiner?	Hospital:			011		f Death (Chec	ck only on	ө)		
Solicities of participation of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of	5				1 ZNnpatient 2			A	4 U Nurs					0
O Gothia Boyd M.D. RES-000 January 10, 1998 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Towa 110 Johns Hopkins Hospital Baltimore, Maryland	E	ng F	ou		(Month, Day Year)						escribe ho	w Injury occur	red	
O Gothia Boyd M.D. RES-000 January 10, 1998 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Towa 110 Johns Hopkins Hospital Baltimore, Maryland	Sic	endi or: A	cat	E - Modidoni			М	1 🗆	Yes 2□No					
O Gothia Boyd M.D. RES-000 January 10, 1998 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Towa 110 Johns Hopkins Hospital Baltimore, Maryland	≥	tar d Irect	=		289. Place of injury - At	home, farm, st	treet, factory,	office		28f. Lo	cation (State or Town	reet and Numb , Stete)	er or Rura	Route Number,
O Gothia Boyd M.D. RES-000 January 10, 1998 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Town 110 Johns Hopkins Hospital Baltimore, Maryland		Ital or rai Delled I												
O Gothia Boyd M.D. RES-000 January 10, 1998 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Town 110 Johns Hopkins Hospital Baltimore, Maryland		t hou	cal		nysician: To the best of my ki	nowledge, deal	th occurred e	t the tir	ne, dete end p	place, and due	e to the ca	use(s) and me	enner as st	ated.
O Gothia Boyd M.D. RES-000 January 10, 1998 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Town 110 Johns Hopkins Hospital Baltimore, Maryland		the H												(ile cause(s)
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Towci 110 Johns Hopicins Hospital Baltimore, Maryland		To To To To To To To To To To To To To T	2											
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Towcillo Johns Hopicins Hospital Baltimore, Maryland State 31. Date filed (Month, Day, Year) 32. Registrats State		1		Gynthia 1	Boyd Mi	0,	R	ES	5-0C	00	1	Janua	u.	10,1998
Tower 110 Johns Hopkins Hospital Baltimore, Maryland State 31. Date filed (Month, Day, Year) 32. Registrate Stonage 1. 1000		10		30. Name and eddress of person who	completed cause of deeth (It	em 23a) (Type	, Print)			_			- 1	,
State 31. Date filed (Month, Day, Year) 32. Registrate Signature		V		Tower 110 :	Johns Hook	cins	Hosp	ito	l	Ba	Itim	roce,	Mar	yland
		Sta	ite	31. Date filed (Month, Day, Year)	32. Registrars 910	name	B. 2.4	17				1-		

Brist Tell or pelled a Tolkery) from mer decides or Kernel Smith Assertance in the contract of the part of the part of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the cont

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item 3 Per PHY Film G756 2-4-98 ria Reg. Nor 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** Year PATRICIA MARIE GEORGE JANUARY 11, 1998 Unkn wn /Medicai 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 8737 SMITHFIELD PLACE JESSUP HOWARD 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Date of Birth (Month, Day, Year) **Funeral** Months Days Min. 1□ M 2□ F 39 Yrs. Director 220-58-7787 8/17/1958 MARYLAND Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ris 23a or 28a-f show Director 1 Yes 2 No HOWARD **JESSUP** 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20794 8737 SMITHFIELD PLACE U.S.A. by Funeral Нетв Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Biack, White, etc. traumatic event, the Medical Examiner 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 8 1 ☐ Yes 2 ☑ No Specify: 3 □ Widowed 4 □ Divorced "natural", WHITE Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) HOMEMAKER 4 OWN HOME other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) . Pages 1 and 2 should be fill mant of Health and Mantel Hisht: If Item 27 is marked out Be DAVID H. DAVENPORT KATHERINE C. (CLARK) vnt: If Item 27 is n v or oth 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JESSUP, MD 20794

Date 20c. Location - City or Town, State CHARLES GEORGE (HUSBAND) 8737 SMITHFIELD PLACE 20b. Placa of Disposition (Name of cemetery, cremetory or other placa) 20a. Method of Disposition Buriai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Department of important: If any Injury or GATE OF HEAVEN CEMETERY 1/14/98 SILVER SPRING, MD 22. Name and Address of Facility WITZKE FUNERAL HOMES, INC. 21. Signature of Funeral Service Licens 5555 TWIN KNOLLS ROAD COLUMBIA, MD 21045 that cause in the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, use on second as **Physician** /Medical Immediate Ceuse (Final CARCINOMA OF BREAST diseese or condition resulting in deeth) Examiner Physician/Medical Examiner the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest Due to (or as e consequenca of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 2000 3 Probably 4 Unknown p 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed page 2 director, 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4□ Nursing Home 5AResidence 6 □Other (Specify) 1 Yes 28a. Date of injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Naturei 5 Pending investigation

Box 68760, The law requires that the death certificate be P.O. signed by the e Records, certificata of Vital or Attending Physician: this funeral Division After death. efter death filled in by tha

death with the Marylend

filed within 72 hours after

Baltimore, Maryland 21215-0020

Certification: To

24 hours Hospital completely To the Vithin 2

Nature. 2 Accident 3 Suicide 4 - Homicide

29a. Certifier

Medical

6 Could not be determined Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated.

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

(Check only one) 29b. Signature end title of certifier

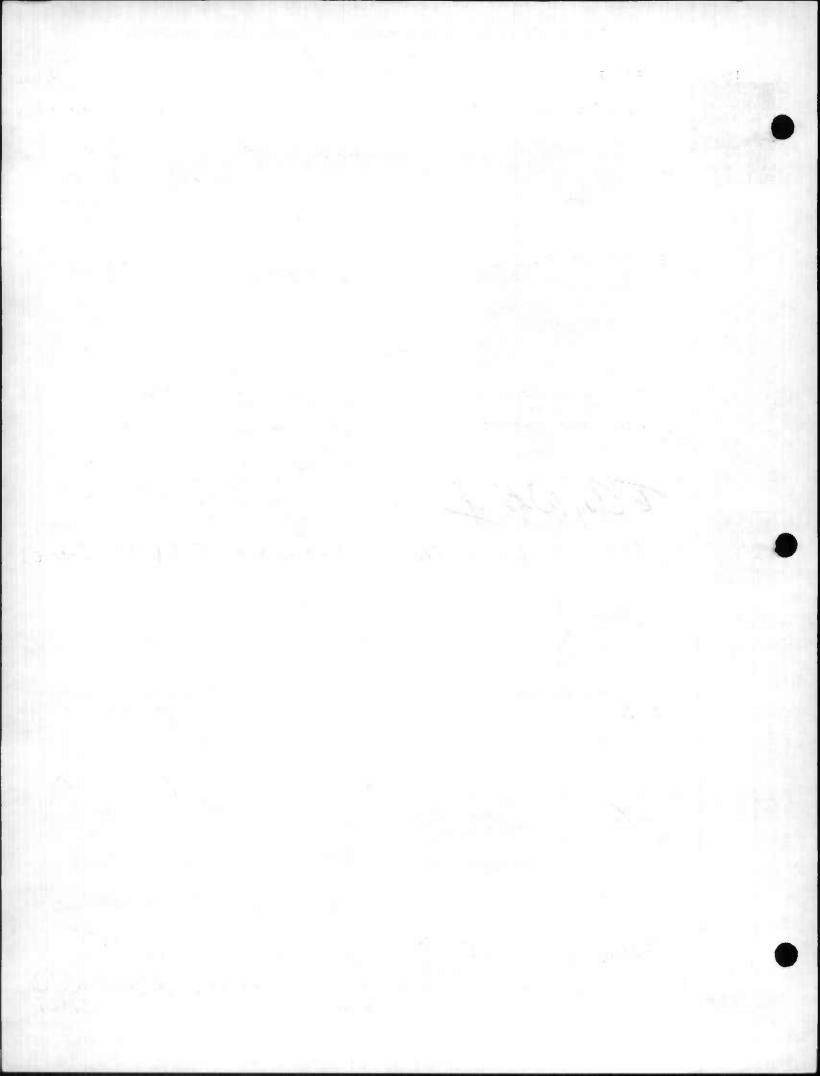
29c. License number

29d. Dete signed (Month, Dey, Year)

30. Neme and address of person who completed cause of death (item 23a) (Type, Print)

WACZUKMD UNIV, OFMARYLAND 22 SOUTH GREENEST RALTHOREMD

State Registrar

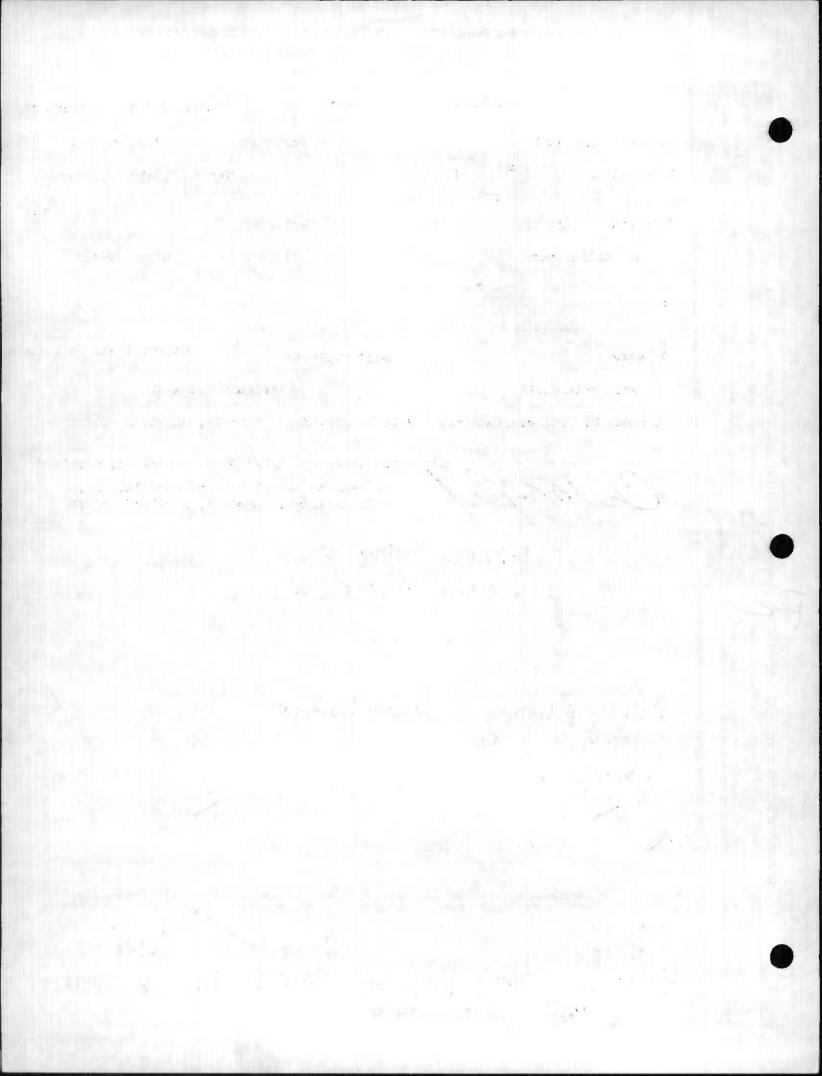


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Gore Josephine January 6,1998 10:00 AM /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Neme (If not institution, give street and number) Examiner 3426 Dublin Road Darlington Harford Co. If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) If Undar 1 Yeer 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** Months Days 1 M 28 F Yrs. 212-03-2072 87 **Director** March 13,1910 Maryland Usual Rasidence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yas X No Director Maryland Harford Darlington 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with ? Is marked other than "natural", or items 23a or traumatic event, the Medical Examinat must be 3426 Dublin Road 21034 United States Funeral death 12. Was Decedant Evar in U,S.
Armed Forcas?
1 ☐ Yas 2 No
If Yas, Giva
Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Rican, etc.) 14. Race - American Indian, 11. Merital Status Bleck, Whita, atc. Pages 1 and 2 should be filed within 72 hours after nant of Health and Mental Hygiene.
int: If item 27 is marked other than "natural", or ite 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3€ Widowed 4 Divorced White Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work done during most of working lifa. DO NOT usa retired) Elementary/Secondery (0-12) Collega (1-4or 5+) Confectionary & Notions 4 Years Self Employed 17. Fether's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Be Paul Bocianowski 2 Marianna Matuszak 19a. Informant's Nama/Relationship (Type, Print) 19b. Mailing Addrass (Straat end Number or Rural Route Numbar, City or Town, Stete, Zip Code) Florence M. DeLibera/Daughter 3115 Dunglow Road Dundalk, Maryland 21222 20b. Place of Disposition (Nama of cemetery, crematory or other place) Data 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cramation 3 □ Ramoval from Stata = 6 Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Holy Cross Cemetery 1/9/1998 Brooklyn, Maryland 22. Name end Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Pert1. Entar the disaase, or complications thet caused the daeth. Do not entar tha mode of dying, such as cerdiac or raspiratory arrast, shock, or haart failure. List only one cause on agod line. Approximate Interval Batween Onsat and Death **Physician** /Medical Immediata Cause (Final disease or condition resulting in death) Examiner Examiner Sequantially list conditions, if any, laading to immadiate cause. Enter Undarlying Causa (Disaase or Injury Box 68760. Physician/Medicai that initiated events rasulting in death) Last Due to (or as a consequence of) 2 # 985 23b. Did tobacco use contributa to the cause of death? Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I, Division of Vital Records, P.O. Emblism OMMOIN 1 ☐ Yee 2 ☐ No 3 Probably Unknown þ 24b. Wera autopsy findings evailable prior to mommen 24a. Was an autopsy performed? Completed completion of ceusa of death? enjoyen 1 ☐ Yes 2 ☐ No 25. Was case examiner Be 26. Piece of Death (Charlon) one) 10 Hospital: Othar: 4 Nursing Homa To 1 Yes 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA ☐ Panidenca 6 ☐ Othar (Specify) 27. Marmer of Death 28a. Date of Injury (Month, Day Year) 28d. Wascribe how injury occurred 28h Time of 28c. Injury at Work? Certification: 5 Panding 1 ☐ Yas 2 ☐ No investigation 2 Accidant after deat Director: 6 ☐ Could not be determined 3 ☐ Sulcida 28e. Plece of fnjury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 ☐ Homlcida 8 124 hours Hospital 24 hours a 29a. Cartifiar (Check only one) 🔁 Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, data and place, end due to the cause(s) and mannar as stated Medical 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. To the Within 2 To the 29d. Date signed (Manth. Day, Year) 29b. Signatury and title of certifier ь cause of deeth (item 23a) (Type, Print)

State Registrar

person who completed

his Davidson



State of Maryland / Department of Health and Mental Hygiene

10 Street and Number 10 Street and Number 21227 United States						Cer	tificate o	f Death		R	eg. No.	UUI	420
Relson E. Hartzell, Jr Finding Howard County General Hospital Columbia Columbia Howard County Howard County Selection Howard County Selection Howard County Selection Howard County Selection Howard County Selection Howard County Selection Selection Selection Howard County Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Selection Sele		1. Decedent's Name	(First, Middle, L.	ast)		1176				2. Date of Deet	h	Vace	3. Time of Death
FROM THE COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER FOR WARD COUNTY CENTER HOSPITAL FOR WARD COUNTY CENTER HOSP		Nelson	E. Har	tzell,	Jr					-			3:10 AM
Formation Country Ceneral Hospital Services States (1997) When the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services o								4b. City, To	own, or Loc				01101111
The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	Examiner	Contract of the Contract of				1+21		Co.11	mbia		How	ard	
215-34-8043 X** SO Th.				General	Ace //n ure les	t birthday	If Under 1 Yea						on (State or Englis
10 10 10 10 10 10 10 10		215-34-	8043						Min.	(Month, Dey, 8/29/	1937	Counti	y) -
Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Comp	pug *	-			10c, City, 1	Town or Lo	cation					10	d. Inside City Limits
Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Comp	e Meryli	3.50		imore								1 ☐ Yes 2X No	
Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Comp	the state	10e. Street and Num	ber				10f. Zip Code			1	0g. Citizen of	Whet Count	ry?
Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Comp	hwii 23a 23a	3111 As	pen Ct				21	227			United States		
Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Comp	deed dee	11. Meritel Status	•	12. Wes Decede	nt Ever in U,S.	13. V	Vas Decedent o	Hispanic O	rigin? (Spec	cify Yes or No-			
160 Development Studentification (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Principle and Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (Speech of the Companied (urs after in, or the Examine by Fu	3 □ Widowed 4		1 Yes 2	X No					noan, etc./			
Emeraterijs Secondary (0-12) College (1-4ort 5-1) Personel Manager Restaurant	72 hor	(Special			16e. Decedent's Usue (Give kind of wor			upetion ne during mos	st of workin	ng l	16b. Kind of B	usiness/indu	ustry
Nelson E. Hartzell, Sr Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequent		Elementery/Secon			or 5+)	tife. L	OO NOT use reti	red)					
Nelson E. Hartzell, Sr Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequent	W Series	11				Pers	onel M	lanage	er		Resta	uran	t
Hattie I. Hartzell / Wife 3111 Aspen Ct. Lansdowne, MD 21227 20. Method of Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Name and Disposition (Nam	oth of Hy	17. Father's Name (I	First, Middle, Las	t)				18. Moth	er's Name	(First, Middle, I	Meiden Sumen	ne)	
Hattie I. Hartzell / Wife 3111 Aspen Ct. Lansdowne, MD 21227 20. Method of Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Disposition (Name and Name and Disposition (Nam	d benta o	Nelson	E. Har	tzell,	Sr			Emr	nalir	ne Nel	ly Ber	ber	
232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complex Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port	d 2 should be file the and Mental Hy 77 is marked other traumatic event To Be (19b. Mellin	g Address (Stre	et end Numb	per or Rurel	Route Number	City or Town	, State, Zip (Code)
232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complex Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port	17 18 trait	10011100											
232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complex Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port	Heal Heal ther			tzeii /	20b. Plac	a of Dispo	sition (Neme of		Dalle				m. State
232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complex Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port	H H Or or	1 € Burial 2 □	Cremation 3		cem	etery, cren	netory or other p						
232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complex Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port	Bent:	4 Donetion	5 Other (Speci	ity)	Loud	on F	ark Ce	emete	ry 1/	/12/98	Balt:	ımore	, MD
232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complexion that altered the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 232 Port Enter the disease, or complex Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port Port	mit.	21. Signature of Fun	erel trvice Lice	n r e		22	. Name end Add	dress of Fecli	ity Aml	rose	Funera	al Hor	me, Inc.
23a. Peril. Einer the diseases, or complications fill calling the cause of near inchine. 21	80559	Pa 000	MA	lu his	10	0.5	710 11						
Physician Medical Examiner Physician Medical Examiner		23a, Pert1, Enter th	e diseese, or con	nolications that caus	sed the death.	Do not enti	er the mode of c	mona:	s cardiac or	respiretory err	; Lalls	21	A2o2xmete
Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course (Fine) Immediate Course	E	shock, or heer	feilure. List only	one ceuse on each	n line.			,g,		, , , , ,			intervel Between
Due to (or es e consequence of):													0.44
Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a		diseese or condition	-inei	My	ocardi	a1 I	nfarct	cion				3	UMin
Description of the part of the complete of the course of death but not resulting in the underlying cause given in Pert I. Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Undifferenciated Carcinoma of Mediastinum 1	DESCRIPTION .	resulting in death)			Due to (or e	s e conseq	uenca of):					1	
Described to the cause of death but not resulting in the underlying cause given in Pert I. Pert III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Undifferenciated Carcinoma of Mediastinum 1	P = =												
Deput of the state of the course of death but not resulting in the underlying cause given in Pert I. Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Judifferenciated Carcinoma of Mediastinum 1	oute rans	Sequentially list con	ditlons.	b	Due to (or e	s e conseq	uenca of):						
Deput of the state of the course of death but not resulting in the underlying cause given in Pert I. Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Judifferenciated Carcinoma of Mediastinum 1	e de XI	if any, leading to imr	mediete tving										
Description of the state of the cause of death but not resulting in the underlying cause given in Pert I. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Undifferenciated Carcinoma of Mediastinum 1	Cai Du Cai	thet initieted events		c	Due to for as	o concern	uence of):						
Description of the state of the course of death but not resulting in the underlying cause given in Pert I. Pert III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Jundifferenciated Carcinoma of Mediastinum 1	Ph s th	resulting in death) L	est		Due to (or as	a consequ	uence or).						
24b. Were autopsy inding aveileble pror to completion of cause of death? 24c. Was an autopsy performed? 24b. Were autopsy inding aveileble pror to completion of cause of death? 1 Yes 2 No				d									
24b. Were autopsy inding aveileble pror to completion of cause of death? 24c. Was an autopsy performed? 24b. Were autopsy inding aveileble pror to completion of cause of death? 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1	eth or u												
24b. Were autopsy inding aveileble pror to completion of cause of death? 24c. Was an autopsy performed? 24b. Were autopsy inding aveileble pror to completion of cause of death? 1 Yes 2 No	the a	Pert li. Other signific	cant conditions	contributing to death	n but not resulting	ng in the ur	nderlying cause	given in Pert	i.	23b. Did to	obacco usa co	ontribute to	the cause of death
24b. Were autopsy inding aveileble pror to completion of cause of death? 24c. Was an autopsy performed? 24b. Were autopsy inding aveileble pror to completion of cause of death? 1 Yes 2 No	othy steed			- A C		- W	adiaat	inum		1√2 Y	es 2 No	3 Prob	ably 4 Unknow
State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State	be d	Undiffer	enclate	ea Carci	noma (DI ME	eurast.	LIIUM					
25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one) 27. Manner of Death 1 1 1 Inpatient 2 1 1 Inpatient 2 1 1 Inpatient 2 1 1 Inpatient 2 1 1 Inpatient 2 1 1 Inpatient 2 1 1 Inpatient 2 1 1 Inpatient 2 1 Inpatient 2 1 Inpatient 2 1 Inpatient 2 1 Inpatient 2 Input 2 Input 2 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3 Input 3	an sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sign of the sig									24a. Was e	n autopsy	24b. We	re autopsy findings
25. Was case referred to medical exeminer?	sho sho									perior	illed!	con	pletion of cause
25. Was case referred to medical examiner? Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ves Ve	hes ge 2												
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurity	e sa o									1 U Y	es 2XINo	1 1	Yes 2LINo
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurature.	ertifi ector Be		ed to medical						e of Deeth	(Check only or	10)		
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurature.	Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Joseph Jo		No	1 LI Inpa		VOutpetien	t 3 DOA	Jiher: 4□ N	ursing Hon	ne 5 Resid	enca 8 🗆 Oti	her (Specify)
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurature.	g Pr	27. Manner of Death		28a. Date of in	njury (28		28c. lr	jury et	2	8d. Describe h	ow Injury occu	rred	
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurature.	ith. TAR Sture	2 Accident			Day Toury	Hijory			No				
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurature.	des des	3 Suicide		200. Place of	Injury - At home	e, ferm, str	eet, fectory, offic	00	2	8f. Location (S	treet end Num	ber or Rurel	Route Number,
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurity.	or Direction	4 L Homicide	GOLOTTIMIO	building,	etc. (Specify)					City or Tow	n, Stete)		
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State 31. Date filed (Month, Day, Yeer) 32. Registrer's logature	or in a series					1 1 1							
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State 31. Date filed (Month, Day, Yeer) 32. Registrer's logature	Hos 24 ho Fun etely dica	(Check only one)	Medical Exa	miner: On the basis	st of my knowle of exeminetion	end/or inv	estigetion, in m	y opinion, de	eth occurre	nd due to the c	ause(s) end m lete end plece,	and due to	the cause(s)
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurity.	thin the mple		itle of certifier	19nnem pne	StateQ.		29c 1 les	nse number		9	29d. Date slone	ed (Month I	Day, Year)
30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's froature	T N S												
Bernard P. Farrell, MD, 11055 Little Patuxent Pkwy, Columia, MD 21044 State State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurature 10000		1	12	1 mo			DI	831	/		JAN 2	3 199	70
State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's riginature	6	30. Neme end addre	ss of person who	completed cause of	of deeth (Item 2	3e) (Type,	Print)						
State 31. Dete filed (Month, Dey, Yeer) 32. Registrer's figurature	0							Patux	ent.	Pkwv.	Colum	ia,M	D 21044
Begistrar 1 3 1998 Julia Davidson-Randall	CASA				strer's lionatur		40 4	~		2 12 11 1			
			18114		guia.	Davidson	n-Mandale	•					

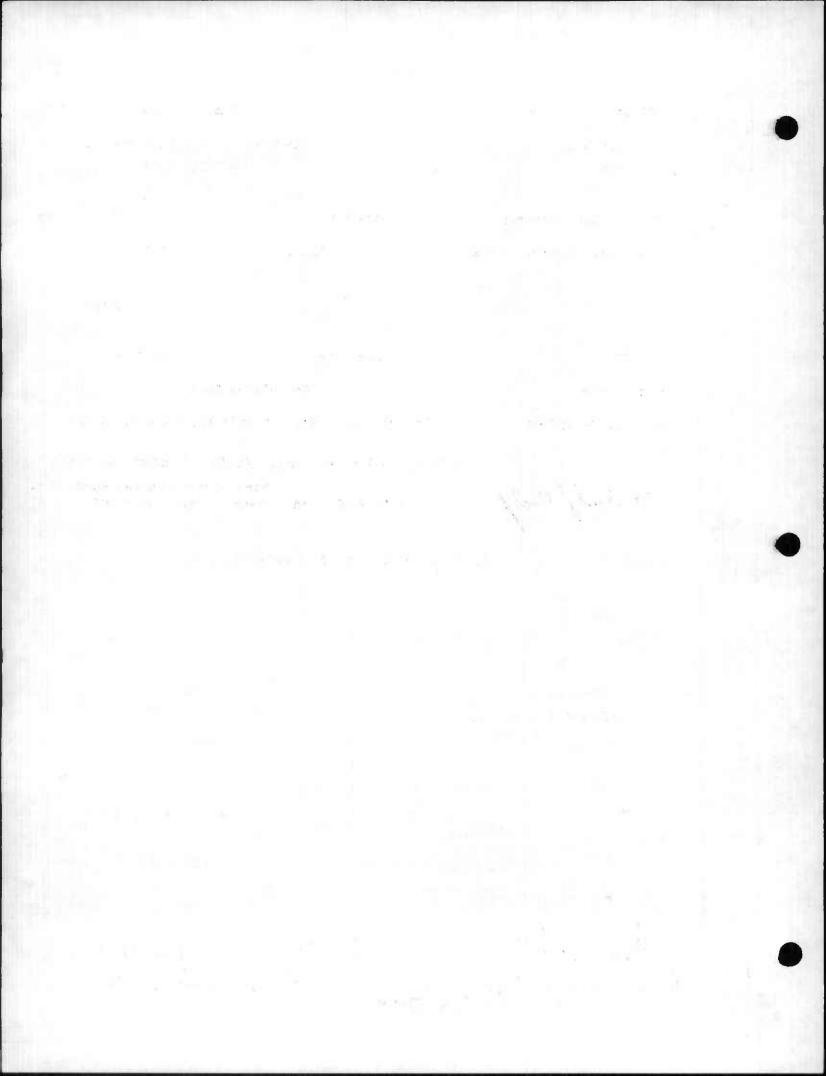
DHMH 16 Rev 6/95

Lactific Cartific

the state of the state of

State of Maryland / Department of Health and Mental Hygiene

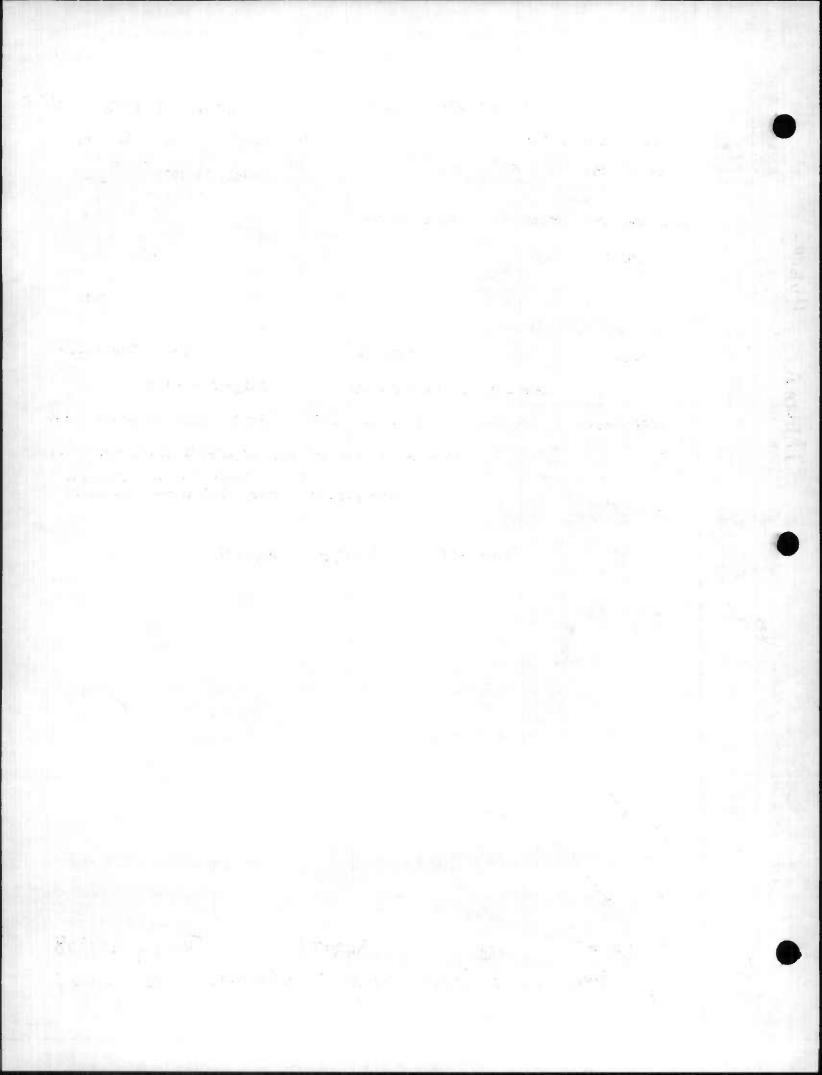
						Cer	tificate o	f Death	R	eg. No.	UL	433
hysician	1.	Decedent's Name (First, Mic	ddle, Last,)					2. Date of Dea Month	th Dey	Year	3. Time of Death
/Medical	L	Eleanor M.	Hea	ly						10, 1998		9:10 PM
xaminer	48	a. Facility Neme (If not institu			7)			4b. City, Town, or	Location of Death	4c. County	of Death	
	н	Rose Hi	111					Odento	n	Anne	Arun	del
neral		Sociel Security Number	6. Se			ast birthday)	If Under 1 Year Months Day	r If Under 24 Hrs	8. Date of Birth	Voort o a	9. Birthple	ace (State or Foreign
ector.	1	.66-07-0365	1]M 2₩ F	8	4 Yrs.	Months Day	s Hours Min.	O'Menth, Day	1,00/1913		sylvania
		sual Residence of Decedent										
ector		Da. State 10b. Cour	•		10c. City	, Town or Lo					10	d. Inside City Limits
cto		Md Anr	ne Ar	undel			Odento	n 				1 ☐ Yes 2€XNo
2 5	10	e. Street end Number 8735 Piney C	rcha	rd Parkw	ay		10f. Zip Code	21113	1	0g. Citizen of V U . S		ry?
y Funeral		I. Marital Sletus 1 Never Married 2 M	arried	12. Was Deceden Armed Forces 1 Yes 2 K If Yes, Give	? INo		Vas Decedent of f Yes, specify Cu I□Yes 2⊠N	Hispanic Origin? (Suban, Mexican, Puer o Specify:	pecify Yes or No- to Rican, etc.)		e - Americe k, White, s	
d by		3₺ Widowed 4 Divorc		Year or Dates:							Whi	
Completed		15. Deced (Specify only high	lent's Edu hest grade	cetion e com <i>pleted)</i>		16a. Decedent's Usual Occu (Give kind of work done		e during most of wo	rking	16b. Kind of Bu	siness/Ind	istry
d d		Elementery/Secondery (0-12	2)	College (1-4or	5+)	life. L	DO NOT use reti	red)	=			
S	-	12					Homema	7		Own I		
event, Be C	17	. Father's Name (First, Midd	le, Last)					18. Mother's Na	me (First, Middle, I	<i>Vaiden Sume</i> m	Θ)	
2		James Boyle						Georgi	anna Pau	l		
To	1	9a. Informant's Name/Relatio	nship (Ty	rpe, Print)		19b. Maitin	g Address (Stre	et end Number or R		-		
Dye .		Thomas J. Hea	aly/S	on		711 W	oodsdal	e Rd. B	altimore	, Maryla	and 2	1228
	20	a. Method of Disposition 14 Burial 2 ☐ Crematio	- 0 00	Inmoval from State	04	lace of Disposemetery, cren	sition (Name of natory or other p	lece)	Date	20c. Location -	City or Tov	m, State
once		4 Donation 5 Other		emover from State		anev V	allev M	em. Grd.	1/14/98	rimoniu	n, Ma	ryland
9	2	1. Signeture of Funeral Service	ce License	96			. Name and Add	ress of Facility		_		
once		Im. l.	1/1	2								ome, Inc.
	2	3a. Part1. Enler the disease shock, or heert failure.	or compli	cations hat cause	d the death		50 York		owson, Ma		2120	4 Approximete
s the buriel-transit		sulting In death)).	Due to (o)	as e conseq	uence of):	+ Faida			1	
	Į τη	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of):										
5							30100 017.					
Physician/	Ps	art II. Other significant condi	itlone con	tributing to death								
hysic			Part II. Other significant conditions contributing to death but not resulting in the underlying ce						23h Did to	shacco usa cor	atribute to	the cause of death:
		/ /	. /	7	but not resu	ilting in the ur	nderlying ceuse	given in Part I.		-1		the cause of death
Y P	-	Color	v (ance	but not resu	ilting in the ur	nderlying ceuse	given in Part I.	23b. Did to	~/		the cause of death
b b		Color	r (ance	but not resu	ilting in the ur	nderlying ceuse	given in Part I.		n autopsy	3 Proba	ably 4 Unknown re autopsy findings iliable prior to upletion of cause
P		Color	r (ance	but not resu	iting in the ur	nderlying ceuse	given in Part I.	1 □ Y	n autopsy	3 Proba	ably 4 Unknown re autopsy findings lable prior to pletion of cause eeth?
page 2 should be d		Color	r (ance	but not resu	iting in the ur	nderlying ceuse (given in Part I.	1 □ Y	n autopsy med?	3 Proba	ably 4 Unknown re autopsy findings iliable prior to upletion of cause
page 2 should be d	25	5. Was cese referred to mediexaminer?	-	-ance	but not resu	ilting in the ur		26. Place of De	1 □ Y	n autopsy med?	3 Proba	ably 4 Unknown re autopsy findings lable prior to pletion of cause eeth?
al director, page 2 should be d To Be Completed by		examiner?	-	lospital: 1 Inpat	ient 2 🗆 I	ER/Outpation	t 3□ DOA C	26. Place of De Nher: 4□ Nursing H	24a. Wes a perion 1 Yes ath (Check only or flome 5 🗷 Reside	n autopsy ned?	3 Proba	ably 4 Unknown re autopsy findings itable prior to upletion of cause eeth? Yes 2 1000
To Be Completed by		examiner?	Н	- an C	ient 2 🗆 I		t 3 DOA	26. Place of De Other: 4□ Nursing H iury at ork?	24a. Wes a perform	n autopsy ned?	3 Proba	ably 4 Unknown re autopsy findings itable prior to upletion of cause eeth? Yes 2 1000
me funeral director, page 2 should be dication: To Be Completed by		examiner? 1 Yes 2 No Manner of Death Shaturat 5 Pene inve: 3 Suicide 6 Coul	ding stigation	lospital: 1 Inpat 28e. Place of In	ient 2 I I	ER/Outpatien 28b. Time of Injury me, farm, stre	t 3 DOA	26. Place of De Other: 4 □ Nursing F ork? □ Yes 2 □ No	24a. Wes a perion 1 Yes ath (Check only or flome 5 🗷 Reside	n autopsy med? es 2 No no no no no no no no no no no no no no	3 Prob. 24b. Wer ava com of d 1 Prober (Specify, ed)	ably 4 Unknown re autopsy findings liable prior to upletion of cause eeth? Yes 2 2 12 140
in by the funeral director, page 2 should be detailed by etailing to Be Completed by	27	examiner? 1 Yes Zono Manner of Death 1 Maturat 5 Pent 2 Accident 3 Suicide 6 Coul 4 Homicide Da. Certifier 1 Certifier (Check only 2 Medic	ding stigation Id not be mined	lospital: 1 Inpat 28e. Dele of Inj (Month, Dele 28e. Place of Inbuilding, e	ient 2 ury by Year) injury - At horic. (Specify) of my known	ER/Outpatien 28b. Time of Injury me, farm, stre)	t 3 DOA 28c. In W 11 set, factory, office	26. Place of De Other: 4 □ Nursing F ork? □ Yes 2 □ No	24a. Wes a perform 1 Y. ath (Check only or forme 5 Residual Pescribe here) 28f. Location (S. City or Town)	n autopsy med? s 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No ne	3 Prob. 24b. We ava com of d 1 Prob. 24b. We ava com of d 1 Prob. 24b. We ava com of d 1 Prob.	re autopsy findings liable prior to upletion of cause eeth? Yes 2 10 10 10 10 10 10 10 10 10 10 10 10 10
in by the funeral director, page 2 should be detailed. To Be Completed by	27	examiner? 1 Yes 2 No Nanner of Death 1 Naturat 5 Pent 2 Accident 3 Suicide 6 Coul 4 Homicide 6 Da. Certifier (Check only one) 1 Certific	ding stigation ld not be mined ying Phys al Examin	lospital: 1 □ Inpat 28e. Dele of Inj (Month, Di 28e. Place of Institution, et	ient 2 ury by Year) injury - At horic. (Specify) of my known	ER/Outpatien 28b. Time of Injury me, farm, stre)	t 3 DOA C 28c. In W 11 29et, factory, office cocurred et the estigation, in my	26. Place of De Other: 4 Nursing H ork? Yes 2 No e time, date and place opinion, death occur	24a. Wes a perform	n autopsy med? es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1	3 Prob. 24b. We ava com of d 1 Prober (Specify, ed) are or Rural nner es stand due to	re autopsy findings liable prior to pletion of cause eeth? Yes 2 12 100
the funeral director, page 2 should be d catlon: To Be Completed by	27	examiner? 1 Yes Zono Manner of Death 1 Maturat 5 Pent 2 Accident 3 Suicide 6 Coul 4 Homicide Da. Certifier 1 Certifier (Check only 2 Medic	ding stigation ld not be mined ying Phys al Examin	lospital: 1 Inpat 28e. Dele of Inj (Month, Dele 28e. Place of Inbuilding, e	ient 2 ury by Year) injury - At horic. (Specify) of my known	ER/Outpatien 28b. Time of Injury me, farm, stre)	t 3 DOA 28c. In W 11 set, factory, office occurred at the restigation, in my 29c. Lice	26. Place of De other: 4 Nursing F ork? Yes 2 No e time, date and place opinion, death occurse number	24a. Wes a perform	n autopsy med? s 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No nes 2 No ne	3 Prob. 24b. We ava com of d 1 Prober (Specify, ed) are or Rural nner es stand due to	re autopsy findings liable prior to pletion of cause eeth? Yes 2 12 100
the funeral director, page 2 should be d catlon: To Be Completed by	27	examiner? 1 Yes 2 No Nanner of Death 1 Naturat 5 Pent 2 Accident 3 Suicide 6 Coul 4 Homicide 6 Da. Certifier (Check only one) 1 Certific	ding stigation ld not be mined ying Phys al Examin	lospital: 1 Inpat 28e. Dele of Inj (Month, Dele 28e. Place of Inbuilding, e	ient 2 ury by Year) injury - At horic. (Specify) of my known	ER/Outpatien 28b. Time of Injury me, farm, stre)	t 3 DOA 28c. In W 11 set, factory, office occurred at the restigation, in my 29c. Lice	26. Place of De Other: 4 Nursing H ork? Yes 2 No e time, date and place opinion, death occur	24a. Wes a perform	n autopsy med? es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1	3 Prob. 24b. We ava com of d 1 Prober (Specify, ed) are or Rural nner es stand due to	re autopsy findings liable prior to pletion of cause eeth? Yes 2 12 100
in by the funeral director, page 2 should be deriffication: To Be Completed by	299	examiner? 1 Yes 2 No Nanner of Death 1 Naturat 5 Pent 2 Accident 3 Suicide 6 Coul 4 Homicide 6 Da. Certifier (Check only one) 1 Certific	ding stigation ld not be mined	iospital: 1 Inpat 28e. Place of Infundiding, e lician: To the best or and manner s	ient 2 Ury by Year) ipiury - At hon- tic. (Specify of my know of examinatialed.	ER/Outpation 28b. Time of Injury me, farm, stre) vledge, deeth ion and/or inv	t 3 DOA 28c. In W 11 set, factory, office cocurred et the estigation, in my 29c. Lice	26. Place of De other: 4 Nursing F ork? Yes 2 No e time, date and place opinion, death occurse number	24a. Wes a performance of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	n autopsy med? es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1	3 Prob. 24b. We ava com of d 1 Prober (Specify, ed) are or Rural nner es stand due to	re autopsy findings liable prior to pletion of cause eeth? Yes 2 12 100
the funeral director, page 2 should be dcation: To Be Completed by	299	examiner? 1	ding stigation ld not be mined	iospital: 1 Inpat 28e. Place of Infundiding, e lician: To the best or and manner s	ient 2 Ury by Year) ipiury - At hon- tic. (Specify of my know of examinatialed.	ER/Outpation 28b. Time of Injury me, farm, stre) vledge, deeth ion and/or inv	t 3 DOA 28c. In W 11 set, factory, office cocurred et the estigation, in my 29c. Lice	26. Place of De other: 4 Nursing F ork? Yes 2 No e time, date and place opinion, death occurse number	24a. Wes a perform	n autopsy med? es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1 No es 2 1	3 Prob. 24b. We ava com of d 1 Prober (Specify, ed) are or Rural nner es stand due to	re autopsy findings liable prior to pletion of cause eeth? Yes 2 12 100



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

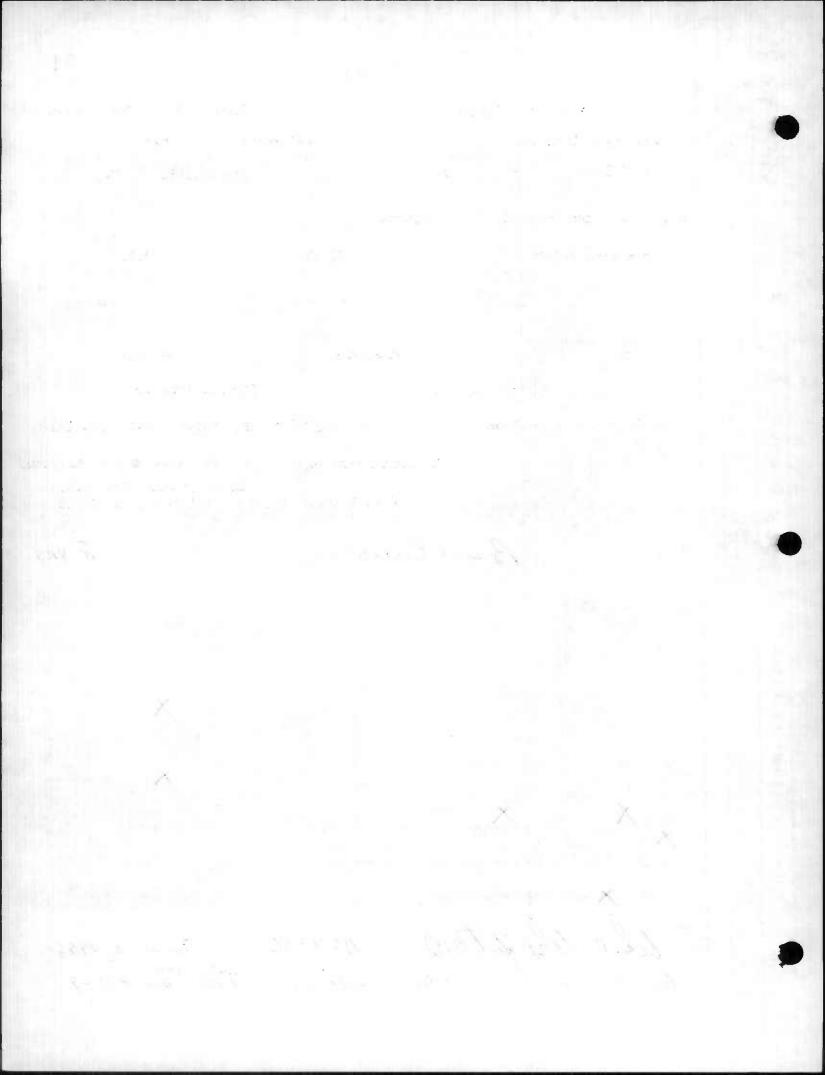
State of Maryland / Department of Health and Mental Hygien (

								Death			eg. No.		
Physicia /Madia		Decedant's Name (First, Middle		Lma LaV	erne Hu	uber			-	Dete of Dee Month	Dey	1998	3. Time of Deetl
/Medica	_	4e. Fecility Neme (If not institution	, give street end n	um <i>ber)</i>				4b. City, Tow				y of Deeth	
		North Arunde	1 Hospita	1				Glen	Burni	е	Anne	Arun	de1
uneral irector		219 14 0856	6. Sex 1 ☐ M 2XX F	7. Age (In yrs 72	s. lest birthdey Yrs.) If Unde Months	er 1 Year Deys		Min.	Dete of Birth (Month, Dey 11y 3,			place (State or Fore stry) yland
ž		Usuel Residence of Decedent 10e. State 10b. County		10c. C	City, Town or L	ocation						1	0d. Inside City Lim
d sh	20	Maryland Anne	Arundel		len Bu								1 □ Yes 2X
7 28a	Director	10e. Street end Number	II dildel				ip Code			1	0g. Citizen of	Whet Cour	ntry?
38 0	0	928 Long Cove	Road				2106	50		U.S.			
E E	Funeral	11. Marital Status	12. Was De	cedent Ever In	U,S. 13.	Wes Dece		Hispenic Origi en, Mexican,	n? (Specify	Yes or No-		ce - Americ	
a.	by	1 ☐ Never Married 2 🔀 Merrie 3 ☐ Widowed 4 ☐ Divorcad	Armed F ed 1 Tyes If Yes, G Year or	2⊠ No live		1 ☐ Yes			Риепо Ню	an, etc.)	Speci	ock, White, by: Wi	nite
Jean Jean	Completed	15. Decedent (Specify only highest	's Education	1)	16e. Dece	edent's Usu	ual Occup	petion	etion luring most of working			Business/Inc	dustry
E Me	mple	Elementery/Secondery (0-12)		(1-4or 5+)				ed)		Giant Food Store			
P E	S	10th 17. Fathar's Name (First, Middla, L	anti		Ca	shier		10 Marked	- N1 (F	tona Adintale			Store
0 P	Be	17. Famai S Name (First, Middla, L		01.1 1		C		18. Mothar			Me <i>iden Sum</i> ei ne Bayı	,	
Tetto	2	Howard Otterbein Helferstay 19a. Informant's Name/Reletionship (Type, Pnint) 19b. Meiling Addrass (Street and Nun								-			0-4-1
aath end Mer n 27 Is marke er traumatic		Terry Jaeger	/ daugh	tor) Stat							d 20639
or other		20a. Method of Disposition 1 ◯ Burial 2 □ Cremetion	3 □Removel from	20b.	Plece of Disp cametary, cre	osition (Ne	eme of other ple	ace)		Dete	20c. Locetion	- City or To	
Department of Health and Mental Hygis important: If item 27 is marked other any injury or other traumatic event, any injury or other traumatic event, and in the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of t		4 Donetion 5 Other (Sp. 21. Signature of Funeral Service L		100	1 2	2. Name e	and Addre	ess of Fecility	Go	once F	uneral	Home	P.A.
		23e. Part1. Enter the disees shock, or heart feilure.	omplications that only one cause on	caused the dea each line.	ath. Do not er	ntar the mo	de of dyi	ing, such es ca	ardlec or re	spiretory err	est,		Approximata Intervel Between
iner	lner	Immediete Causa (Fine) disease or condition resulting in deeth)	e. M	ETTAST Dua to	ATIE (or as a conse	L	Na		ance				Onset end Deeth
miner and the purel ransit	8	diseese or condition	e	Dua to		equence of):):						Onset end Deeth
ming physicial end nse es the burief reansit	Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediete causa. Enter Underlying Cause (Disease or Injury that initiated awants	e	Dua to	(or as a conse	equence of):):						Onset end Deeth
by the attending physicial end included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and included for use as the burlet mansit and	Physician/Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediete causa. Enter Underlying Cause (Disease or Injury that initiated awants	b	Dua to ((or as a conse (or es e conse	equence of)):):	T C		23b. Dld to		./	o the cause of dea
us been signed by the attending physicial and 2 should be detached for use as the burial ansit and	by Physician/Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated awants resulting in deeth) Lest	b	Dua to ((or as a conse (or es e conse	equence of)):):	T C		23b. Dld to	obacco uee co es 2□ No n eutopsy	3 Prot	o the cause of dea
us been signed by the attending physicial end 2 should be detached for use as the burletheansit a	Physician/Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated awants resulting in deeth) Lest	b	Dua to ((or as a conse (or es e conse	equence of)):):	T C		23b. Did to 1 V 24e. Was a	obacco uee co es 2□ No in eutopsy med?	24b. Wa	o the cause of dea bably 4 □ Unknown ara eutopsy finding sileble prior to mpletion of cause
us been signed by the attending physicial end 2 should be detached for use as the burlethnansit a	Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated awants resulting in deeth) Lest	b	Dua to ((or as a conse (or es e conse	equence of)	cause gi	ven in Pert I.	gnce	23b. Did to 1 U Y	obacco uee co es 2□ No in eutopsy med?	24b. Wa	o the cause of dea babty 4 Unknown ara eutopsy finding elieble prior to mpletion of cause deeth?
is certificate has been signed by the attending physicial and director, page 2 should be detached for use as the bunelmens in a director.	To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated awants resulting In deeth) Lest Pert II. Other significant condition 25. Was case referred to medical axaminer? 1 Yes 2 No	bd	Dua to (Dua to (Dua to (daath but not re	(or as a conse	equence of) quence of) quence of) underlying	cause gi	ven in Pert I.	ANCA of Death (C	23b. Did to 1 V 24e. Was a perform 1 V theck only or 5 Reside	obacco uee con es 2 No neutopsy med?	24b. Was every condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditio	o the cause of dea bably 4 Unknown ara eutopsy finding elieble prior to mpletion of cause deeth?
After this certificate hes been signed by the attending physicial and tuneral director, page 2 should be detached for use as the burlet reassit and tuneral director.	To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in deeth) Lest Pert II. Other significant conditions aximiner? 1 Yes 2 No 27. Menger of Deeth 1 Naturel 5 Pending	d	Dua to (Dua to (Dua to (daath but not re	(or as a conse	equence of property of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	cause gi	ven in Pert I. 26. Plece of her: 4□ Nurs	of Death (C)	23b. Did to 1 V 24e. Was a perform 1 V theck only or 5 Reside	obacco uee co es 2□ No in eutopsy med?	24b. Was every color of 1 [o the cause of dea bably 4 Unknown ara eutopsy finding elieble prior to mpletion of cause deeth?
After this certificate has been signed by the attending physicial and tuneral director, page 2 should be detached for use as the bundheansit of	To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disease or Injury that inflated avants resulting in deeth) Lest Pert II. Other significant conditions 25. Was case referred to medical axaminer? 1 Yes 21 No 27. Menger of Deeth	b	Dua to (Dua to (Dua to (daath but not re	(or as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as a consector as	equence of) quence of) quence of) underlying ent 3 D D M	cause gi	ven in Pert I.	of Death (Clarent Home 28d o	23b. Did to 1	obacco uee con es 2 No neutopsy med? se 2 No neutopsy med? se 2 No neutopsy neutopsy neutopsy no neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neutopsy neu	24b. We see see see see see see see see see	o the cause of dea bably 4 Unknown ara eutopsy finding elieble prior to mpletion of cause deeth?
After this certificate has been signed by the attending physicial and tuneral director, page 2 should be detached for use as the bundheansit of	Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in deeth) Lest Pert II. Other significant conditions a cause (Disease or injury that initiated avants resulting in deeth) Lest Pert II. Other significant conditions a cause of the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	d. d. Hospitel: 28e. Determinent of be 28a. Plac build physician: To the examiner: On the back and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	Dua to (Dua to (Dua to (Dua to (Inpatient 2E of Injury oth, Day Year) a of Injury - At thing, etc. (Spec	(or as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of	equence of) quence of) quence of) quence of) underlying mt 3 D f M treat, facto	cause gir	26. Plece of her: 4 \(\text{Nurs} \) Nurs iny et ma, data and	of Death (C) ling Home 28d 0 28f.	23b. Did to 1 V 24e. Was a perion 1 V heck only or 5 Reside. Describe head of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	obacco uee co	3 Prol 24b. Wieve every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every every	bably 4 Unknown under the cause of dea bably 4 Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the Unknown under the U
he Funeral Director: After this certificate hes been signed by the attending physicial and pletely filled in by the funeral director, page 2 should be detached for use as the burdelmansit of	To Be Completed by Physician/Medical	disease or condition resulting in deeth) Sequantially list conditions, if eny, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated avants resulting in deeth) Lest Pert II. Other significant condition 25. Was case refarred to medical axaminer? 1 Yes 2 No 27. Menger of Deeth 1 Valurel 5 Pending investig 2 Accidant investig 3 Suicide 6 Could n detarmit 29a. Cartifiar Check only 2 Medical E	d. d. Hospitel: 28e. Determinent of be 28a. Plac build physician: To the examiner: On the back and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	Dua to (Dua to (Dua to (daath but not re inpatient 2E of Injury ath, Day Year) a of Injury - Athling, etc. (Special best of my kn	(or as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of as a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of a consector of	equence of) quence of) quence of) underlying ont 3 D of M treat, factor th occurrectigation	cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a cause gives a ca	26. Plece of her: 4 \(\text{Nurs} \) Nurs iny et ma, data and	of Death (C) ling Home 28d 0 28f.	23b. Did to 1 Ye 24e. Was a perion 1 Ye theck only or 5 Reside. Continuor (S City or Town due to the continue, determine)	obacco uee co	24b. We ever confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the	o the cause of dealers below 4 Unknown with the cause of dealers are eutopsy finding elieble prior to mpletion of cause deeth? Yas 2 No No Route Number, leted.



State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate o	f Death		R	eg. No.	U	1461
	Physic	on	1. Decedent's Name (First, Middle,	.ast)					2	2. Dete of Deet	-	Yeer	3. Time of Deeth
J	/Medi			garet Hud					-	January		998	9:20 PM
9	Exami	ner	4e. Fecility Neme (If not institution, g		r)					ation of Deeth	4c. County	of Deeth	
1_		_	St. Agnes Hos	•			If Under 1 Yea	1	imore		N/A		
ļ.	Funeral Director		217 34 3074	Sex 7. A 1 M 2 🖫 F	age (In yrs. last bi	Yrs.	Months Day		Min.	B. Date of Birth (Month, Dey, May 22,	Year) 1932	9. Birthpi Coun U	lece (Stete or Foreign try) S
	put *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City. Tow	en or Loc	cation					- 11	0d. Inside City Limits
	the Marylan 28a-f show	ctor		Arunde1		aden							1 ☐ Yes 2 ▼No
	th with th	Funeral Director	10e. Street end Number 236 - 11th Sti	reet			10f. Zip Code	1122		1	0g. Citizen of V		try?
020	urs efter des el', or itema		11. Maritel Status 1 □ Never Merried 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Wes Deceden Armed Forces 1 Yes 2 Nif Yes, Give Year or Dates:	? [No		Vas Decedent of Yes, specify Co			ify Yes or No- ican, etc.)		- America k, White, o	
2-0	72 hours "natural",	ted	15. Decedent's (Specify only highest)	Education	16a	. Deced	ent's Usuel Occ	supation	t of working		16b. Kind of Bu	siness/Ind	lustry
21215-0020	within ene.		Elementery/Secondery (0-12) 8th	College (1-4or	5+)		kind of work doi 100 NOT use refi memaker		OF WORKING	,	Own He	ome	
pu	il by the	BeC	17. Fether's Neme (First, Middle, La	st)					r's Neme (First, Middle, I	Maiden Surnem		
Maryland		To B		Robert St	cewart				Je	essica	Jamieso	n	
lan	d 2 should th end Mer 7 is merke traumetic		19a. Informent's Neme/Reletionship	(Type, Print)	198	o. Mailin	g Address (Stre	et end Numbe	er or Rurei	Route Number	, City or Town,	Stete, Zip	Code)
	1 and Health Im 27 Iher tr		Linda Poteet /	daughter			Whistli		ne Roa		erna Pa		Md. 21146
Baltimore,	(C)		1 ☐ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro		cemete	ry, crem	netory or other p	olece)	1				e, Maryland
Balt	pemit. Peges Department or Important: If I any injury or once.		21. Signeture of Funeral Service Lic	ensee ?			Name and Add		У	Gonce	Funeral	Home	P.A.
			23a Part1. Enter the disease, out of shock, or heart failure. List co	vilicetions thet cause one ceuse on each	ed the death. Do line.	not ente	001 Rit	lying, such es	cardiec or	respiretory error	cimore,	Ma.	Approximate Intervel Between Onset end Deeth
	Physician /Medical		Immediate Cause (Finel disease or condition	Bu	east C	Con.	ces						& vas
	Examiner	er	resulting in deeth)	θ	Due to (or es e		Part of the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest an						0 ,
	ecuted and transit	Examiner	Sequentially list conditions,	b	Due to (or es e	consequ	uenca of):		_				
68760,	icate be executed physician end s the burial-transit												
Box 68	5 00	n/Medical	resulting In deeth) Lest	d.									
	death ce e ettendi	sicia	Pert il. Other significant conditione	contributing to death	but not resulting i	n the un	dedving cause	given in Pert I		23h Did to	hacco use con	stribute to	the cause of death?
P.O.	that the de ed by the deteched	/ Physician/		•						1□ Y	V		pably 4 Unknown
Records,	law requires that es been signed b 2 should be det	Completed by								24e. Was e perform		cor	ere eutopsy findings eileble prior to appletion of cause deeth?
<u> </u>	9 4 9	TO.								1 □ Ye	s 2 No	1 🗆	Yes 2□ No
Vital		Be (25. Wes case referred to medical exeminer?					26. Place	of Deeth	Check only on	e)		
of	Physician: this certific ral director,	2	1 ☐ Yes 22 No	Hospital: 12 Inpat	ient 2 ER/O	utpatlent	3LI DUA		irsing Homi	e 5 ☐ Reside	enca 6 🗆 Othe	er (Specify	1)
	ing After fune	ation:	27. Menner of Deeth 1/ Naturel 5 ☐ Pending 2 ☐ Accident Investigat	28e. Date of Inj (Month, De	ey Yeer) 28b.	Time of Injury	28c. In W	ijuryet Vork? □Yes 2□I		ld. Describe ho	ow injury occurr	ed	
Division	or Att	Certification:	3 ☐ Suicide 6 ☐ Could not determine	d 286. Piece of in	njury - At home, fe tc. (Specify)	erm, stre	et, fectory, offic	е	28	f. Location (St City or Town		er or Rura	I Route Number,
	Hospita 14 hours Funeral tely filled	edicai C		hyelclan: To the best	of examinetion en								
	ithin 2 of the symple	Med	29b. Signature and lie of certifier	d menner s	reted.		29c. Lice	nse number		To	9d. Date signed	(Month	Dev. Yeer)
	To To		29c. License number 29d. Date sk								7-	0	1990/
ţ	(1)		30. Neme and eddress of person wh	complete cause of	deeth (Item 23e)	(Type, F	Print) S Healt	0	900	Caton	Aur	+ 1	1118
			WATER	FIRED	St A	he	s Healt	Gare		Ball	mi	21	ng
	Sta Registr		31. Dete filed (Month, Day, Yeer) JAN 13	1998 32 Regis	ulia Davids	on R	indelle						



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Rea. No 1. Decedant's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month 10, 1998 January Hatoff 12:00 pm 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) 4c. County of Death Baltimore Catonsville Forest Haven Nursing Home If Under 24 Hrs. Hours Min. If Under 1 Year Birthplace (State or Foraign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Days Months 1□ M 2X F 88 Yrs. New 220-14-0205 January 11, 1909 Usual Residence of Decede 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 XNo Maryland Baltimore Co. Rosedale 10a. Citizen of What Country? 10e Street and Number 10f. Zin Code 21237 United States Rosedale Avenue 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 XNo If Yes, Give 14. Race - American Indian, Black, White, etc. 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Year or Dates 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 Hospital Registrar 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Rubin (Unknown) (Unknown) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1805 Greencastle Drive Rosedale, Maryland 21237 Mr. Robert Hatoff/Son 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from Stata 4 □ Donation 5 □ Other (Specify) 1/13/98 Meadowridge Memorial Park Elkridge, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Timothy S. Harman Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, MD 21214 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or raspiratory arrast, shock, or heart failure. List only one causa on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition rasulting in daath) 1 well HROM BOSIC Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 4POTHYROIDISM 24b. Were autopsy findings evailable prior to 24a. Wes en autopsy completion of cause of death? 1 Tyes 20 No 1 ☐ Yes 2 ☐ No 25. Was cese raterred to medical examiner? 1 ☐ Yas 2 ☐ No 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manper of Daath 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding Invastigation U Natural

Physician /Medical Examiner

Examiner

Physician/Medicai

ρΛ

Completed

Be

Lo

Certification:

Medical

2 Accident 3 Sulcide

4 Homicida

(Check only one)

29a, Cartifier

permit. Page Department of Important: If any injury or page.

Physician

Examiner

Funeral

Director

the Maryle

with

r than "naturel", or items 23s or 28s-f show the Medical Expression must be notified at

Pages 1 and 2 should be filed within 72 hours after nent of Health end Mental Hygiene.

Int. If Nem 27 is marked other than "naturel", or ite ary or other treumatic event, the Modital Examination.

altimore, Maryland 21215-0020

/Medical

Directo

Funeral

à

Completed

Be

0 detached signed l has

page 2 certificate director. this funerai After

Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: 24 hours after death. in by

To the To the To the I

Registrar

SNEEM 31. Date filed (Month, Day, Year)

29b. Signature and title of certifier

32. Registrar's Signature ia Diridson-Randelle

28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

29d. Date signed (Month, Day, Year) 29c. License number 30 Nama and address of person who complated ceusa of daath (Item 23a) (Type, Print) AKHANI, 7220 JACO MA 21208

28f. Location (Street and Number or Rural Route Number, City or Town, State)

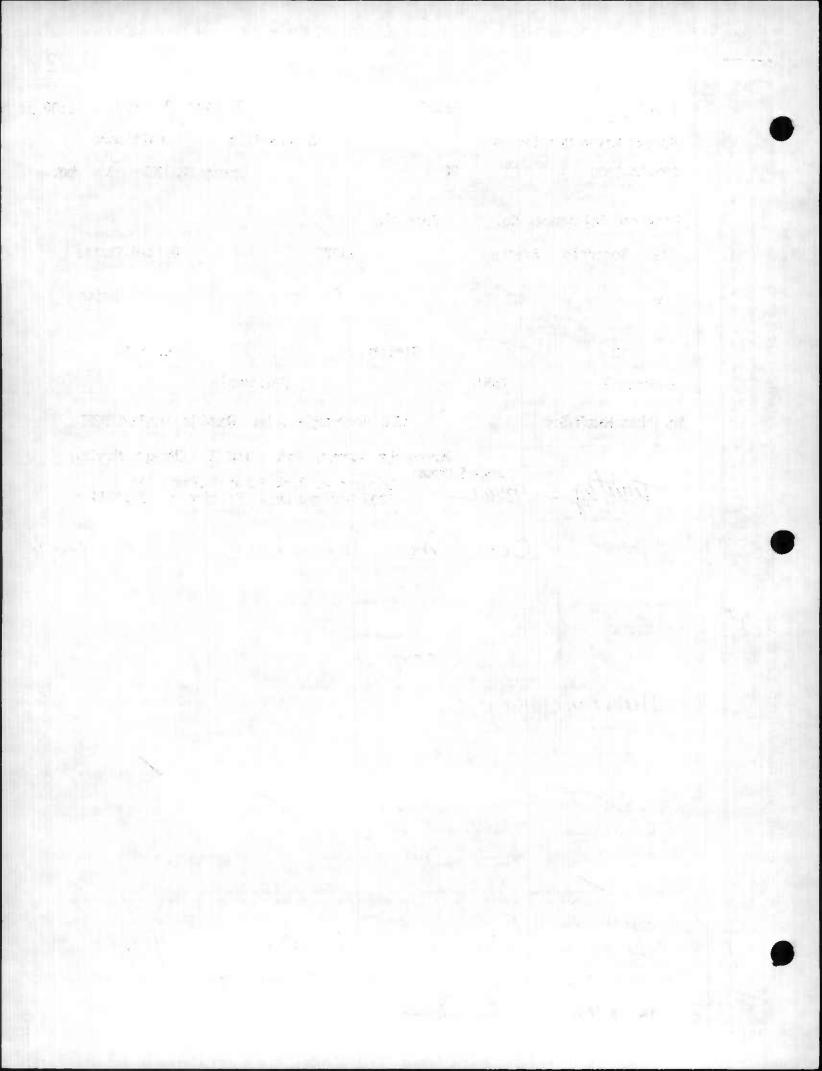
1 ☐ Yas

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

6 Could not be datermined

veen



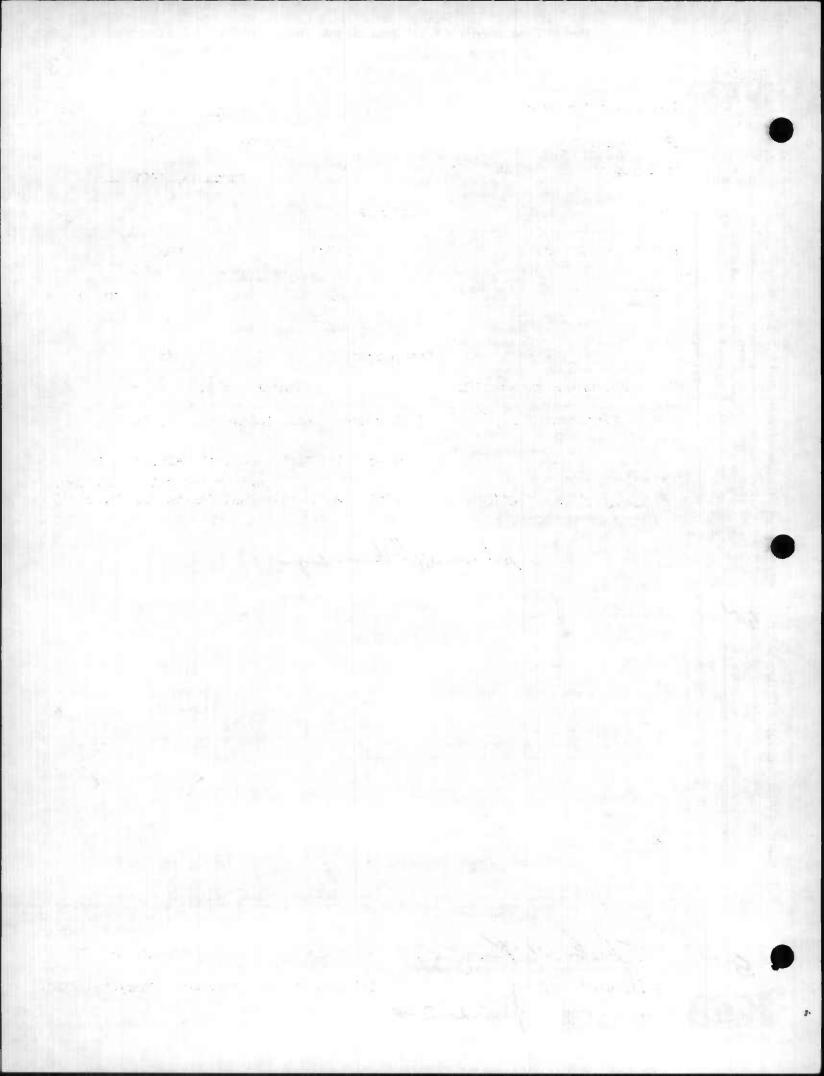
GAYLE			Please			nd / Depa	artme	ent of H	lealth and	d Mental H		8 n	046	3
	sician	Gall RODIN Hightower Ab City Town									2. Date of Death Month Day Year JANUARY 9, 1998 1:			
***			FRS AVE lumber 6. S	street end nu	7. Age (In yrs. lest birthday) If Under 1 Y					ORE Hrs. 8. Date of B	oth 4c. C n/a sirth Day, Year)	9. Bir	th thplece (Stete ountry)	
	-	Usuat Residence of 10a. State Md.	10b. County	/a	'a 10c. City, Town or Location Baltimore					March	13, 13	201_00	10d. Inside (City Limits
h with the N	al Director	10e. Street end Nui 3803 Bowe	mber ers Avenu	е			10f.	Zip Code 2120	7		10g. Citize	en of Whet Co	ountry?	
5-0020 72 hours after death with the Maryland neturel; or Nerns 23a or 28s-f show	by Funeral	11. Marital Stetus 1 Never Merri	ied 2 Married	12. Was Dec Armed Fo 1 Tes If Yes, Gi Yeer or D	2 No ve No		If Yes, s	cedent of Hoecify Cube	ispanic Origina in, Mexican, Pi Specify:	? (Specify Yes or Nuerto Ricen, etc.)		Black, Whi	erican Indian, te, etc.	
21215-0020 d within 72 hours aff giene. rr than *naturel; or	leted		15. Decedent's Ed	ucation de completed) College ((Give	kind of DO NOT		ation during most of	working		of Bustness	/Industry	
bo file be file doth	Be		(First, Middle, Last)	3 ghtower	SR.	Unemp]	Loye	d		Name (First, Midd or Butler		u <i>m</i> eme)		
2 p = 1	2 2525	19a. Informant's Na Eleanor F	ame/Relationship (7 Hightower	Smith		3803	Bow	ers A	venue E	mber or Rurel Route Number, City or Town, State, Zip Code ae Baltimore, Md. 21207 Dete 20c. Location - City or Town, State, Zip Code				
Baltimore, pemit. Pages 1 ar Department of Heal Important: If item.		1 Suriel 2 4 Donetion	☐ Cremation 3 ☐ 5 ☐ Other (Specify Inerat Servica Lican	')	State	Place of Dispondencemetery, cres	Mem	orial	Park		Baltimore, Md.			
		23a. Part1. Enter ti shock, or hea	s Falls	PKWY Ba	ltimor		. 21216 Approximatinterval Be	ate etween						
* Physici /Medic Examir	cal	Immediate Cause disease or conditio resulting in death)	(Finat n	. for	trace	log lor es a conse			'ye				Onset and	Death
death certificate exertified entending physican extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending extending exten	Medical Examiner	Sequentially tist co if eny, leading to in cause. Enter Unde Cause (Disease or thet initiated events resulting in deeth)		b	Due to	or as a consec	quenca d	of):					7 7 9 9	
P.O. hat the dod by the	hys	Pert II. Other signif	licant conditions co	ontributing to death but not resulting in the underlying cause given								e to the cause Probably 4	of death	
aw requires to been sign.	pieted by										as en eutops formed?	y 24b.	Were autopsy available prior completion of of deeth?	rto
Of Vital Re Physician: The It this certificate had director page.	Be	25. Was cese refer examiner?		Hospital:	Inpatient 2[☐ ER/Outpatie		Oth	er: _	Death (Check ont)			1	□ No
on of Ing Phys	lon: To	27. Manner of Deat 1 Naturat 2 Accident 3 Suicide		28c. Injur Wor 1	4 LI NUISI	28d. Describ	e how injury	occurred						
spital or nours after neral Direction	cal Certifi	4 Homicide 29a. Certifier (Check only	determined	yelclan: To the	ing, etc. (Spec	owledge, deat	h occurr	ed et the tir		City or 1	own, Stete) ne cause(s) e	and menner e		
To the Ho within 24 I To the Fu	Medical	29b. Signature and	title of certifier		asis of examin ner stated.	enon and/or in		29c. Licens	e number	ocarred at the tim	29d. Dete	signed (Mor	nth, Dey, Yeer)	
5		30. Name and addr	ess of person who	completed cause	se of de th (Ite	m 23a) (Type,	Print)	_0.0	.M.E		JANUARY 10,1998			

State Registrar

31. Date filed (Month, Day, Yeer)

32. Registrer's Signeture

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Death **Physician** Month Year Esther Hayes January 7:25 P.M. 1998 61 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Mercy Hospital H Undar 1 Year If Undar 24 Hrs. Months Days Hours Min. Mar 17, 1935 N / A'

9. Birthplaca (Steta or Foraign Country) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 TF 219-30-6692 62 Yrs. Director MD Usual Rasidance of Decadant 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits MD N/A BALTO Director 1 √ Yas 2 No 10e. Street and Number 10f. Zip Coda 10a. Citizan of Whet Country? 1707 N. PATTERSON PARK AVE 21213 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 14. Race - Amarican indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) permit. Pages 1 and 2 should be filed within 72 hours after d. Department of Health and Mental Hyglene. Important: if Nem 27 is marked other than "natural", or them any injury or other treumatic event, the manufacture. 1 Navar Married 2 Married 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 No Specify: by Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elemantary/Sacondery (0-12) Collaga (1-4or 5+) HOSPITAL HOUSEKEEPER N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middle, Meidan Surnama) Be WALTER HAYES ELLA FRAIZER

19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 919 MCALEER CT BALTO, ROSLYN JOHNSON MD 20b. Placa of Disposition (Name of comatory, crematory or other place)
BALTIMORE CEM 20a. Mathod of Disposition JAN 13 20c. Location - City or Town, Stata 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Spacify) 1998 BALTIMORE MD 22. Nama and Addrass of FacilityBETTS FUNERAL HOME 21. Signature of Fyneral Sarvice Licensaa 1129 N CAROLINE ST BALTO MD 21213 23a. Pan 1. Entar tha disaasa, or complications that caused tha deeth. Do not antar tha mode of dying, such as cardiac or respiretory errest, shock, or haar failura. List only ona causa on aach line. ecia **Physician** /Medicai Immediate Causa (Final diseesa or condition rasulting in deeth) Sepsis 18 days Examiner Due to (or es a consequence of): Examine Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarfying Cause (Diseesa or Injury that Initiated avants rasulting In daath) Last Dua to (or es e consequance of) Physician/Medicai Dua to (or as a consaquanca of): Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Wunknown Renal Failure End-Stage þ 24b. Were eutopsy findings available prior to complation of causa of daath? Completed 24e. Wes an autopsy 1 Yas 2 □ No 1 Yas 2 No 25. Was casa raferred to medical exeminar? Be 26. Place of Daath (Check only one) Certification: To Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 XYas 2 No 1 Ninpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Daath 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 2 Accidant 5 Panding 1 ☐ Yas 2 ☐ No

Box 68760. Division of Vital Records, P.O.

or 28a-f show

Нетя 23a

Baltimore, Maryland 21215-0020

treumstic event, the Medical Examiner must be notified at

I or Attanding Physician: The law requires that the death certificate be executed attached by the attanding physician and Director: After this cartificate has been signed by the attanding physician and in by the invest director, page 2 should be detached for use as the burnal-training To the Hospital or within 24 hours aft To the Funeral Di completaly filled in

State Registrar

Medical

29b. Signatura and titla of certifiar

28a. Place of fnjury - At homa, farm, straat, factory, office building, atc. (Spacify)

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) end manner as stated.

2 Medical Examinar: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

Jon Von Vioge MD

invastigation 6 Could not be determined

10211

January 6, 1998

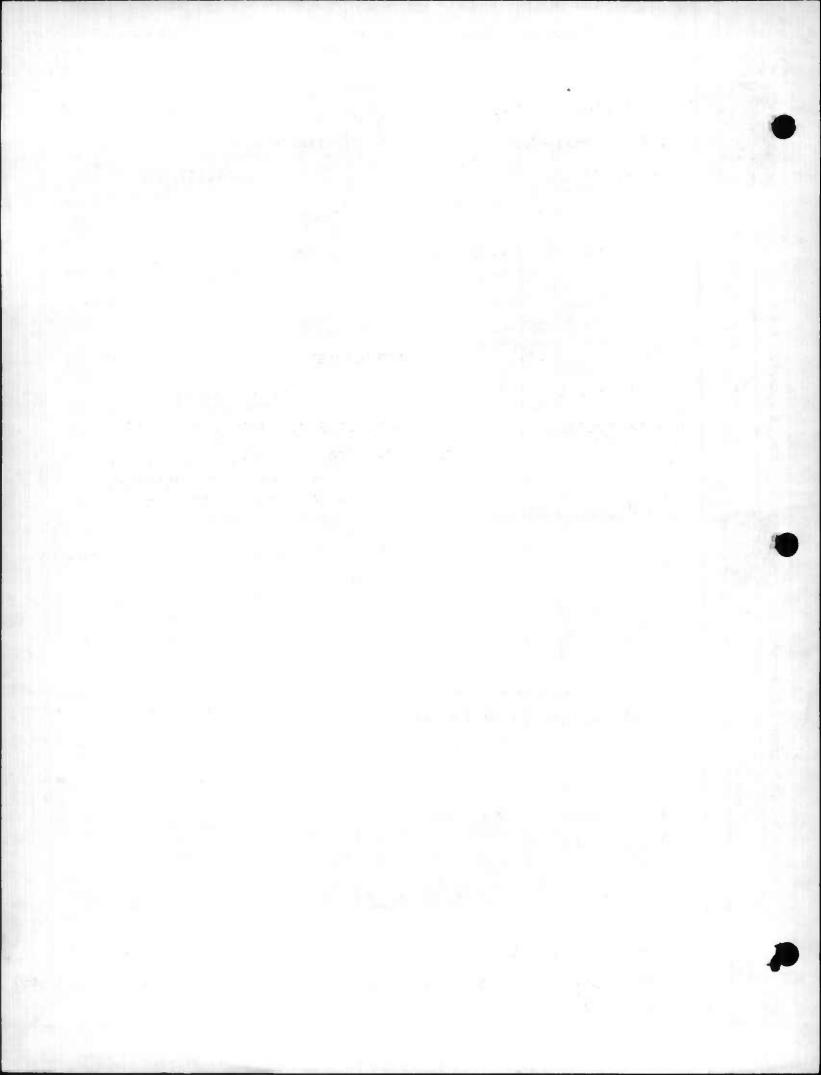
28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)

30. Nama And addrass of person who completed cause of deeth (Itam 23a) (Type, Print)
Jon Von Visger M.D., University of Maryland Hospital. 2250 Greene St. Balt., MD.

3 ☐ Suicida

29a. Certifiar (Check only one)

4 Homicide



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death Month **Physician** Li Za, Hughes
4a. Facility Name (If not Institution, give street and number) 1805 January 1998 /Medical 4b. City, Town, or Location of Death 4c. County of Death Ceu tev | H Undar 1 Year | This Days Examiner Baltimove
II Undar 24 Hrs. 6. Date of Birth
(Month, Day, Year)
December 5 Buy view Medical N/A Johns Hookins 5. Sociel Security Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1□M 2×F 251-44-8007 Usuel Rasidance of Decedant December 5 1931 Director with the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai", or items 23a or 28a-f shore Examiner round to notified at MD BALTO, CO. WOODLAWN 1 Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1914 FEATHERBED LANE 21207 U.S.A. death Funeral 11. Meritei Stetus 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Bleck, Whita, atc. filed within 72 hours after Hygiene. 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Detas: 1 Nevar Married 2 M Merried "natural", or 1 ☐ Yas 2 ☐ No Specify: AFR. AMERICAN b 3 ☐ Widowed 4 ☐ Divorced or than 'nature, Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Collega (1-4or 5+) Eiamantary/Secondary (0-12) i. Pages 1 end 2 should be filed w tment of Heelth and Mental Hygier tant: If item 27 is marked other th jury or other treumstic event, the 12 17. Fether's Neme (First, Middla, Last) 16. Mother's Nema (First, Middla, Malden Sumame) Be LEROY STEVENSON ALMA STEVENSON 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 s
Department of Heelth an
Important: if item 27 is
any injury or other treu MELVIN HUGHES 1914 FEATHERBED LANE BALTO.CO MD 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ♥ Buriai 2 □ Cremation 3 □ Ramoval from Stata DRUIDRIDGE CEMETERY 1/9/1998 BALTO. MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Uneral Service Licensee EUGENE N WALKER ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 Mains death. Do not entar the mode of dying, such es cardiec or respiratory arrest, Approximata Interval Between Onset and Death **Physician** /Medical immediata Cause (Finei disaasa or condition rasulting in death) Examiner Dua to (or as a consequance of): Physician/Medical Examiner Acidosis physican and the burnationsit Sequentially list conditions, if any, leading to immediate cause. Entar Undarfying Cause (Disease or Injury that initiated evants rasulting in death) Last Division of Vital Records, P.O. Box 68760, Epidermy Neurolysis Syndrome signed by the at Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera autopsy findings aveilable prior to complation of cause of death? Completed 24a. Was an autopsy performed? page 2 s 2 No certificate 1 Yas 2 No Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certifica director Be 25. Was casa ratarred to medical axaminar? 26. Placa of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas ZN No Certification: To 1) Inpatient 2 ER/Outpatient 3 DOA 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28b. Time of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida To the Hospital of within 24 hours a To the Funeral D completely filled it 29a, Cartifier LECertifying Physicien: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, deta end place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) Misstern Danafauel - Jam, 40.

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) January 5, 1978 Christian Danhausen-Johns Mopkas Buguian Medical Center 4940 Eastern Ave, Bult, MD21224 Brun, M.D.

DHMH 16 Rav 6/95

State

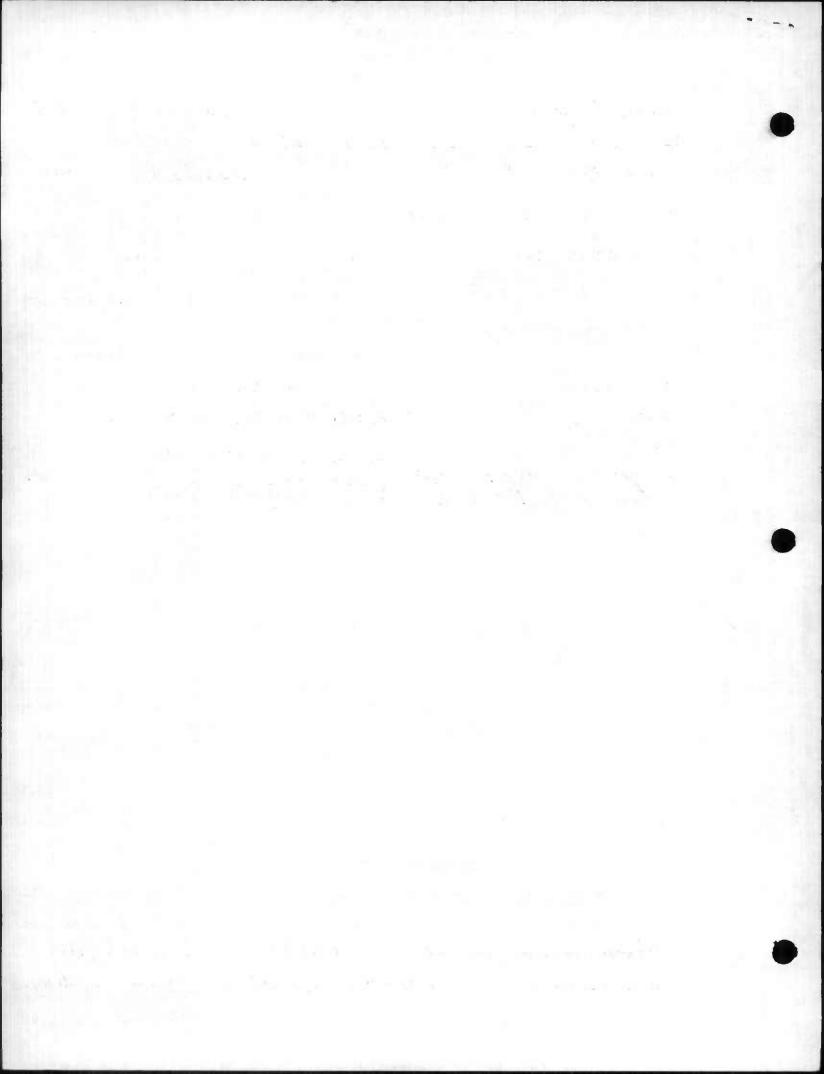
Registrar

31. Dete filed (Month, Day, Year)

3 1998

32 Registrar's Signatura

Julia Davidson-Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 1998 0750 ELLEN JOHNSON JANUary 11 4e. Fecility Neme (If not institution, give street and number) c. County of Deeth 4b. City, Town, or Location of Deeth Deaton - University of MARYLAND Medical System BALTIMORE N/A 7. Age (In yrs. lest birthday) | If Under 1 Year | If Under 24 Hrs. 8. Date of Birth | 9. Birthplece (State or Foreign Month, Days Hours Min. July 25, 1908 Trany 1 and 5. Sociel Security Number 1 M 20 216-32-9594 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland N/A Baltimore Kokyes 2□No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 611 South Charles Street 21230 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Marital Status 14. Rece - Americen Indien, Black White etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Black X Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 3rd Domestic Private Families 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Moses Humstead Mary Moriah 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Rev. Maceo Nesmith 3741 Sylvan Drive Baltimore, MD 21207 20b. Place of Disposition (Neme of cometery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ⚠ Other (Specify) 上 n t O m D m t Arbutus Memorial Pk 1/14/98 Arbutus, MD 21. Signetury of Fygeral Service License Marshall W. Jones, Jr Funeral Home PA 4101 Edmondson Avenue Baltimore, MD 21229 23a. Part1. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each pro-Approximete Intervel Between Onset end Deeth Immediate Cause (Final Acute Kirally MYOCARDIAL INFARCTION diseese or condition resulting in deeth) Due to (or es e consequence of): toteroschero Sequentially list conditions, if eny, leeding to Immediete ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): 23b. Did tobecco use contribute to the cause of death? DIABETES HELLITUS 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Onknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? VEHENTIA 1 Yes 2 No 1 ☐ Yes 2 No

Physician /Medical Examiner

Physician

/Medicai

Examiner

Director

Funeral

þ

Completed

Be

Funerai

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic evant, the Modeal Examinar must be notified at

filed within 72 hours efter

Hygiene.

1 end 2 should be 1 Heelth and Mental I

Pages 1

nt of Heelth a if item 27 is or other trac

Important: H any injury o

21215-0020

Maryland

Baltimore,

Box 68760,

P.O.

Division of Vital Records,

JOHNSOR

CLEN

signed by the a this certificate

To the Hospital within 24 hours a To the Funeral Completely filled

The law requires thet the death certificate be executed Physician/Medical þ Completed ai or Attending Physician: These after death.

Si Director: After this certificate ed in by the funeral director, pa Be 2 Certification:

> State Registrar

Medical

Pert II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

28. Piece of Deeth (Check only one)

25. Wes cese referred to medical exeminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 27. Menner of Deeth

5 Pending investigation 6 Could not be determined

28e. Dete of Injury (Month, Dey Year) 28e. Plece of Inlary - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

28c. Injury et Work? 1 Tes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

2 Medical Exeminer: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29b. Signeture and title of certifier

1 Neturel 2 Accident

3 Sulcide

29e. Certifier

4 - Homicide

(Check only one)

29c. License number DO 1346

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

29d. Date signed (Month, Day, Year)

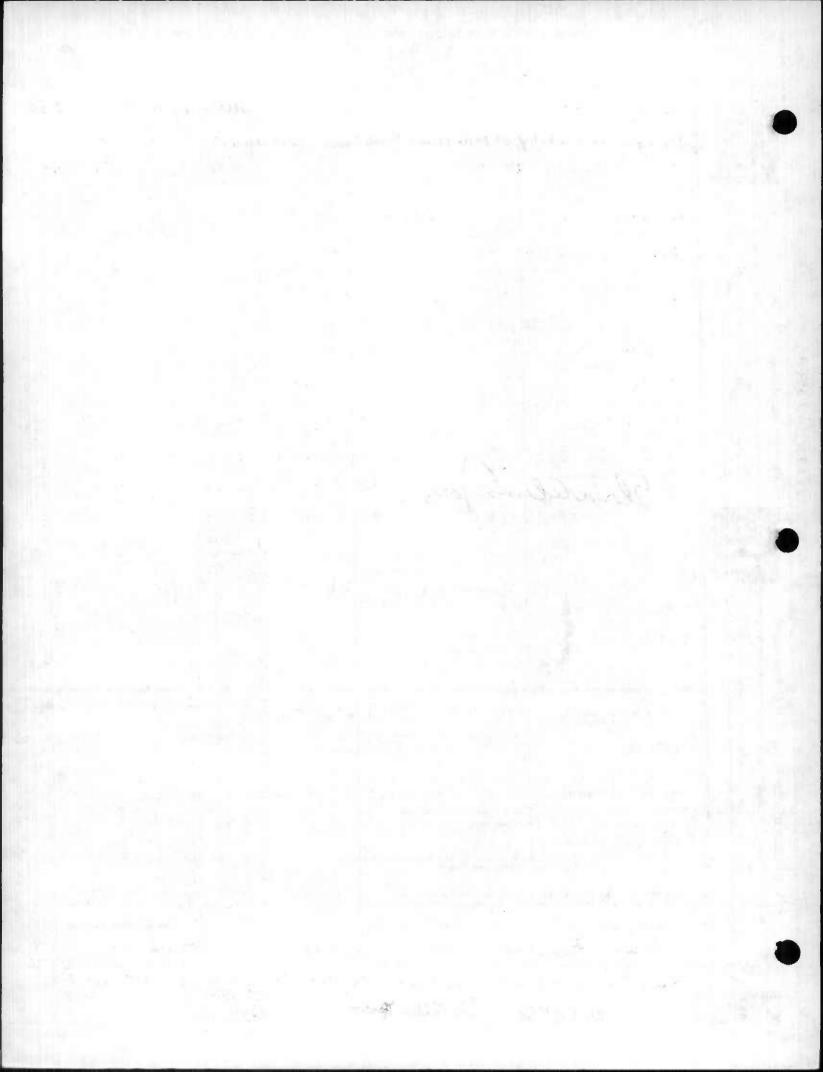
39. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) ALES FLYNY my

6. thomas

21230 DENTION SPECIALTY HOSPITAL /HOME 611 SOUTH CHARLES BALTIMORE

31. Dete filed (Month, Day, Yeer)

32. Registrar's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3 Time of Deeth Month Washington 2255 January 1998 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva street and number) 4c. County of Death Northwest Hospital Randallstown Baltimore Center 7. Age (In yrs. last birthday). 82 yrs. If Under 24 Hrs. Date of Birth (Month, Day, Year) 01-04-16 9. Birthplace (Stata or Foreign Country) VA 5. Social Security Number MOM 20F Yrs. 227-40-2723 Usual Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Salem 1 Yes PONO NA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 712 Harrison Avenue 24153 USA 12. Was Dacedant Evar In U,S. Armed Forces? 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Navar Married 2 Married ☐ Yes 2 No f Yes, Give 1□ Yes 2□No Specify: Black 3 Nidowed 4 Divorcad Yaar or Dates: 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Laborer 7th Grade Construction Co. 17. Fethar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Robert Jones Georgia Dawson 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eleanor Μ. English 3302 Hillsmere Road Baltimore, Md. 21207 20b. Placa of Disposition (Name of cematary, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State ty Jurial 2 Cramation 3 Removal from Stata Mt. Shiloh Bapt. Ch, Cem. 01-14-98 Monroe, VA. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility 21. Signature of Funaral Service Licansee Baltimore, Maryland 21202 Bemad mour WM.C.March FH 1101 E. North Avenue 23a. Part1. Enter the disease, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each lina. Approximete Interval Between Onsat and Death Immadiata Causa (Final disease or condition resulting in death) a. Hypoglycemia Malnutrition Dua to (or as a consequenca of): Part II. Other significant conditions confributing to death but not resulting in the underlying cause given in Part 1. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? gastrectomy 2 No 1 ☐ Yes 2 No 1 Tyes 25. Was casa referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes ₽ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Describe how injury occurred Natural 5 Pending Investigation

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

VA.

Funeral

Director

? is marked other than "natural", or items 23a or 28a-f show treumstic event, the Medical Examiner must be notified at

filed within 72 hours after Hygiene.

permit. Pages 1 and 2 should be filed Department of Health and Mental Hygii Important: If Item 27 is marked other. any Injury or other treumatic event.

3altimore, Maryland 21215-0020

Box 68760,

P.O.

Division of Vital Records,

the Maryland

Examiner Sequentially list conditions, If any, leading to Immediata cause. Enter Underlying Ceuse (Disease or Injury that Initieted events rasulting in deeth) Last Physician/Medical the by

Completed

Be

2

Certification:

Medical

peen

funeral

Director: After

efter death.

To the Hospital of within 24 hours of To the Funeral D completely filled in

the Hospital or Attending

Arterisclerate heart disease Partral

> 28a. Date of Injury (Month, Day Year) 6 Could not be determined

28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

2 Accident

4 Homicide

3 ☐ Suicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the ceuse(s) end menner as steted.

Medical Examiner: On the bests of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and mannar steted.

29b. Signeture and title of cartifier

29c. Licensa number m

January 07, 1998

29d. Date signed (Month, Day, Year)

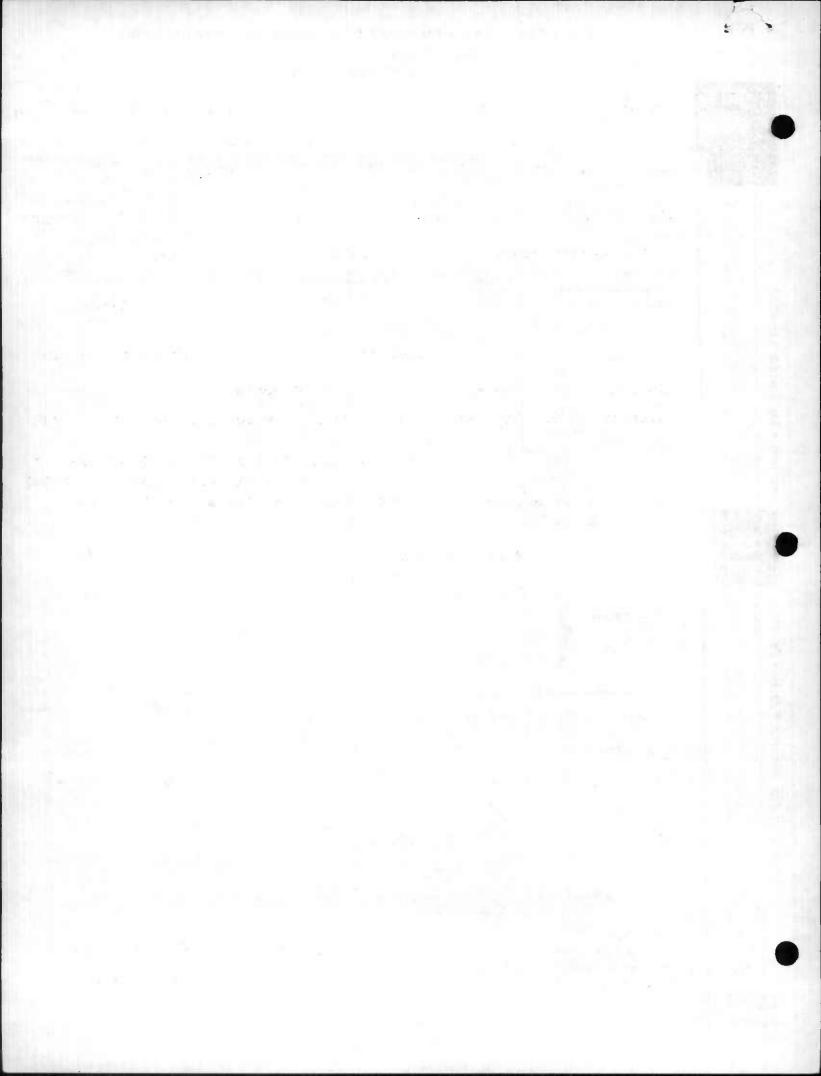
State Registrar 30. Name and address of person who completed causa of death (Item 23e) (Type, Print) Roggen old Court Road 5401

Randallstown

MO 21133

31. Date filed (Month, Day, Year) 32. Registrer's Signature

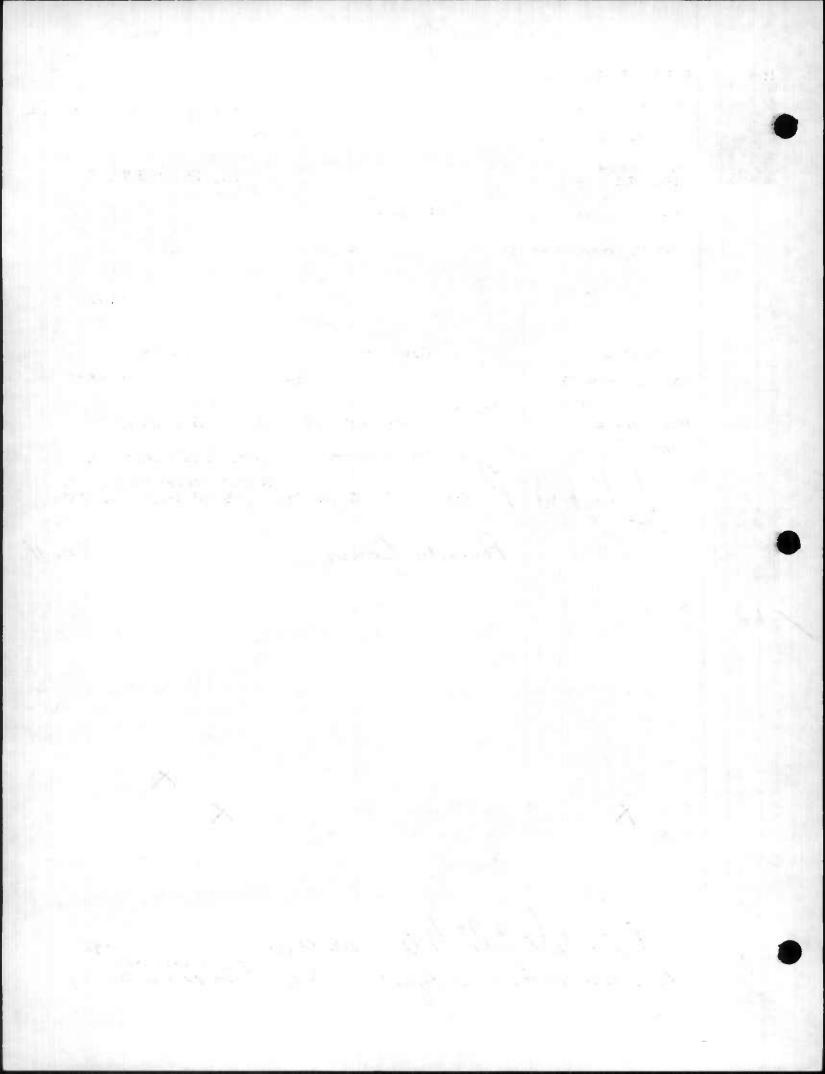
Julia Savidson-Randall JAN 1



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: #5 Per FH Film G-755 1-20-98RC 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Month Yaai Eula Loretta Jones January 6, 1998 12:18p.m. /Medical 4a. Facility Nama (If not institution, giva streat and numbar) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 1105 N. Longwood Street Baltimore 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) **Funeral** 8. Data of Birth (Month, Day, Year) Days Hours 216-07-4041 1 M 2 500 82 Yrs. Director July 13, 1915 Va. 217-26-0701 Usbai Residanca of Dacadent the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Exampler must be notified at Md. n/a Baltimore Director XXYas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? with 21216 1105 N. Longwood Street USA death Funerai 12. Was Dacedant Evar In U,S. Armed Forcas? 1 ☐ Yas 220 No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. permit. Pages 1 end 2 should be filed within 72 hours after of Department of Health end Mental Hygiene. If them 27 is merked other than "natural", or flee any Injury or other traumatic avant 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: Black þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedent's Education 16b. Kind of Business/Industry (Spacify only highast greda complated) Elementery/Secondary (0-12) Collaga (1-4or 5+) 8th Grade Homemaker Domestic 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Sumama) unknown Raymond Campbell 19a. Informant's Name/Ralationship (Type, Print) daughter 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) 17 Preakness Court Owings Mills, Md. 21117 Peggy Biscoe 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata XX Burlal 2 Cramation 3 Ramoval from State Woodlawn Cemetery Jan. 12 Baltimore, Md. 4 Donafion 5 Othar (Spacify) 22. Nama and Addrass of Facility Nutter Funeral Homes, Inc. 21. Signature of Funaral Sarvice Licensea rince 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Parti. Enter the discase, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting In death) Examiner Examiner Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical the Dua to (or as a consaguance of): Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, by 8 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? peen : complation of ceusa of death? After this certificate has page 1 ☐ Yas 2 ☐ No Division of Vital Be 25. Was casa rafarrad to medicel 26. Pleca of Death (Check only ona) axaminar? Othar: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) To 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of Certification: Hospital or Attending 5 Pending Investigation 1 Natural death. 1 ☐ Yas 2 ☐ No 2 Accident ofter death Director: 6 Could not ba datarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 4 Homicida within 24 hours e To the Funeral C Modical Examiner: On the basis of my knowledge, death occurred at the lime, date and place, and due to the ceuse(s) and manner as stated.

Modical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medical 29a. Cartifiar To the 29d. Dala signad (Month, Day, Yaar) 29b. Signature ed cause of daath (Item 23e) (Type, Print) WATERFIE 32. Registrar's Signature 31. Dete filed (Month, Day, Year) State ula Davidson Registrar

DHMH 16 Bay 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death William Jenifer SR. January 5, 1998 10:00a.m. 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 3530 Resource Drive #101 Randallstown Baltimore 5. Social Security Number If Under 1 Year Months Days If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) M 20 F Hours 212-14-9432 78 July 8, 1919 Md. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits Md. Baltimore Randallstown 1 Yes 2000 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21133 3530 Resource Drive #101 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Rece - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ ★arried 1 ☐ Yes 2√ No If Yes, Give 1 ☐ Yes 2 No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) MTA/ Baltimore, Md. 12th Grade MTA Transit Driver 18. Mother's Name (First, Middle, Meiden Sumame) unknown 17. Fether's Name (First, Middle, Last) Clara Viola George Richard Jenifer 19a. Informent's Name/Relationship (Type, Print) Daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3033 Windsor Avenue Baltimore, Md. 21216 Terry Boone
20e. Method of Deposition 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State Bural 2 Tremetion 3 Removel from State 4 Donation 5 Other (Specify) Jan. 10 Baltimore, Md. Arbutus Memorial Park 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Fury ral Service Licensee 2501 Gwynns Falls PKWY Baltimore, Md. 21216 er the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, heart failure. List only one cause on each line. Immediate Cause (Final Molliteis eles disease or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably Tolthknown 24b. Were autopsy findings eveileble prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 Yes 2 No Other: 4 Nursing Home 5 Desidence 8 Other (Specify) 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturei 5 Pending 1 Yes 2 No investigation 2 Accident

Examiner Box 68760, The law requires that the death certificate be P.O. Records, of Vital or Attending Physician: Division

Physician/Medical Examiner the burial-tran physician USB BS signed by t by Completed peen page 2 certificate director. Be 10 this the funeral Certification: After

Physician

/Medicai

Examiner

Director

Funeral

þ

Completed

Be

10

Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examinar must be nutified at

Pages 1 and 2 should be filed within 72 hours after neat of Health and Mental Hygiene.

It it item 27 is marked other than "natural", or ite mary or other traumatic event, The Medical Engine ury or other traumatic event, The Medical Engine.

permit. Pages 'Department of H Important: If Ite any Injury or ot

Physician /Medical

Baltimore, Maryland 21215-0020

with the Maryland

death v

s after death. filled in by Hospital 24 hours edical To the Hosp within 24 hou To the Fune completely fi

TAHOOR A 31. Date flied (Month, Day, Year)

JAN 1 3 1998 State Registrar

3 Suicide

29a. Certifier

4 T Homicide

29b. Signature and title of certifier

6 Could not be determined

Kalla 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) KAWAJA

1777 Reistertown Rd July 32. Registrar's Signature July Savidson-Randoll

28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)

Contifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the ceuse(s) and manner as steted.

29c. License number

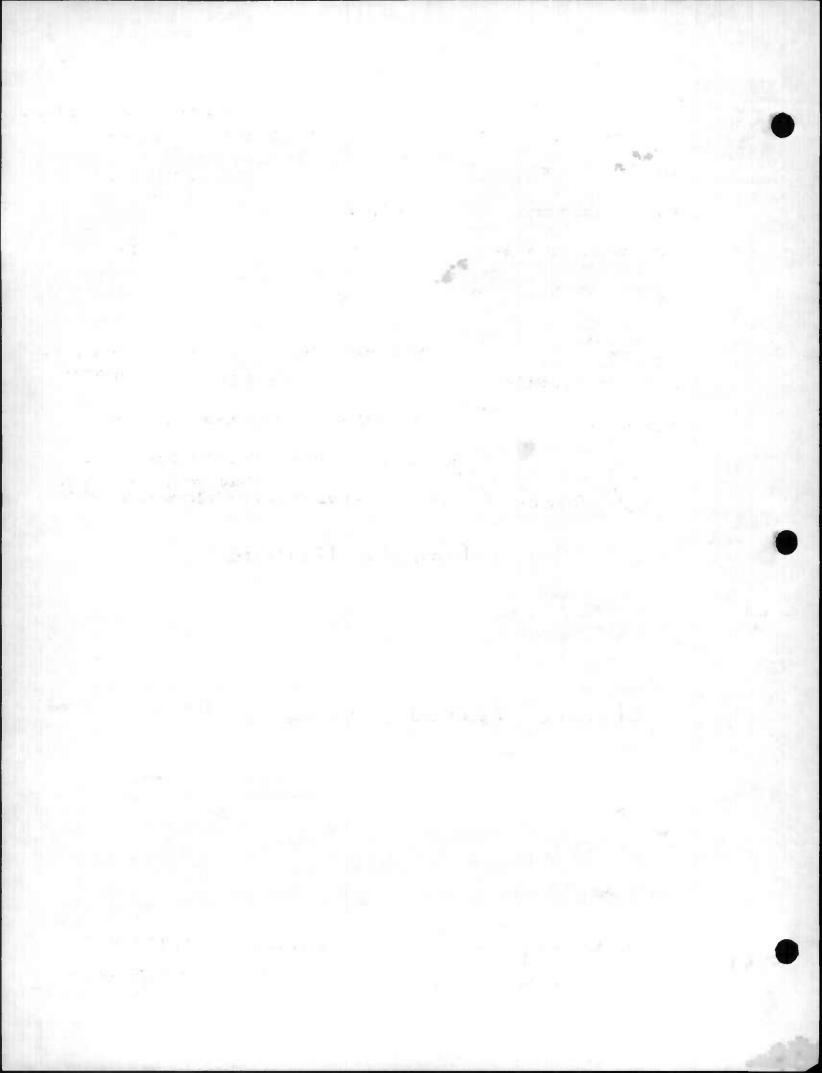
D25112

2 Madical Examinar: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29d. Qale signed (Month, Day, Year)

#108

28f. Location (Street and Number or Rural Route Number, City or Town, State)

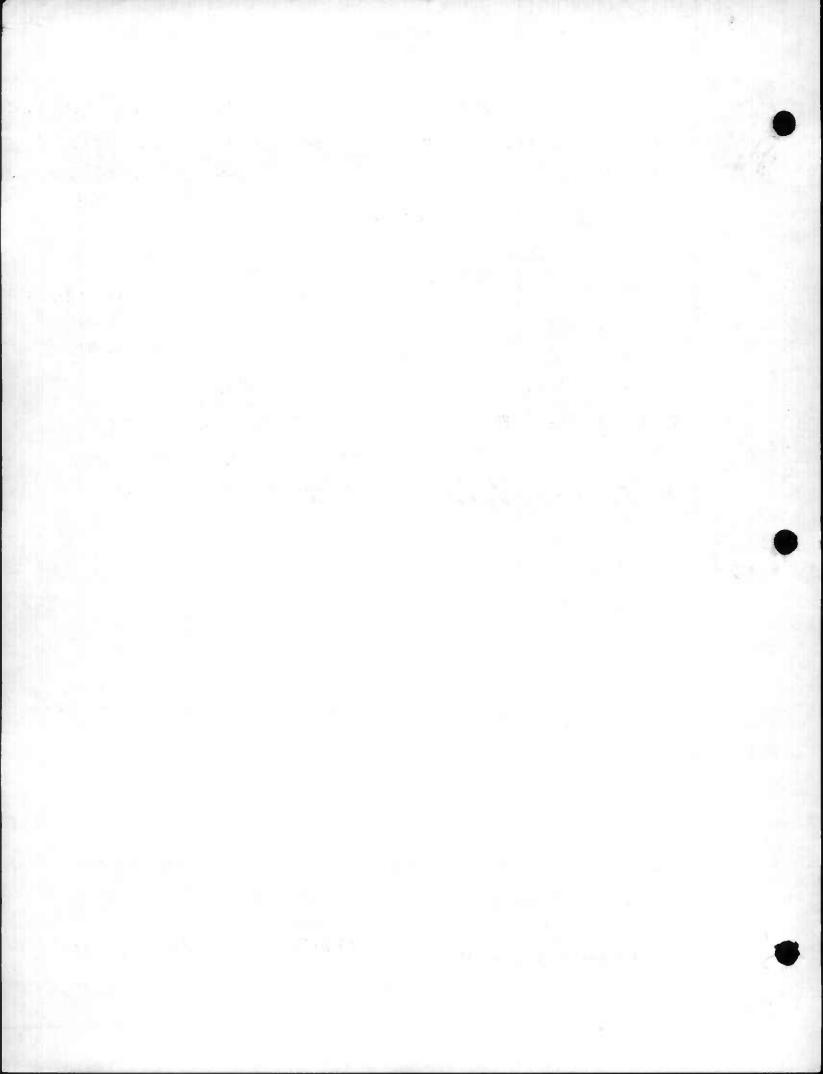
Baltines



State of	Maryland /	Department	of Health	and Me	ental Hygie	ne

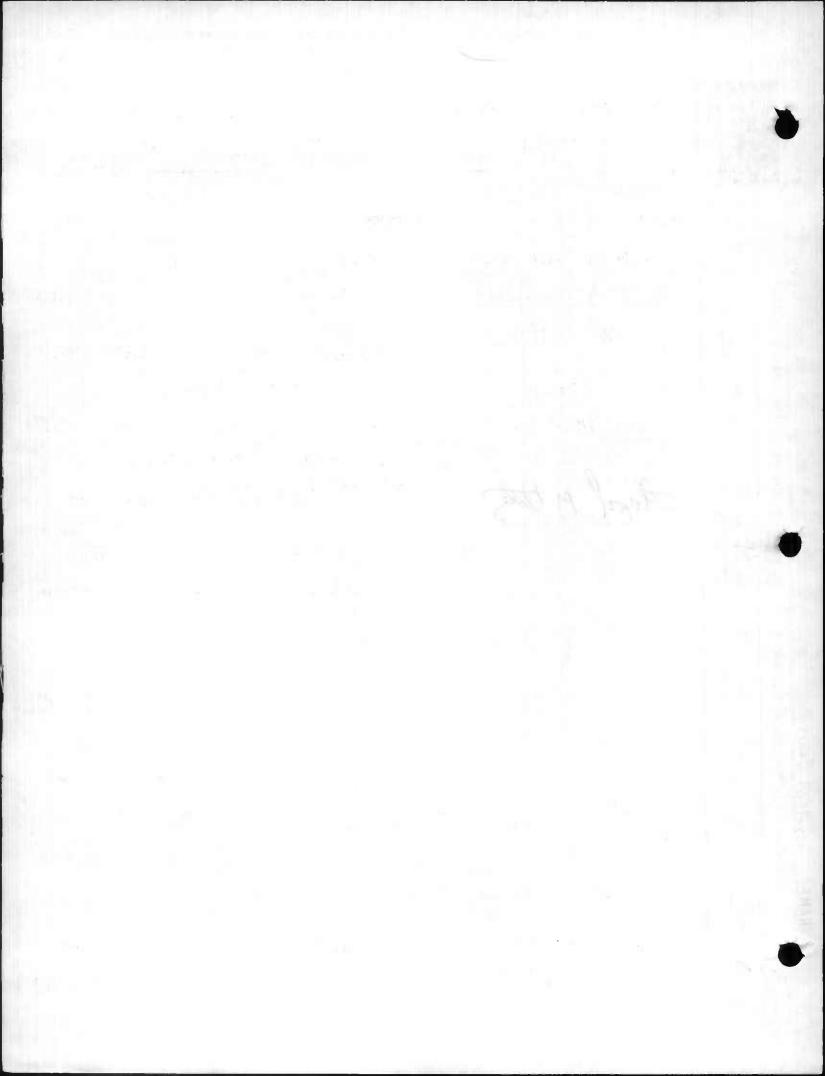
ysician Medical		Last)				2. Data of Dea Month	ith Day	Yaar 3.	. Tima of Death
	E DWAF 4a. Facility Nama (If not institution,		NKINS		4b. City, Town, or Lo	JAN.	9, 19	998 3	3:50 a.i
miner		OWARD, MD			FORT HOW		, , ,	LTIMOR	P FC
ral ter	5. Social Sacurity Number 212-24-7239		ga (In yrs. last birthda 65 Yrs	Months Days	r If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, De) June 5			(Stata or Foreign
rector	Usual Rasidence of Dacedant 10a. Stata 10b. County		10c. City, Town or	Location				10d. I	Insida City Limits
tor	MD. N/A		BALT	MORE					1∰ Yas 2□ No
lrec	10e. Street and Number			10f. Zip Coda			10g. Citizan of V	What Country?	
a le	2102 N. D	ULELAND ST		2121	16		USA		
by Funeral Director	11. Marital Status 1 □ Navar Married ##Marrie 3 □ Widowad 4 □ Divorced	12. Was Dacedant Armed Forcas d 1 Yas 2 If Yas, Giva Yaar or Datas:	No 2/53	3. Was Dacedant of If Yas, specify Cu 1 ☐ Yas 2 2 No	Hispanic Origin? (Spe ban, Maxican, Puarto i Specify:	cify Yas or No- Rican, atc.)		e - Amaricen II ck, Whita, atc.	MERICAN
Completed	15. Decedant's (Specify only highast		16a, De	cedant's Usual Occu	ipation a during most of worki	200	16b. Kind of Bu	usinass/Industr	ту
nple	Elementary/Secondary (0-12)	Collega (1-4or	5+) life	a. DO NOT usa retir	ed)	79	HOMADD	180000	N 00
	17. Fathar's Nama (First, Middla, Li	0	CA	RPET LAY	1	(Final 96: 44)	HOWARD		IN CO.
To Be		ENKINS	405.14	ilita Adda (O		GARET	BOW	IE	
	DORIS L. JENKIN				et and Number or Rura XELAND ST.				ie)
	20a. Mathod of Disposition		20b. Piece of Dis	sposition (Nema of		DALIU.	MD. 2	1216 City or Town,	Stata
	1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spa			ramatory or other pl		14/98			
	21. Signature of Funarul Sarvice Li						OWINGS		שואו
	1 /010	(P.	1.0	ESTEP B	ROTHERS FU	NERAL H	HOME P. A	4.	
iner r	tmmedieta Causa (Final disaasa or condition rasulting in daath)	a. METAS	TATIC LU		ER (ADENC	CARCI	NOMA)		eet and Death
Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or injury	b. ———	Dua to (or es a cons	sequance of):					
Medical	that initieted events rasulting in death) Last	c	Dua to (or as a cons	equance of):					
clan									
by Physician/M	Part It. Other significant conditions	a contributing to death b	out not rasulting in the	undarlying causa g	ivan in Part I.		obacco use cor es 2 No	3 Probably	cause of death? y 4 Unknown
Completed t	<u>}</u>					24a. Was a perfor	an autopsy med?	availab	utopsy findings la prior to ition of ceuse h?
5						1 🗆 Y	as 2 No	1 □ Ye	s 2 No
Be	25. Was casa rafarred to medical examinar?				28. Placa of Death	(Check only or	na)		
P	1 ☐ Yas 2 ☒ No		ant 2 ER/Outpat	IERT JLI DUA	thar: 4 Nursing Hon	na 5□ Rasid	anca 8 □Oth	ar (Specify)	
Certification:	27. Mannar of Daath 1 X Natural 2 Accidant 3 Sulcida 6 Could no	he		M 1	ork?]Yas 2□No		ow injury occurr		
Cert	4 Homicide detarmina		jury - At home, farm, c. (Specify)			City or Tow	n, Steta)		
edical	29a. Certifier 1 ☐ Cartifying (Check only one) 2 ☐ Medical Ex	Physician: To the best aminar: On the basis o and manner st	t axamination and/or	ath occurred at tha t invastigation, in my	ime, data and place, a opinion, daath occurre	nd due to the c od at tha tima, d	eusa(s) and ma ata and place, a	nner es stated and dua to tha	l. cause(s)
≥	29b. Signatura and titla of certifiar	/		29c. Lican	sa number	2	9d. Data signed	d (Month, Day,	Year)

DHMH 16 Rav 6/95



		I. Decedant's Nama (First, Middle,	l act)		Cei	tificate of	Dealli	2. Data of De	Reg. No.		2 Time of Parth
sician		ROSALIND		JONES	•			2. Data of De Month	Dey	Year	3. Tima of Death
edical miner	4	a. Facility Name (If not institution,					4b. City, Town, or	JANUAT Location of Dear	Y 5, 19		04:18 AN
iiiiiei	ľ		PITAL				BALTIMOR	E	N/A		
ral		. Social Sacurity Number			. last birthday)	If Under 1 Year Months Days	If Under 24 Hrs	8. Date of Bi	rth	9. Birthpl	laca (Stata or Foreign
tor	-	214-54-4926 Usual Rasidance of Decedant	TUM ZUAF	51 48	3 Yrs.				2, 1949 1,1949	BALT	MORE, MD
	-	Oa. Stata 10b. County		10c. C	ity, Town or Loc	cation		301,1 2	1,1949	10	Od. insida City Limits
tor		MARYLAND			BALTIM	ORE					1 X Yas 2 No
Director	1	0e. Street and Number				10f. Zip Coda			10g. Citizen of	What Coun	try?
a G		1103 POPLAR	ROVE STR	EET		21216			USA		
by Funeral		Marital Status Navar Married 2 Marrie Widowad 4 □ Divorcad	12. Was Dece Armed For 1 Yas If Yas, Giv Yeer or Do	rcas? 2D(No	If	Vas Decedent of Yas, specify Cul ☐ Yas 2 No	Hispanic Origin? (S pen, Maxican, Puar Specify:	Specify Yas or No to Rican, atc.)		ca - Amarica ck, Whita, a y: AFRC	
Be Completed		15. Decadent's (Specify only highast	Education grade complated)		18a. Deced	ent's Usuel Occu	pation during most of wo	rkina	16b. Kind of B	usinass/Ind	lustry
I di	-	Elementery/Secondary (0-12)	Collega (1	-4or 5+)			during most of wo		HOUSEN	CEDER	R DEPT.
ပိ	1	12 7. Fether's Nema (First, Middla, Le	st)		RAVEN	וטאו עטטאו	RSING HOM		, Maidan Suman		C DEPI.
o Be		EARL CARTWI					VIOLA		TWELL	,,,,	
To		19a. Informant's Name/Ralationship			19b. Mailin	g Addrass (Stree	t and Numbar or R			Stata, Zip	Coda)
		CHAUNETTA TYRE		ER			GROVE ST		MORE, MA		
		Oa. Mathod of Disposition		20b.	Placa of Dispos			Data	20c. Location		
Injury or		1 ☐ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spa		stata		AMATORY		1/7/98	CATONSV	ILLE.	MD.
any injury once.		21. Signature of Funeral Service Lie	ensee		F25	Hame and Add	THERS FUN	IEDAI HOI			
8		Flord A	. Osla	7			V PLACE,			LAND	21217
		23a. Part1. Enter ha disaasa, or co shock, or heart feilure. List or	mplicetions that	aused the dae							Approximata Interval Batween
an	1									1	Onsat and Death
al er	1	mmediata Causa (Final diseasa or condition resulting in daath)	a	MYOL	arolial	infare	tion			1	unknown
6					or es a consequ			1>-		1	. la
dical Examin	1		b. at			,	ovascula	, r ouse	ase	V	inknown
Examiner	1	Sequentially list conditions, fany, laading to immadieta causa. Enter Undarlying Ceusa (Disaasa or Injury		Due to (or as a consaqu	rance or):				1	
dical	1	net initiated evants	C	Dua to fe	or as a consequ	ence of):				1	
9		esulting in death) Last								†	
Physician/M			d							1	
Sici	F	art il. Other significant conditions	contributing to da	ath but not re	sulting In tha un	darlying cause g	iven In Pert i.	23b. Did	tobacco use co	ntributa to	the cause of death?
Phy								1 🗆	Yes 2□ No	3 Prob	abiy 4 Unknown
þ	-								145	045 141-	vin nutaney fin the a
etec									an autopsy ormed?	ava	ere eutopsy findings allable prior to apletion of causa
Completed						<u>-</u>				of c	death?
e Com	-	E Woo once of and a set of					10.2		Yas 2 No	10	Yas 2 No
m	12	25. Wes casa raferrad to medical examinar? 1 ☐ Yes 2 ☐ No	Hospital:	anations OF	ER/Outpatient	a 🗆 🔾	har:	ath (Check only		04 /0	
n: To	2	7. Manyrér of Death	28e. Data o	of Injury	28b. Tima of	3□ DOA J	4 U Nursing I	1	danca 6 Oth		//
atlo		1 ☑Natural 5 ☐ Pending 2 ☐ Accidant Invastiga	(Monti	h, Day Year)	Injury		ork?]Yes 2∐No				
Certification:		3 ☐ Suicida 6 ☐ Could no determine	be 28a. Placa	of Injury - At h	noma, farm, stra	at, factory, office	0	28f. Location	Street and Numb wn, Stata)	ber or Rural	Route Number,
Cer			Dullair	y, atc. (Spac)	·//			July Of 10	, Olala/		
edical	2	29a. Certifiar 1 ☐ Cartifying (Check only one)	Phyeiclan: To the aminar: On the ba	sis of axamina	owledga, daath ation and/or inv	occurred at the t astigation, in my	ime, dete end place opinion, daath occi	e, and dua to tha urred at tha tima,	causa(s) and mo data and piaca,	anner as stand dua to	ated. tha causa(s)
Me	2	9b. Signature end title of certifier				29c. Licen	se number		29d. Data signe	d (Month, L	Day, Year)
		1 for	J mg			D47	353		James	15.	1997
	-								Jar-vo.	7	
	3	Nama and addrass of person wt	o complated causi	a of daath (Ite	m 23a) (Type, F	Print)		0	6.8	1	
	3	Jon Falck Mi)	o completed cause	S Kosp	m 23a) (Type, F	Print) 100 Cate	on Avenue	- Baltie	nore, Ma	rylan	1997 d 21229

JAN 1 3 1998



Please Type or Print in Biack Indelibie Ink. Assure All Copies Are Legible.

					ai yiai	-	rtificate o	f Health and of Death		Reg. No.	8 (0472
Physician	1	1. Decedent's Name RUTH MAR		St) AUS KELLY					2. Dete of De Month Januar	Dey	98	3. Time of Death 6:00 PM
/Medical Examiner	_	le. Facility Neme (/	not institution, giv	re street end number)				4b. City, Town,	or Location of Deel		ty of Death	
Funeral Pirector		5. Sociel Security N 214-14-1	512 6. S	ex 7. Ag		last birthdey) Yrs.	If Under 1 Ye		Irs. 8. Dete of Bi		9. Birthp Cour	ore plece (State or Foreign of try) Md.
A 11	-	Usuel Residence of 10e. State	10b. County		10c. Cit	y, Town or Lo	cation				1	0d. Inside City Limits
ouser than natural, or lients 23 or 284 and event, the Medical Examiner must be notified at Be Completed by Funeral Director	3	Md.	Baltin	nore	To	owson						1 ☐ Yes 2 No
Director		10e. Street end Nur	nber				10f. Zip Cod	le		10g. Citizen of	Whet Cour	ntry?
		111 West	Rd.				21	204		U	SA	
by Funeral		11. Maritel Status1 ☐ Never Merri3 ☑ Widowed	ed 2 Merried	12. Wes Decedent Armed Forces? 1 Yes 2 Xi If Yes, Give Yeer or Detes:			Was Decedent If Yes, specify C 1 ☐ Yes 2 🕱	of Hispanic Origin? Cuben, Mexican, Pu No <i>Specify:</i>	(Specify Yes or No erto Rican, etc.)		ice - Americ eck, White, ify: Wh.	
Completed	noiside.	Elementery/Secon	15. Decedent's Edify only highest grandery (0-12)		5+)	(Give	DO NOT use re	ne during most of I	working	16b. Kind of	Business/In	dustry
		12 17. Father's Name (First, Middle, Last,)		Acco	untant	18. Mother's N	leme (First, Middle	State Meiden Sume		ryland
To Be	1	Christia		vrence	Gro	thaus		Theodo		lizabet		Kaupp
-	-	19e. Informent's Ne			320		ng Address (Str	eet end Number or				
	N	Mrs. Arle	n St. Joh	nn/daughte	r	37 Ju	dges La	ne Towson	, Md. 21	204		
3	1	20e. Method of Disp		Removel from State	20b. F	Plece of Dispo emetery, crer	sition (Neme of natory or other	plece)	Dete	20c. Location	- City or To	own, Stete
			5 ☐ Other (Specif		Lo	udon Pa	ark Cem	etery	1/12/98	Balt	imore	, Md.
Once.		21. Signature of Fu	Service Licer	-02E	5	1	Ruck To	dress of Fecility WSON Fune k Rd. Tow				
clan/Medical Examiner		Immediate Cause (i disease or condition resulting in deeth) Sequentially list con if eny, leading to im cause. Enter Unde Ceuse (Disease or that initiated events resulting in deeth) L	nditions, mediate tying njury	b. <u>T</u>	Due to (o	or es e consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva de la consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della consecutiva della cons	uence of):					Onset end Deeth 4-7 clays
by Physicia	-	Pert II. Other signifi	cant conditions o	ontributing to death be	ut not res	ulting In the u	ndertving cause	given in Pert i.	23b. Dld	tobacco use c	ontribute to	the cause of death?
by Physician/M										Yes 2⊠No		bably 4 Unknown
pieted										en eutopsy ormed?	ev	ere autopsy findings alleble prior to impletion of cause deeth?
Co									10	Yes 20XNo	1[Yes 2 No
rai director, page To Be Com		25. Wes case referr exeminer?		Hospitel:				Other	Deeth (Check only			
completely filled in by the funeral di		1 Yes 2 1. 27. Manner of Deeth 1	5 Pending investigation	28e. Dete of inju (Month, De	ry	28b. Time of Injury	28c. I	4 ⊠ Nursing njury et Nork? I ☐ Yes 2 ☐ No	Home 5 Res 28d. Describe	how injury occu		y)
Certific		3 Suicide 4 Homicide	6 Could not be determined	28e. Pleca of Injubulding, etc			eet, factory, offi	се	28f. Location (City or To	Street end Num wn, State)	ber or Rure	al Route Number,
edical							e time, date and pla by opinion, deeth oc	ce, and due to the curred et the time,	cause(s) and n dete end plece	nenner as s , and due to	teted. o the cause(s)	
E S	1	29b. Signature and			•		29c. Lic	ense number		29d. Date sign	ed (Month,	Dey, Year)
/				ist, M.	D.		Ü) 4 /8/3		Jana	nely "	7 /748
		CASHAR	. KARAKA	secompleted cause of d	eeth (Item	23a) (Type,	Print)	Kway	Boltin	wole M	2121	9 1948
State egistrar		31. Dete filed (Monta JAN	1 3 1998	July D	ers Signe	ture 	00					

DHMH 16 Rev 6/95

W14.34-64

Physician	
/Medical	
Examiner	

1. Decedent's Neme (First, Middle, Last)

28a-f show in "natural", or items 23s or 28s-f st Medical Examiner must be notified tha daath

filed within 72 hours after th and Mental Hygiana.

7 is marked other than traumatic event, If a Mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental men permit. Pagas 1 and 2 should be file Department of Haalth and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event

21215-0020

Baltimore, Maryland

P.0. Records, Vital

KELLY

REGINA

NAME

Box 68760. tha 88 6 paga 2 should be cartificata has Tha or Attending Physician: director. of this After t Division daath. s after death in by t To the Hospital of within 24 hours all To the Funeral E complataly filled

Month Regina Teresa Kelly January 9, 1998 11:00 am 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Stella Maris Timonium Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) **Funeral** Birthplece (State or Foreign Country) 1 M 2 F Days 216-28-1443 Yrs. Director 92 June 20,1905 Maryland Usual Residence of Decadent 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits Director T Yes 2 No Maryland Baltimore Tomonium 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2300 Dulaney Valley Road 21093 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married Specify: White 1 Yes 2 No Specify: by 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working iife. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Retail 12yrs. 6yrs. Manager 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be George Washington Watson Teresa Marie Kelly 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) James E. Kelly, Jr. / Son 1304 Midmeadow Road Towson, Maryland 21286 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Cemetery 1/13/98 Woodlawn, Maryland 21. Signature of Juneral Sevice Licenses 22. Name and Address of Facility 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204 an used the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, and line. 23a. Pert1. Enter the disease, of complications that shock, or heart failure. List only one cause Approximete Intervel Between Physician Onset and Deeth /Medical Immediate Ceuse (Final Acute Myocardial Infarction diseese or condition resulting in deeth) Examiner Due to (or es e consequenca of) Physician/Medical Examiner SevereRheumatoid Sequentially list conditions, if any, teeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting In deeth) Lest Due to (or es e consequence of) Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☒ Minknown þ 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes en eutopsy completion of cause of deeth? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 1 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Meturet Injury 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the ceuse(s) end menner es stated.

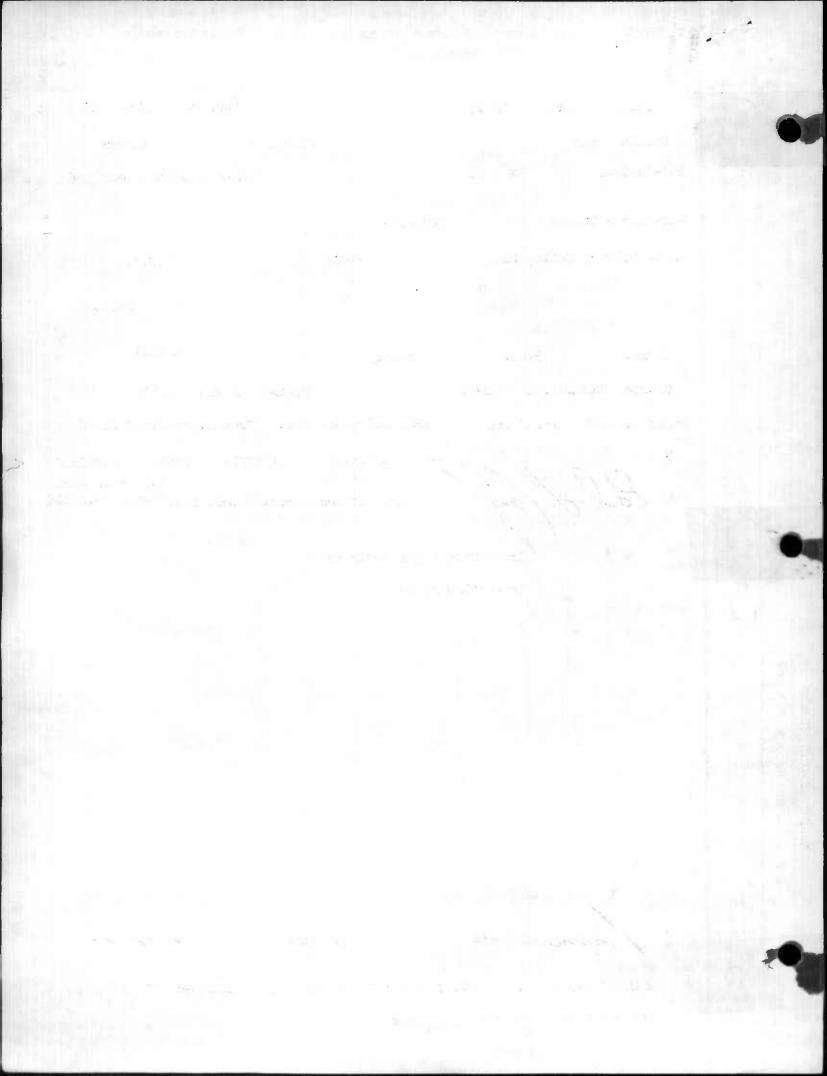
[2 Martical Examiner: On the basts of examination end/or Investigation, In my opinion, death occurred at the time, date and plece, and due to the ceuse(s) and menner stated. 29a. Certifier Medicai (Check only 29b. Signature and of certifier 29c. License number 29d. Date signed (Month, Dey, Year) d/chocks 9 D 15504 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 0 Eddie Nakhuda, M.D. 2300 Dulaney Valley Rd Timonium, Md 21093 32. Registrer's Signeture

held Savidson Pandage

State

Registrar

31. Date filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** January 11, 1998

4b. City, Town, or Location of Death 4c. County of Death JANE ANNETTE KELLER 6:00_PM /Medical 4a Facility Name (If not Institution, give street and number) Examiner Baltimore City 2211 Cloville Avenue If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Montha Days 1 M 2 M F Yrs. 57 214-38-8199 Director 17,1940 Maryland Usual Residence of Decedent the Maryland 10a. Stata 10b. Count 10c. City. Town or Location 10d. inside City Limits Hygiene. Hygiene than "naturel", or frems 23s or 28s-f ehow ent, the Ned cal Examinet must be notified as 1 X Yas 2 No Directo Maryland N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 2211 Cloville Avenue 21214 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death 1 Deportment of Heelth and Mental Hygiene. Important: If them 27 is marked other than *naturel*, or frame 23 any Injury or other traumatic event, the leader. Funeral 12. Was Decedant Evar in U.S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14 Raca - American Indian Black, White, etc. 1 ☐ Yes 2 🕅 No It Yes, Give Yaar or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White py 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cashier Giant Food 12 yr's 18. Mother's Name (First, Middle, Maiden Surname) 17. Fathar's Nama (First, Middle, Last) Be Burbridge Smi th 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Mr. Charles F. Keller - Husband 2211 Cloville Avenue Baltimore, MD 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) Hilltop Service Corp. 1/13/98 Towson, MD 21. Signature of Funeral Service Licansee 22. Nama and Addrass of Facility Baltimore, Maryland 21214 23a. Part. Enter the disease, or complications that a used the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on a chine. 5305 Harford Rd. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): The law requires that the death certificate be Physician/Medical Due to (or as a consequenca ot) signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings svailable prior to completion of cause of death? 24a. Was an autopsy performed? Completed is certificate has director, paga 2 2 12 No 1 Yes or Attending Physician: Be 25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Besidence 6 Other (Specify) NONO 10 1 ☐ Yes 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) funeral 28d. Describe how Injury occurred Certification: 27. Manner of Death 28b. Time of 28c. tnjury at Work? Natural 2 Accident 5 Pending death. 1 Yes Investigation Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide • Funeral Di Hospital Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29a. Certifier edical To the Hosp within 24 hor To the Fune completely fi

D

Division of Vital Records, P.O. Box 68760,

Registrar

(Check only one)

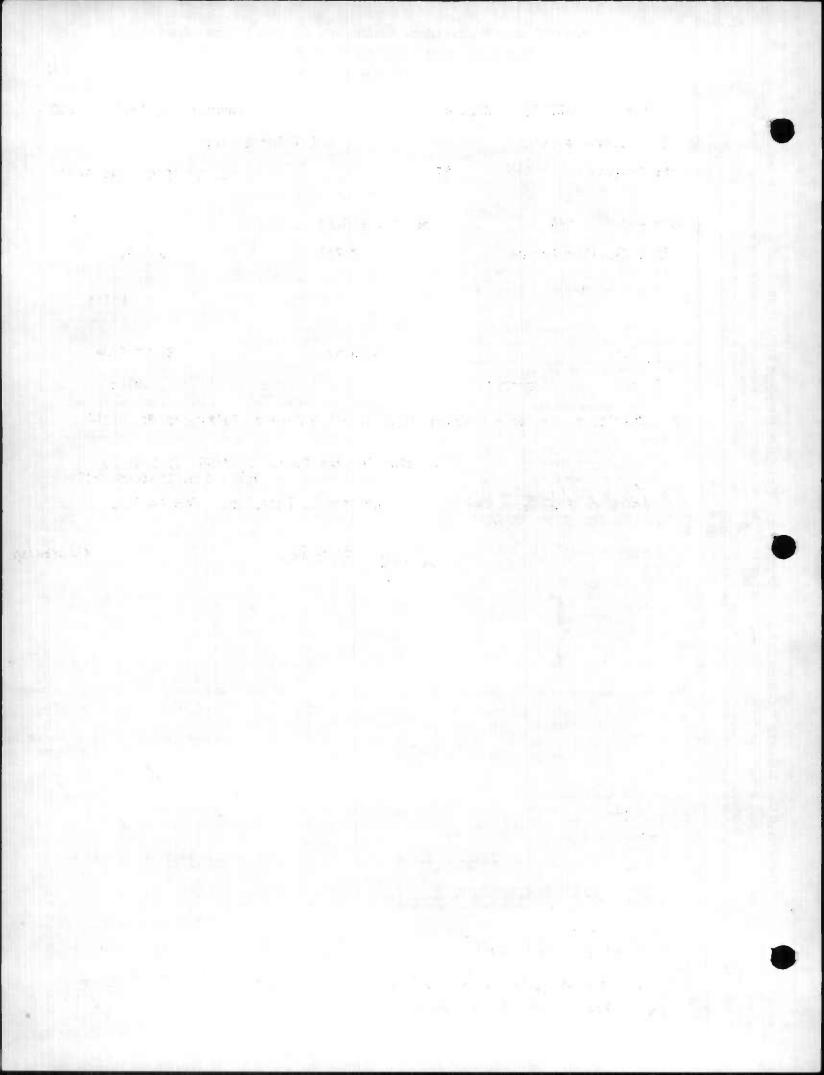
29b. Signature and title of

mpleted cause of death (Item 23a) (Type, Print)

MM 6769 N. Charles ST

29c. Licansa number

29d. Date signed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

_								
	Ce	rt	ifica	ite	of	D	eatl	7

If Under 1 Yeer

Deys

4c. County of Deeth

Reg.	Nor	0	U	U	12	1	J	
eeth				П	3. T	ime	of D	eath
	Dev		Year					

Physician /Medical **Examiner** 1. Decedent's Name (First, Middle, Last) Edward F. Kwiatkowski 2 Date of D Month JANUARY 11,1998

7:50 P

1 ☐ Yas 20 No

4e Fecility Neme (If not institution, give street end number) 2121 GRAYTHORN RD. 5. Social Security Number

4b. City. Town, or Location of Deeth Middle River

If Under 24 Hrs.

BALTIMORE 8. Date of Birth (Month, Pey, Year Feb. 18, 1 9. Birthplece (Stete or Foreign

Funeral Director

the Maryland

2 should be filed within 72 hours efter death v and Mentel Hygiene. Is marked other than "natural", or items 23

permit. Pages 1 and 2 st Depertment of Heaith and Important: if item 27 lain

Physician

/Medical

Examiner

physician d

88 esn ö

2

signed t

page 2 s has

director.

funeral

certificate

this

24 hours after deeth.

To the Within 2 To the

Box 68760.

O.

Records.

Division of Vital

or Attending

Hospital

any Injury or o

Hygiene.

Baltimore, Maryland 21215-0020

215-16-6942 Usuel Residence of Decedent 10b. County item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examiner must be notified at Maryland Baltimore Director

Funerai

by

Completed

Be

OL

Examin

Physician/Medicai

Àq

Completed

Be

1º

Certification:

edical

10c. City, Town or Location Middle River

Yrs

7. Aga (In yrs. lest birthdey)

10d. Inside City Limits

U.S.A.

1922 Maryland

10e. Street end Number

10f. Zip Code 21220 10g. Citizen of Whet Country?

2121 Graythorn Road

12. Wes Decedent Ever in U,S. Armed Forces? 1 ②Yes 2 □ No If Yes, Give Yeer or Dates: WW II

Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.)

14. Race - American Indien. Black, White, etc. Specify: White

1 ☐ Never Married 252 Married 3 ☐ Widowed 4 ☐ Divorced

15. Decedant's Education (Specify only highest grade completed)

16e. Dacedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

Elemantery/Secondery (0-12)

College (1-4or 5+)

Stationery Engineer

1 ☐ Yes 2 No Specify:

School

17. Fether's Neme (First, Middle, Last)

M 2DF

18. Mothar's Nama (First, Middle, Meiden Sumeme) Sophie Wisniewski

Adam Kwiatkowski

19e. Informent's Name/Reletionship (Type, Print) Marianna Kwiatkowski (WIFE)

19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2121 Graythorn Road Middle River, Md. 21220

20e. Method of Disposition

20b. Place of Disposition (Neme of cemetary, cramatory or other p

Data 20c. Location - City or Town, State

1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

St. Stanislaus Cemetery 1/15/1998 Baltimore, Md.

21. Signaling of Funeral Service Licenses 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory errast, shock, or heart failure. List only one ceuse on each line.

22 Nama end Address of Fecility

Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex,

21221 Approximete Intervel Between Onset and Deeth

Immediata Causa (Final disease or condition resulting in deeth)

. Arteriosclerotic Cardiovascular Disease

Dua to (or as a consaquanca of):

Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Causa (Disaesa or injury that initiated events resulting in deeth) Lest

Due to (or as e consequence of):

Due to (or as e consequance of):

230.	D
	1

id tobacco usa contribute to the cause of death?

24a. Wes en eutopsy performed?

☐ Yss 2☐ No 3☐ Probably 4 Nunknown

INSPECTION

24b. Were autopsy findings evallable prior to completion of cause of death?

1 Yes 2XXVo

1 ☐ Yes 2 No

25. Wes cese referred to medical examiner? 1 Yes 2 No

27. Manner of Deeth

1 Natural 2 Accidant

3 Suicide

4 Homicida

5 Panding Investigation

6 Could not be datamined

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Data of Injury (Month, Dey Year)

Pert If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28b. Time of

28e. Plece of Injury - At home, ferm, straat, fectory, office building, atc. (Specify)

28c. Injury et Work?

Othar: 4 ☐ Nursing Home 5 1 Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No 28f. Location (Streat and Number or Rural Routa Number, City or Town, State)

26. Piece of Deeth (Check only one)

29e. Certifier (Check only one) 1 Cartifying Physician: To the best of my knowledga, death occurred at the tima, data end place, end due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the tima, data and place, and due to the cause(s) end manner stated.

29b. Signefure end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Yeer)

helonaly Is Wright MD

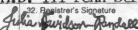
OCME

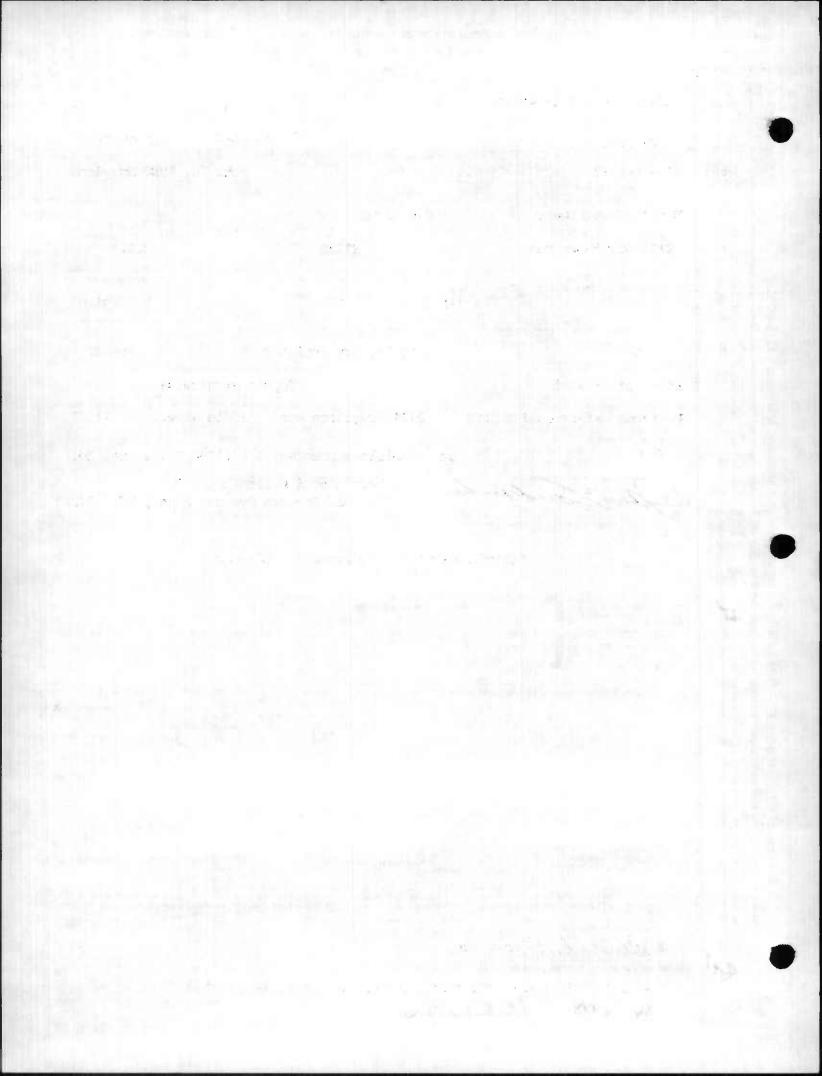
JANUARY 12,1998

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Donald G. Wright M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day, Year) JAN 1 3 1998

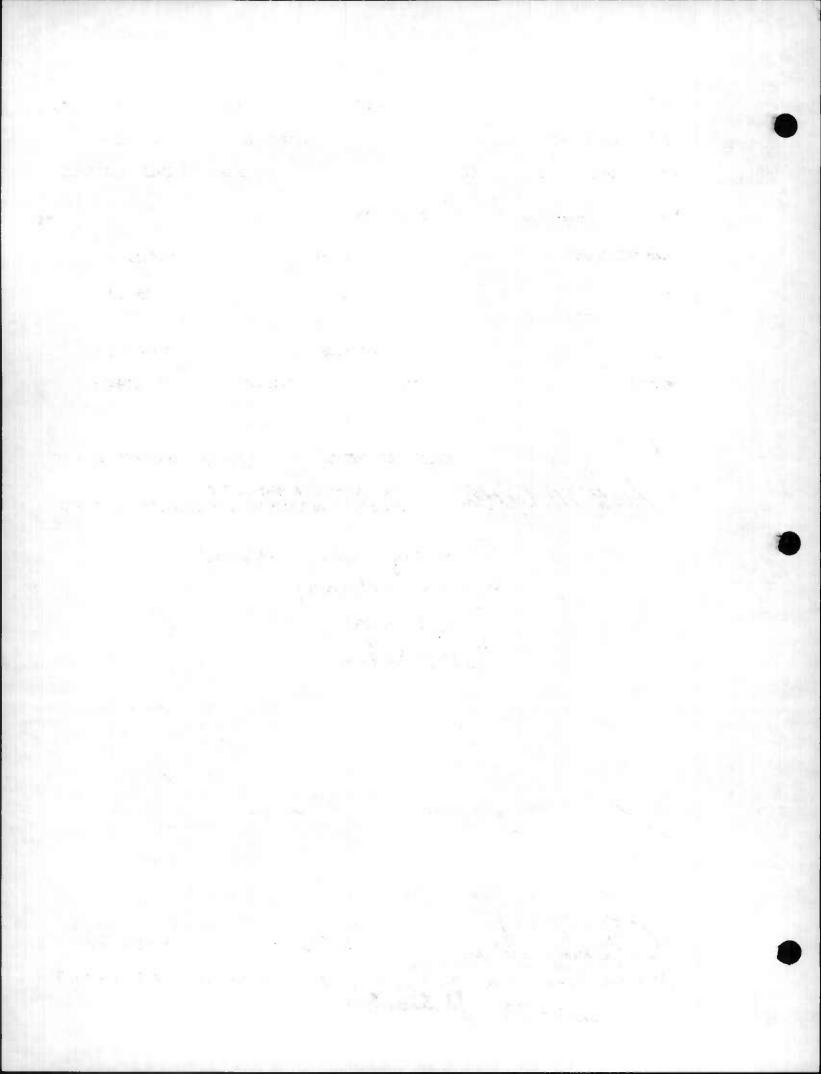
State Registrar





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physici	ian	1. Decedent's	Name (First, Mid	idle, Las	t)		T.	KLEIN				2. Date of De Month	Day	Yeer	3. Time of De
/Medi		-	ame (If not institut	tion oise	etmat and a	embasi	- 1	VTCTM		th City Tow	n or lo	JAN.	. T	L998	9:05
Examir	ner		SVILLE NU							PIKES		and the same		ty of Death	
Funeral Director			7-2984	6. Se	M 2 F	7. Age (In yrs 82	: last birthday) Yrs.) If Unde Months	or 1 Year Deys	If Under 24 Hours	4 Hrs. Min.	8. Date of Bi (Month, Di SEPT.	BAI ay, Year) 25,1915	9. Births Coul MAI	place (State or Fo ntry) RYLAND
MON.		Usual Reside	nce of Decedent 10b. Coun	nty		10c. C	ity, Town or Lo	ocation				-			10d. tnside City L
8.10	tor	MD	Р	AT.TT	MORE		BALTI	IMORE							1 □ Yes &
or 28a-f	Director	10e. Street a				1		10f. Zi	p Code				10g. Citizen of	Whet Cou	ntry?
238		2428	SMITH AV	Æ.					212	09			U.S.	Α.	
al', or itams	by Funeral		atus r Married 2□ Ma wed 4□ Divorce		12. Was Dec Armed Fo 1 Tes If Yes, Gi Year or D	ve		Was Dece If Yes, spe 1 Yes			in? (Spe Puerto I	city Yes or No Rican, etc.)	Bla	ce - Americack, White,	
nene. r then "naturel", the Medical Ex	To Be Completed		15. Decedo (Specify only high /Secondary (0-12)	hest grad	ucation de com <i>pleted)</i> Collaga (16a. Dece (Give life.			ation during most of	of workin	ng	16b. Kind of I		
d other t	Co	8 17. Father's N	lame (First, Middle	le. Last)				SAL	ESMA		's Nama	(First Middle		ADASHE	ERY
0 0	o Be	MORR]		,,			KLEIN	18. Mothar's Nama (First, Middle, Maidan Sumame) REBECCA ST					STRAU	USS	
th end Menta 7 is marked treumatic e	F	19a. Informa	nt's Name/Relation	nship (T	ype, Print)		19b. Mailie	ing Addras	s (Street	and Number	or Rura	l Route Numb	er, City or Town	n, State, Zip	c Code)
item 27 is other treu	F	MRS.	HELENE M	IARKO	OFF (SI	STER)	256	527 BI	RIAR	DR.	OAK	PARK,	MI 4823	7	
Important: If item 2 any Injury or other once.			of Disposition 1 2 Cramation 1tion 5 Other			Stata	Place of Dispo cemetery, crer ALTIMOR	matory or	other plac	ce)		Date /12/98	20c. Location		own, Stete
ysician ledical aminer		23a. Part 1. E shock, of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the sh	indition	or comp ist <i>on</i> ly o	licetions that one cause on a	Coro	ith. Do not ent	900 R ter tha mo	EIST de of dyin	ERSTOW ig, such as ca	N RI ardiac o		KESVILLI irrest,	E, MD	21208 Approximate Interval Betwee Onset and Dea
ledical end set the prinel-transit	VMedical Examiner	Immediate C disease or co resulting In d	ausa (Final Indition seth) list conditions, a to immediate Underlying use or injury svents	or comp ist only c	d	Due to (or as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of as a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of a consection of	quence of)	EIST de of dyin	ERSTOW ig, such as ca	N RI ardiac o	PIP respiratory	KESVILLI irrest,	E, MD	21208 Approximate Interval Betwee Onset and Dea
ettending physician end bus est the budel-transit	ician/Medical Examiner	Immediate C disease or or resulting in d Sequentially if any, leading cause. Enter Cause (Disea that initiated resulting in de	ausa (Final Indition Beeth) iist conditions, g to immediate Underlying ise or injury events sath) Last	{	a	Due to (ith. Do not ent	quence of)	EIST de of dyin	ERSTOW Ig, such as co	N RI ardiac o	C., PIP	KESVILLI		Chast and Dea
with ettending physician and ached for use as the buriel-transit and ached for use as the buriel-transit and ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use as the buriel-transit ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use ached for use	Physician/	Immediate C disease or or resulting in d Sequentially if any, leading cause. Enter Cause (Disea that initiated resulting in de	ausa (Final Indition seth) list conditions, a to immediate Underlying use or injury svents	{	a	Due to (ith. Do not ent	quence of)	EIST de of dyin	ERSTOW Ig, such as co	N RI ardiac o	PIP respiretory a	KESVILLI	ontribute to	o the cause of d
s been signed by the ettending physician and Inc. 2 should be detached for use as the buriel-transit	by Physician/	Immediate C disease or or resulting in d Sequentially if any, leading cause. Enter Cause (Disea that initiated resulting in de	ausa (Final Indition Beeth) iist conditions, g to immediate Underlying ise or injury events sath) Last	{	a	Due to (ith. Do not ent	quence of)	EIST de of dyin	ERSTOW Ig, such as co	N RI ardiac o	23b. Did 1 24a. Was	tobecco use cover yes 22 No an autopsyomed?	ontribute to 3 Pro	o the cause of d
s been signed by the ettending physician end in in it is should be detached for use as the buriel-transit in it is	Completed by Physician/A	Immediate C disease or corresulting in disease or corresulting in disease. Sequentially if any, leading cause. Enter Cause (Disease that initiate that initiate or resulting in disease.)	ausa (Final Indition seth) list conditions, 1 to immediate Underlying isse or injury swents seath) Last	{	a	Due to (ith. Do not ent	quence of)	EIST de of dyin	erstowng, such as co	IN RI ardiac o	23b. Did 1 24a. Was perf	tobacco uae c Yes 22 No an autopsy omed? Yas 22 No	24b. Way	o the cause of d
s certificate has been signed by the ettending physician end in contractor, page 2 should be detached for use as the buriel-transit in a set in the contractor.	Be Completed by Physician/A	Immediate C disease or corresulting in disease or corresulting in disease. Sequentially if any, leading cause. Enter Cause (Disease that initiate that initiate or resulting in disease.)	ausa (Final Indition seth) list conditions, g to immediate Underlying see or injury events sath) Last	{	a. b. c. d. mtributing to d	Due to (ith. Do not ent	quence of)	EIST de of dyin	erstowng, such as company of the second as company of the second and in Part I.	IN RI ardiac o	23b. Did 1 24a. Was perf	tobacco uae c Yes 2 No an autopsy omed? Yas 2 No	ontribute to 3 Pro 24b. Wave coordinate of 1 I	o the cause of d babty 4 Universely Universely are autopsy find eliable prior to impletion of caus daath? Yes 2 No
s certificate has been signed by the ettending physician end in contractor, page 2 should be detached for use as the buriel-transit in a set in the contractor.	To Be Completed by Physician/	Immediate C disease or corresulting in disease or corresulting in disease. Enter Cause (Disease that initiated resulting in disease). Part II. Other	ausa (Final Indition seth) list conditions, 1 to immediate Underlying isse or injury events sath) Last algnificant conditions algnificant condition to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the co	titions con	a. b. c. d. htributing to d	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	ith. Do not entitle the consecution of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	quence of)	Cause giv	enstown as call and in Part I.	IN RI ardiac of Death sing Hon	23b. Did 1 24a. Was perfi	tobacco uae c Yes 22 No an autopsy omed? Yas 22 No	ontribute to 3 Pro 24b. Way co of 1 [o the cause of d babty 4 Uni are autopsy findi eliable prior to impletion of caus death? Yes 2 No
s certificate has been signed by the ettending physician end in contractor, page 2 should be detached for use as the buriel-transit in a set in the contractor.	Certification: To Be Completed by Physician/A	Immediate C disease or corresulting in disease or corresulting in disease. Sequentially if any, leading cause. Enter Cause (Disease that initiated resulting in disease.) Part II. Other 25. Was case examiner 1 Yes 27. Mannar of 1 Natur.	ausa (Final Indition seth) list conditions, g to immediate Underlying is the Underlying seems seth) Last algnificant conditions algnificant conditions in the Underlying is the Underlying seems in the Underlying seems in the Underlying is the Underlying in the Underlying is the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Underlying in the Un	titions con	a. b. c. d. Hospitai: 1 28a. Data (Mon) 28e. Plece	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	sulting in the u ER/Outpatier 28b. Time of Injury	guence of) S C H quence of) S J M quence of) underlying	Cause giv	an in Part I.	of Death	23b. Did 1 24a. Was perfi	tobecco use cover yes 2 No an autopsyomed? Yas 2 No one) denca 6 Oo how injury occur	ontribute to 3 Pro 24b. Way coo of 1[o the cause of dibabty 4 University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University University Universi
Transis since the determination of the third place of the properties of the place of the properties of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the pl	Certification: To Be Completed by Physician/A	Immediate C disease or corresulting in disease or corresulting in disease. Enter Cause. Enter Cause (Disease that initiated resulting in disease). The country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the count	ausa (Final Indition eeth) list conditions, 1 to immediate Underlying isse or injury syents eath) Last algnificant conditions and investigation in the condition investigation in the condition in the condition investigation in the condition investigation in the condition in the condition investigation in the condition in the c	cal ding stigation id not be mined	a. b. c. d. Hospitai: 1 28a. Data (Mon 28e. Piece build	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	sulting In the u ER/Outpatier 28b. Time of Injury Developed a death	soon Reter tha more fundamental of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soon of the soo	Cause giv	an in Part I. 26. Place of ar: 4 - Nursey at k? Yes 2 No.	of Death	23b. Did 1 24a. Was period (Check only one 5 Resilation of City or To	tobacco use c Yes 22 No an autopsy omed? Yas 22 No one) Idenca 6 Othow injury occu	ontribute to 3 Pro 24b. Way co of 1 [I har (Specifirred	o the cause of dibabty 4 United Indiana autopsy findited Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana India
brows are to warm. The this cartificate has been signed by the ettending physician end profit breeder. After this cartificate has been signed by the ettending physician end profit by filled in by the funeral director, page 2 should be detached for use as the buriel-transit profit by filled in by the funeral director, page 2 should be detached for use as the buriel-transit profit by filled in by the funeral director, page 2 should be detached for use as the buriel-transit.	To Be Completed by Physician/	Immediate C disease or corresulting in disease or corresulting in disease or corresulting in disease. Enter Cause (Disease Enter Cause (Disease Enter Cause (Disease Initiated resulting in disease) Part II. Other 25. Was case examiner 1 Yes 27. Manuar of 1 Natur 2 Accid 3 Sulcid 4 Homi	ausa (Final Indition seth) iist conditions, 10 to immediate Underlying isse or injury events sath) Last algnificant conditions algnificant condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the c	ding stigation id not be mined ving Phylat Exami	a. b. c. d. Hospitai: 1 28a. Data (Mon 28e. Piece build	Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to (Due to	sulting In the u ER/Outpatier 28b. Time of Injury Developed a death	guence of school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school of the school	Cause giv	an in Part I. 26. Place car: 4 Nurs yat k? Yes 2 No	o 2 place, a cocurre	23b. Did 1 24a. Was perfil 24a. Was perfil 25 Resided Dascribe 86. Location City or To	tobecco use covered and surproper and Num win, State)	ontribute to a property of the contribute to a property of the contribute to a property of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contribute of the contrib	o the cause of dibabty 4 United Indiana autopsy finding ited in the prior to impletion of caus death? Yes 2 No No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 No. 18 N

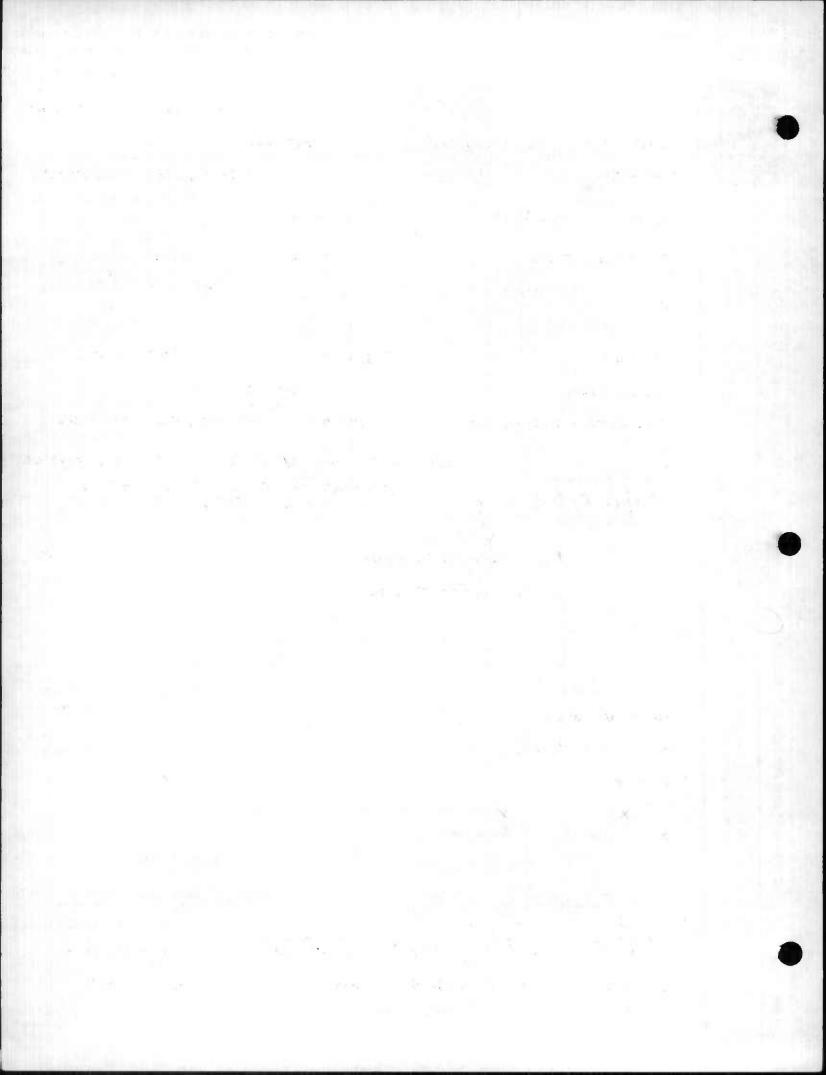


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

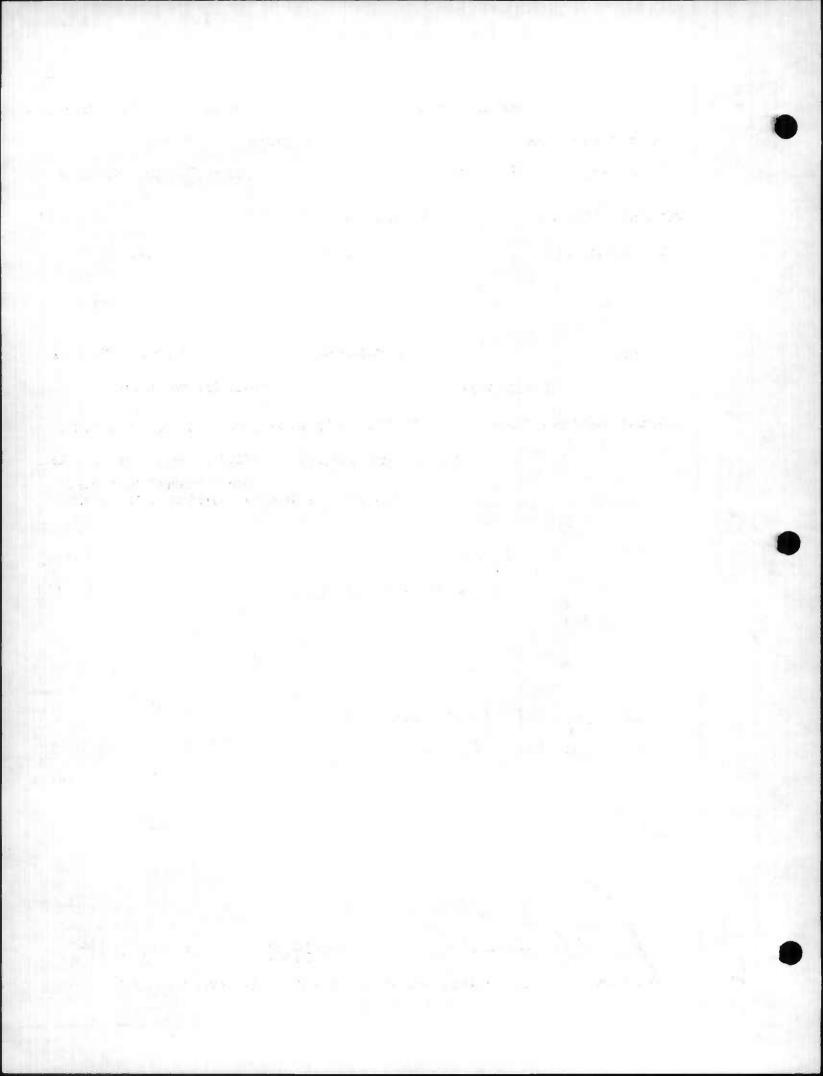
ian	1. 00000	ent's Name (First, Midd	dle, Last)					44.			Dete of Deeth		Va	3. Time o
ical	Vict	tor		K	ROPA						Month anuary	Day 11, 19	Year 998	7:2
icai iner		y Name (If not institution	on, give st						4b. City, Town,	_	- 4	4c. County		
	Fran	nklin Squar	re Ho	spital	Cente	er			Rosed	lale		Balt:	imore	
		Security Number	6. Sex	7. A	ge (In yrs.		dey) If Und	er 1 Yeer Days	If Under 24	Hrs. 8. Min.	Date of Birth (Month, Dey,	Vasel	9. Birthpl	ace (Stete
	-	-01-5630 sidenca of Decedent	1030	M 2□F 8	32	Yr	s.	Days	riouis	Jt	11y 30	1915	Penr	nsylva
	10a. Stete		•		10c. Ci	ty, Town	or Location						10	d. Inside C
Director	Mary	land	Bal	timore					undalk					1 TYes
Oire	10e. Stree	et and Number					10f. Z	ip Code			10	g. Citizen of V	What Count	try?
a	38	Lombardy	Drive	e				2	1222		Ţ	United	State	es
Funeral	11. Marite	el Stetus	12	2. Wes Deceden Armed Forces	t Ever in U	l,S.	13. Was Dec	edent of H	lispenic Origin' an, Mexican, P	? (Specify	Yes or No-		e - America	
by Ft		ever Married 2 Mar fidowed 4 Divorce		1 Tyes 2 ☐ If Yes, Give Yeer or Dates:	No TATI	WII			Specify:		,	Specify		
Pa		15. Deceder	nt's Educe	ation		16e. D	ecedent's Us	uel Occup	ation		1	6b. Kind of Bu		
Completed	Flomon	(Specify only higher stary/Secondery (0-12)		completed) College (1-4or	E.\	(Give kind of wife. DO NOT	ork done use retire	ation during most of d)	working				
E		Years		College (1-40)	J+)		Ship	fitte	r			Steel	Indus	stry
BeC		r'a Neme (First, Middle	, Last)				_		18. Mother's	Neme (Fi	rst, Middle, M	feiden Sumam	10)	•
To	Wi	lliam Krop	a						Mar	y Anı	n Roll:	in		
	19e. Infor	mant's Name/Relation	ship (Type	e, Print)		19b. N	Aailing Addre	ss (Street	end Number o	r Rural R	oute Number,	City or Town,	Stete, Zip	Code)
	Mr	s. Justine	Mes	sman/Dau	ighte	r 9:	34 Fox	ridge	Lane	Balt	cimore,	, Maryl	and	2122
		od of Disposition				Place of D	isposition (Na	eme of	20)		Date 2	0c. Location -	City or Tox	wn, State
		Burial 2 Cremation Conation 5 Other (5		movel from State	9		awn Cer		•	4/199	98	Balti	more	Mars
	-	ture of Funeral Service		0/		ar D			ss of Facility	-/ 1J.		Darei	INOI C,	, mar
	1	St. 11	MA	//	1		Duda-	-Ruck	Funer				. *	
	22a Part	Tull	11/	cemus	R)	h Dage	7922	Wise	Ave.	Dune	lalk, N	Marylar	7	21222
	shoo	1. Enter the disease ock, or heart failure. Lis	st only one	cause on each	line.	in. Do no	t enter the mic	ou or dyll	ig, such as car	rolac of re	spiretory erre	51,		Approxima Interval Be Onset end
	Immediat	e Ceuse (Final												
	disease o	or condition	a.	Aspira		Pne	umonia							72 h
9														
		Due to (or as a consequence of): Respiratory Failure												
直	Sagurati	ath, that you distance	b .	Respi	rator	y Fa	nsequence of							
Examiner	Sequentia	ally list conditions, iding to immediate nter University	f b.	Respi	rator	y Fa	nsequence of							
	Sequential if any e. E. Cause (D that initiat	ally list conditions, ding to immediate nter Underlying Iseese or Injury leed events	5 b. c	Respi	rator Due to (d	y Fa	nsequence of ilure):						
	Sequentia if any, lee cause. E Cause (D that Initiat resulting i	ally list conditions, ding to immediate nter Underlying Isease or Injury ted events in death) Last	b. c.	Respi	rator Due to (d	y Fa	nsequence of):						
	Sequentia if any, lee cause. E Cause (D that Initiat resulting i	ally list conditions, ding to immediate inter Underfung lacese or injury led events in death) Last	6	Respi	rator Due to (d	y Fa	nsequence of ilure):						
	resulting	in death) Last			Due to (c	y Fa	ilure isequenca of):):						
	resulting	ally list conditions, ding to immediate inter Underlying lisesse or Injury ted events in death) Last			Due to (c	y Fa	ilure isequenca of):):	en in Pert I.			bacco use coi		the cause
Physician/Medical	Part II, Oth	in death) Last	lons contr	fibuting to death !	Due to (d	y Fa	ilure insequence of nsequence of):):	en In Pert I.			bacco use co os 2⊡ No		
by Physician/Medical	Part II. Ott	n deam) Last her significant conditi	ctive	fouting to death	Due to (co	y Fa	ilure insequence of nsequence of):):	en in Pert I.		1 ☐ Ye	a autopsy	3 ☐ Prob	the cause ably 4% re autopsy
by Physician/Medical	Part II. Ott	nn death) Last	ctive	fouting to death	Due to (co	y Fa	ilure insequence of nsequence of):):	en in Pert I.		1□ Ye	a autopsy	3 Prob	the cause ably 4% re autopsy ilable prior poletion of
by Physician/Medical	Part II. Ott	her eignificant conditi nic Obstru	ctive	fouting to death	Due to (co	y Fa	ilure insequence of nsequence of):):	ren in Pert I.		1 ☐ Ye	autopsy	3 Prob	the cause ably 4% re autopsy illable prior opletion of death?
Completed by Physician/Medical	Part II. Ott Cro Cro Dem	her eignificant conditi nic Obstructure Atrial	ctive	fouting to death	Due to (co	y Fa	ilure insequence of nsequence of):):			1 ☐ Ye	autopsy ned?	3 Prob	the cause ably 4% re autopsy ilable prior poletion of
Be Completed by Physician/Medical	Part II. Ott Cro Dem 25. Wes ceaming 1	her eignificant conditionic Obstructionic Atrial entia entia ease referred to medica	ctive	ibuting to death	Due to (co	y Fa	ilure insequenca of nsequenca of	cause giv	26. Place of		1 Ye 24a. Was ar perform 1 Ye heck only one	autopsy ned?	24b. We ave con of d	the cause ably 4% re autopsy illable prior prior of leath?
To Be Completed by Physician/Medical	Part II. Oth Cro: Cro: Dem 25. Wes c examin 1 Ye	n dean) Last her eignificant condition nic Obstruct nic Atrial entia entia asse referred to medical ner? es 25 No	ctive	ibuting to death the Pulmon rillations	Due to (contract of the contract y Fa	ilure insequence of nsequenca of nsequenca of	cause giv	_26. Place of er: 4 ☐ Nursir	ng Home	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Reside	autopsy ned? s 2 1 No s 2 1 No s 2 1 No	24b. We ave con of c	the cause ably 4% re autopsy illable prior prior of leath?	
To Be Completed by Physician/Medical	Pert II. Ott Cro Dem 25. Wes c examin 1 7. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1	her eignificant condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi	ctive Fib:	ibuting to death	Due to (contract of the contract y Fa	ilure insequence of insequence of insequence of insequence of insequence of insequence of insequence of	cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give	26. Place of er: 4□ Nursir y at k?	ng Home	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Reside	autopsy ned?	24b. We ave con of c	the cause ably 4% re autopsy illable prior prior of leath?	
To Be Completed by Physician/Medical	Pert II. Ott Cro Dem 25. Wes c examin 1 7. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1 2. Menne 1	nic Obstructure Atrial entia entia entia entia entia entia entia entia entia entia entia entia entia entia entia entia entia iner? es 2 No er of Death ature! 5 Pendii cident ulcide 6 Could	ctive Fibi	Pulmon rillatio	Due to (contract of the contract y Fa. or as a contract of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	nsequence of ilure nsequenca of the underlying ase	cause giv	_26. Place of er: 4 ☐ Nursir	ng Home 28d	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Resider	autopsy ned? s 2 No s 2 No p) nca 6 Oth w Injury occurr	3 Prob 24b. We ave con of d 1 L er (Specify red	the cause ably 4% re autopsy illable prior pletion of leath? Yes 2 ()	
To Be Completed by Physician/Medical	Part II. Oth Cro: Cro: Dem 25. Wes c examin 1 Y. 27. Menne 1 W.N. 2 A. 3 S	nic Obstructure Atrial entia entia entia entia entia entia entia entia entia entia entia entia entia entia entia entia entia iner? es 2 No er of Death ature! 5 Pendii cident ulcide 6 Could	ctive Fib:	ibuting to death the Pulmon rillations	Due to (co	y Fa. or as a contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the contract at the	nsequence of ilure nsequenca of the underlying ase	cause giv	26. Place of er: 4□ Nursir y at k?	ng Home 28d	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Resider	autopsy sed? s 2 No noa 6 Oth w injury occur	3 Prob 24b. We ave con of d 1 L er (Specify red	the cause ably 4% re autopsy illable prior pletion of leath? Yes 2 ()
Certification: To Be Completed by Physician/Medical	Part II. Oth Cro: Cro: Dem 25. Wes c examin 1 Y. 27. Menne 1 2 N. 2 A. 3 S. 4 H.	her significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of	Fib: Fib: Ho Ing Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physic	ibuting to death the Pulmon rillation spital: 1 Impat 28a. Placa of Injuiding, etclar: To the best or: On the basis of	Due to (control of my knoof exemine)	y Fa. or as a constructing in the Disease letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter le	ilure Insequence of Iure Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Inseq	cause give 28c. Injur Wor 1 pry, office	26. Place of er: 4 Nursir yat k? Yes 2 No	28d 28f.	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Resider Describe hor Location (Str. City or Town, due to the ca	autopsy ned? s 2 No s 2 No s) nca 6 Oth w injury occur seet and Numb , State)	3 Prob 24b. We ave con of a 1 er (Specify red	the cause ably 4% re autopsy liable prior opietion of leath? Yes 2 Poure Num
edical Certification: To Be Completed by Physician/Medical	Part II. Oth Cro: Cro: Dem 25. Wes c examin 1 Y. 27. Menne 1 2 N. 2	her eignificant condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi	Fib1 al Ho ing ligation of not be mined ing Physical Examine	e Pulmon rillatio spital: 1 Inpati 28a. Deteofing (Month, Di	Due to (control of my knoof exemine)	y Fa. or as a constructing in the Disease letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter le	ilure Insequence of Ilure Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Inse	cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give	26. Place of er: 4 ☐ Nursir y at k? Yes 2 ☐ No ne, date and pi pinion, death o	28d 28f.	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Resider Describe hor Location (Str. City or Town, due to the cauth the time, da	autopsy ned? s 2 No s 2 No s) na 6 Oth w Injury occur eet end Numb state) use(s) and ma	3 Prob 24b. We ave con of c 1 er (Specify red anner as stand due to	the cause ably 4% re autopsy liable prior npletion of leath? Yes 2 Pourte Numer the cause (the ca
edical Certification: To Be Completed by Physician/Medical	Part II. Ott Cro Dem 25. Wes c exami 1 Not 27. Menne 1 Not 2 A 3 S 4 H	her significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of	Fib1 al Ho ing ligation of not be mined ing Physical Examine	ibuting to death the Pulmon rillation spital: 1 Impat 28a. Placa of Injuiding, etclar: To the best or: On the basis of	Due to (control of my knoof exemine)	y Fa. or as a constructing in the Disease letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter le	ilure Insequence of Ilure Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Inse	cause give 28c. Injur Wor 1 pry, office	26. Place of er: 4 ☐ Nursir y at k? Yes 2 ☐ No ne, date and pi pinion, death o	28d 28f.	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Resider Describe hor Location (Str. City or Town, due to the cauth the time, da	autopsy ned? s 2 No s 2 No s) nca 6 Oth w injury occur seet and Numb , State)	3 Prob 24b. We ave con of c 1 er (Specify red anner as stand due to	the cause ably 4% re autopsy liable prior npletion of leath? Yes 2 Pourte Numer the cause (the ca
edical Certification: To Be Completed by Physician/Medical	Part II. Oth Cro: Cro: Dem 25. Wes c examin 1 Y. 27. Menne 1 2 N. 2	her eignificant condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi	Fib1 al Ho ing ligation of not be mined ing Physical Examine	ibuting to death the Pulmon rillation spital: 1 Impat 28a. Placa of Injuiding, etclar: To the best or: On the basis of	Due to (control of my knoof exemine)	y Fa. or as a constructing in the Disease letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter letter le	ilure Insequence of Ilure Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Insequence of Inse	cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give	26. Place of er: 4 ☐ Nursir y at k? Yes 2 ☐ No ne, date and pi pinion, death o	28d 28f.	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Resider Describe hor Location (Str. City or Town, due to the ca at the time, da	autopsy ned? s 2 No s 2 No s) na 6 Oth w Injury occur eet end Numb state) use(s) and ma	3 Prob 24b. We ave con of c 1 = er (Specify red anner as stand due to d (Month, L	the cause ably 45 re autopsy ilable prior no ileath? Pour Num the cause the cause Copy, Year)
edical Certification: To Be Completed by Physician/Medical	Part II. Oth Cro: Cro: Dem 25. Wes ceanning in the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the	her eignificant condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi	ring ligation of the mined ling Physical Examine	spital: 28a. Dete of Injuiding, e clan: To the best or: On the basis of and manner si	Due to (continue to the continue y Fa. or as a contract of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	ilure insequence of ilure insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of insequenca of inse	cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give cause give	26. Place of er: 4 □ Nursir yat k? Yes 2 □ No	28d 28f.	1 Ye 24a. Was ar perform 1 Ye heck only one 5 Resider Describe hor Location (Str. City or Town, due to the ca at the time, da	autopsy ned? s 2 No nautopsy ned? s 2 No a) nca 6 Oth w injury occur reef end Numb state) use(s) and ma ate and placa, od. Dete signed	3 Prob 24b. We ave con of c 1 = er (Specify red anner as stand due to d (Month, L	the cause ably 45 re autopsy ilable prior no ileath? Pour Num the cause the cause Copy, Year)	

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

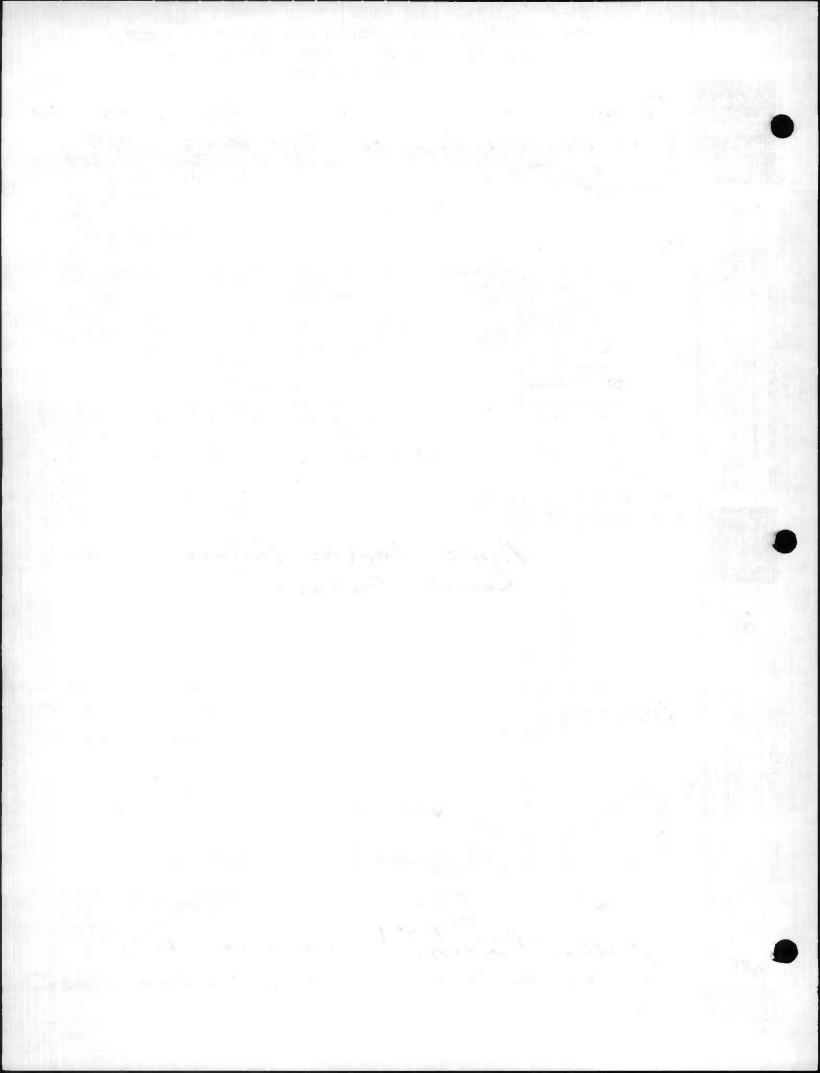
_				Otato of Mary		Certificate of			3. No. 98	00478
П	Physici	an	Decedent's Neme (First, Middle, Last)	T	T			2. Dete of Deeth Month	Day Yee	
Я	/Medic		4e. Facility Nama (If not institution, giva s	Jewell J	ean Le		4b. City, Town, or Lo	January	8 199 4c. County of D	
1	Examir	ier	6071 Claire Dri				Elkridge	TOTAL VIII	Howard	
	Funerai Director		5. Social Security Number 6. Sax 218 26 3790	7. Age (In	yrs. last birth	Months Days		8. Data of Birth (Month, Day,) March 17		Birthpleca (Stata or Foreign Country) Virginia
	land m		Usual Residence of Decedent 10a. Stete 10b. County	10	c. City, Town	or Location				10d. Inside City Limits
	Mary Mary	tor	Maryland Howard		Elkr	ridge				1 ☐ Yas 2 X No
	or 28	Director	10e. Street end Number			10f. Zip Code		100	g. Citizen of Whet	Country?
	s 23s		6071 Claire Drive			2107			U.S.	
21215-0020	hours after death with the Maryland turst, or items 23s or 28s-f show at Examine mark be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Milloword	 Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detas: 	'in U,S.	 Was Decedent of H If Yes, specify Cube Yes 2XNo 		ecity Yes or No- Rican, etc.)	14. Hece - A Black, W Specify:	marican Indien, Thite, etc. White
2-0	72 hours "natural",	eted	15. Decedent's Educ (Specify only highast grade	ation completed)	16e. D	Decedent's Usual Occup Give kind of work done ife. DO NOT usa retired	pation during most of work	ing 16	Sb. Kind of Busine	ss/Industry
121		Completed	Elementary/Secondary (0-12)	College (1-4or 5+)					Toderana	3 Onti3
	it the		11th 17. Fether's Neme (First, Middle, Last)		F	Receptionis		e (First, Middle, Ma		1 Optical
Maryland	D 5 5 5	To Be	Ch	arles Walle	en			adi Fran		nette
lan	and and seminary		19e. Informent's Neme/Reletionship (Ty)		19b. I	Mailing Address (Street	and Number or Run	al Route Number, (City or Town, State	e, Zip Code)
	of Haalth Item 27 other tr		Kenneth Lewis Sr. 20a. Method of Disposition			147 Triadel Disposition (Name of	phia Mill			d. 21036
Baltimore,	ages ant of t: If Ib		1 X Burial 2 ☐ Cremetion 3 ☐ Ri 4 ☐ Donetion 5 ☐ Other (Specify)	amoval Irom State	cemetary,	Park Cemet	1		oc. Location - City Baltimor	e, Maryland
Bal	permit. Pa Departmer Important: any injury		21. Signety of Funeral Sarvice License	o amerbus	ski	22. Nama end Addre		Gonce Fu		
			23e. Pert1. Enter the disaese, or control shock, or heert failure. List only	ations thet caused the a ceuse on each line.	deeth. Do no					Approximete Intervel Between
	Physician /Medicai Examiner		Immediete Ceuse (Final disaasa or condition rasulting in deeth)	hypoxia	,					Onset end Death A days.
		Je.		1.	^	nsequence of):				(1)
	ecuted and Transit	Examiner	Sequentielly list conditions.	Dua		lar Carcin	loma			6 days.
30,	Colar a bunal a		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury							0
68760,	physic s the b	edicai	thet initieted events rasulting in deeth) Lest	Dua	to (or es e cor	nsequence of):				
Box (certifi nding use as		d							
B.	the death cer y the attandin ached for use	sicia	Pert II. Other algnificent conditions cont	ributing to death but no	et resulting in t	he underlying ceuse giv	ven in Pert I.	23b. Did toba	acco use contrib	ute to the cause of death?
s, P.O.		by Physician/M								Probably 4 Unknown
Records,	e law requires that has been signed b ge 2 should be det	Completed	and - stage !	end die	igl			24e. Wes en performe		b. Were autopsy findings aveilable prior to complation of cause of deeth?
<u>=</u>	The ate h	Соп						1 ☐ Yes	2 No	1 ☐ Yes 2 ☑ No
Vital	Physician: The	Be .	25. Wes case referred to medical examiner?	ospital:		Oth	or	(Check only one)		
o	Phys r this eral di	1: To	1 ☐ Yas 2 ☑ No '" 27. Manney of Death	1 ☐ Inpatient 28e. Dete of Injury	2 ER/Outp	etient 3L DOA	4 LI Nursing Ho	ma 5 Rasidani 28d. Describe how		(pecify)
ion	uttending death. ctor: Afte y the fun	ation	1 ☑Neturel 5 ☐ Panding 2 ☐ Accident Investigation	(Month, Day Yea	ar) Inju		rk? Yes 2 □ No			
Division	or A	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined	28e. Plece of Injury - building, etc. (S)		n, street, factory, office		28f. Location (Stre City or Town,	et and Number or State)	Rural Route Number,
	To the Hospital within 24 hours of To the Funeral completaly filled	edical (29e. Certifier (Check only one) 1 Certifying Phyel 2 Medical Examin	clen: To the best of my er: On the basis of exe end manner stated.	knowledge, omlnetion end/	deeth occurred et the tir or investigation, in my o	me, dete end plece, pinion, deeth occurr	end due to the ceu ed et the time, det	se(s) end menner e end place, end c	r es steted. due to the ceuse(s)
	To the comp	X	29b. Signeture and title of certifier			29c. Licens	e number	290	1. Date signed (Me	onth, Day, Year)
			Ih. W			1)3	37464	ال	annary 9	1, 1998
	6		30. Neme and eddress of person who cor				220 17-	A day	V	
	Sta	te	31. Dete filed (Month, Day, Year)	3421 Bens	grytalgi	nue Suite	ZOU Bal	Ltimore,	Maryland	
	Pegietr		1AN 1 2 190		Davidson	Mandelle				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Marylar	•	tificate of		мептат ну	giene Reg. No.	001	. 19
Physic /Medi	cal	Decedent's Name (First, Middle, Last DMAS As. Fecility Name (If not institution, give	D. L	AN:	sey	4b, City, Town, or	2. Date of De Month	Day 7	98	Time of Death
Examir Funeral Director	ner	5. Social Security Number 6. Sr 213-52-7705	udel Ho	last bighday) Yrs.	If Under 1 Year Months Days	Colent If Under 24 Hrs	Burn. 8. Date of Bir	th ay, Year)	9. Birthplace Country)	(State or Foreign
Maryland 4 show	or	Usual Residence of Decedent 10a. State 10b. County n/a		y, Town or Lo						Inside City Limits
deeth with the Maryland ms 23a or 28a-f show criving be notified at	Funeral Director	10e. Street end Number 1741 Druid Hill A	venue		10f. Zip Code	21217		10g. Citizen of V	What Country?	
P 2 2 2	by Funera	11. Maritel Status **Theorem Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever In U Armed Forces? 15 Yes 2 No ff Yes, Give Yeer or Dates:	H	Vas Decedent of I Yes, specify Cub	Hispanic Origin? (Span, Mexican, Puerl Specify:	pecify Yes or No to Rican, etc.)	Biad	e - American Ir ck, White, etc. Black	ndian,
within 72 ho	Completed	15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12) 12th Grade	ucation de completed) College (1-4or 5+)	(Give	OO NOT use retire	during most of wo		Church Distrik	Hill B	•
land 2	Be	17. Father's Neme (First, Middle, Last) Edgar Warren Lans	ey			18. Mother's Nar Mary Sr		, Maiden Sumam	ne)	
Maryland d 2 should be file th end Mental Hy 7 is marked othe traumatic event,	To	19e. Informant's Name/Relationship (7 Jacqueline Johnso	ype, Print) sister			t and Number or Ri Spring La	ural Route Numb			
Baltimore, Ma Department of Health or Important: If Item 27 is any injury or other trau once.		20a. Method of Disposition 1 Druriel 2 Cremation 3 4 Donation 5 Other (Specify	20b. F	Plece of Disposemetery, crem	sition (Name of natory or other pla		Date	20c. Location -	City or Town,	State
Baltimoperation of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of		21. Signature of Funeral Service Licens 74erVert &		22	. Name and Addre		itter Fu	neral Ho	omes, I	inc.
Physician /Medical Examiner	il Examiner	23a. Part1. Enter the disease, or comp shock, or heart failure. List only composed in the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the	a Acute Due to (c		Ardia uence ot): Fail				Ons	proximete sorvel Between set and Death
Box 68760, seth certificete base attending physical for use es the bunt	n/Medical	resulting in death) Lest	Due to (o	r as a consequ	uence of);					
P.O. hat the do do by the datached	by Physician/M	Part II. Other significant conditions co	ntributing to death but not res	ulting In the un	nderiying cause gi	ven in Part I.		tobacco use con Yes 2□ No	ntributa to the	causa of death?
OF 05 - 2	Completed b						perfo	an autopsy ormed?	availab	utopsy findings le prior to tion of cause h?
f Vital R ysician: Tha is certificete h director, page	Be Co	25. Was case referred to medical examiner?				28. Place of Dea	ath (Check only	Yes 2 No	1 □ Ye	s 2 No
- × 90 0	2	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	Hospital: 1 ☐ Inpatient 2 ☐ 28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju			dence 6 Oth		
그 호텔 중도	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At he building, etc. (Specification)	ome, farm, stre	eet, factory, office		28f. Location (City or To	Street and Numb wn, State)	er or Rural Ro	ute Number,
To the Hospital within 24 hours a To the Funeral I completely filled	edical	29a. Certifier 1□ Certifying Phy (Check only one)	sician: To the best of my kno ner: On the basis of examina and manner stated.	wiedge, death tion and/or inv	occurred et the ti estigation, in my o	me, date and place opinion, death occu	, and due to the irred at the time,	cause(s) and ma date and place,	nner as stated end due to the	cause(s)
7	W	29b. Signeture and title of certifier	Pom	Dute	7 29c. Licens		54	29d. Dete signed		
IXOV		30. Name and eddress of person who o	omplimed by use of deeth (Item	23a) (Type, 1	Print)	060. 695	Amo	eric A	21	035
Sta Registr		31. Date tiled (Month, Day, Year)	Registrar's Signa	ture Randoll						

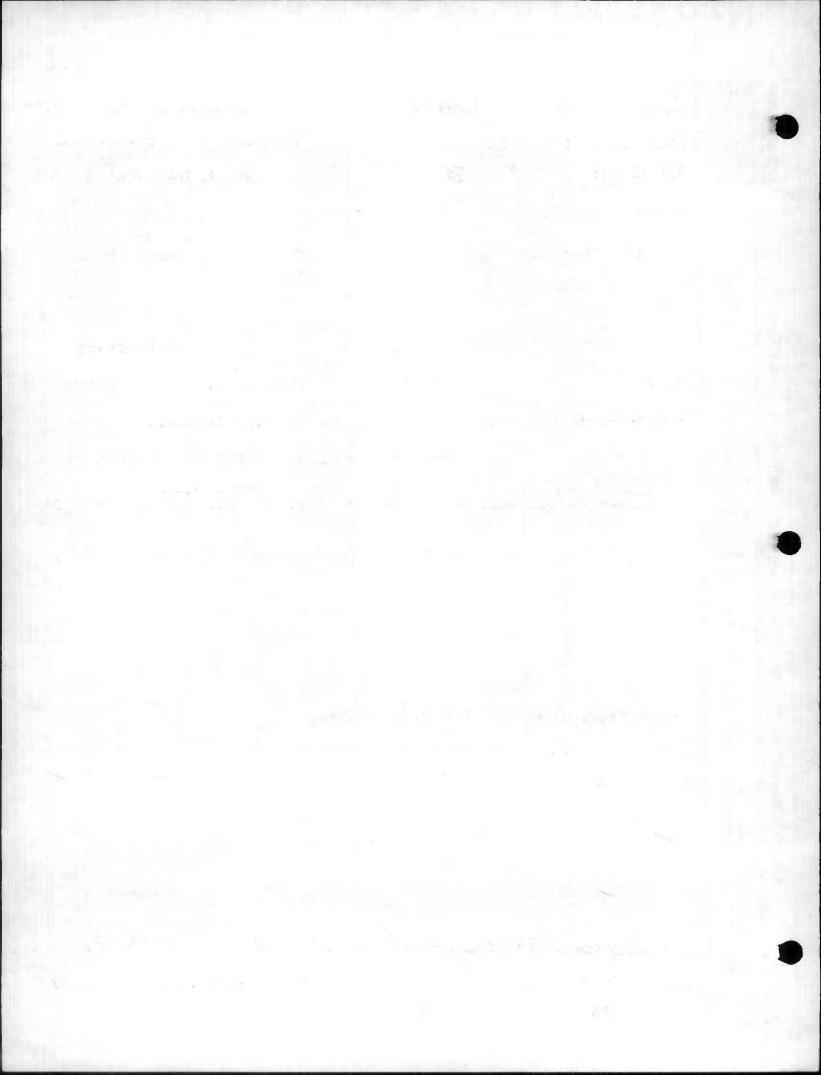
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

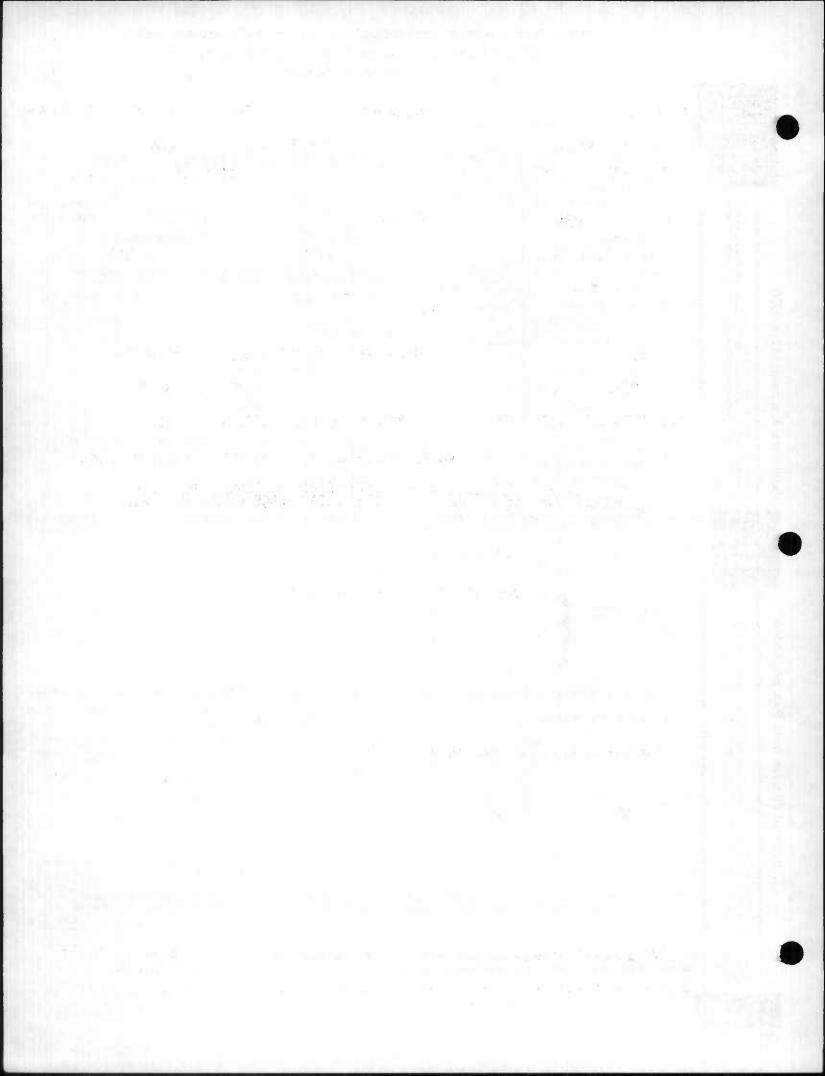
State of Maryland / Department of Health and Mental Hygiene 98

_						Certif	ficate of	Death		Reg. No.	U	1480		
П	Physici	ian	1. Decedant's Nama (First, Middle, Las	1)					2. Data of De Month	Day	Vaar	3. Tima of Deeth		
А	/Medi		Avis D,	L	AWTO	DN			JANUI			11:00 AM		
	Examir	ner	4a. Fecility Name (If not institution, give	0				4b. City, Town, or L						
L		_	MANOR CARE NUR 5. Social Security Number 6. Se			to finate and a color	Undar 1 Yaar	If Under 24 Hrs.	8. Data of Bi		ALTIN			
	Funeral Director			□M 2⊠F	85		onths Days		DEC. 1	ay, Year)		ce (Stata or Foraign y) Island		
	Maryland 8-f show	tor	10a. Stata 10b. County Maryland Baltimo	re	10c. City, To	own or Locati	on Tows	son			10d	d. Insida City Limits 1 □ Yas 2 □XNo		
	oth with the Marylan 23e or 28e-f show	al Director	10a. Street and Number 8162 Loch Raven E	1vd	Zh.	1	10f. Zip Coda	21286		10g. Citizen of V	What Country			
020	after dee	by Funeral	11. Marital Status 1 Never Married 2 Marriad 3 XWidowad 4 Divorcad	12. Was Decedent I Armed Forcas? 1 ☐ Yes 2 ☐ N If Yas, Giva Yaar or Datas:	and a second		Decedant of is, specify Cut Yas 2 No	Hispanic Origin? (Spoen, Maxican, Puarto Spacify:	pecify Yas or No Rican, atc.)	o- 14. Rac Blac Specify	e - American ck, White, ato w			
21215-0020	C 1 4	Completed	15. Decadant's Ed (Specify only highast grad Elemantary/Secondary (0-12)	ucation la com <i>plated)</i> Collaga (1-4or 5		(Giva kind		pation a during most of work ad)	king	16b. Kind of Bu				
		Non	12	4	.,	Tea	cher			Public	s Scho	ols		
Maryland	b d al	To Be	17. Fathar's Nama (First, Middle, Last) Isaac		B1	iss		18. Mothar's Nam Cora	B.	, Maiden Surnem		mons		
any	a, E 3	-	19a. Informent's Nama/Reletionship (7	ype, Print)	11	9b. Mailing A	ddrass (Straa	t and Number or Ru	ral Routa Numb	er, City or Town,	Stata, Zip C	oda)		
	C = 0 -		Deborah Loomis /	Daughter		8162 L	och Ra	ven Blvd.	, Balti	more, Mo	1 212	286		
Baltimore,			20a. Mathod of Disposition 1 Burial 2 X Cramation 3 4 Donation 5 Other (Specify		cema		on (Nama of bry or other pla t Crem		Deta 13/98	20c. Location -	City or Town			
alti	F # # # # #		21. Signature of Funaral Service Licans		0200	_		ass of Facility	13/30	Dare	more,	LID		
ä	Depa Impo eny I		* HALAY	1)				hen D. Lo						
	Alle		23a. Part1. Entar tha disease, or comp shock, or hadri failura. List only of	lications that caused in a causa on aach lin	the death. D	871 o not antar th	7 Gree	n Pasture ing, such as cardiac	S Dr., or raspiratory	Baltimon errast,	Î	21286 Approximete Intervel Batween Drisat and Deeth		
}	Physician /Medical Examiner		Immediata Causa (Finel disaasa or condition a Atheros clerotic Cardio vascular Diseas a Atheros clerotic Cardio vascular Diseas									15 yr		
		ē			Dua to (or as	a consequan	ica of):							
,	assouted n and m-uensit	Examiner	Sequentially list conditions, if any, laading to Immediata ceusa. Entar UnderlyIng Cause (Disease or injury	b	Due to (or as	a consaquan	ca of):							
68760,	Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Phy	edical	Cause (Disease or injury thet Initiated avants rasulting in death) Lest	c	Dua to (or es	e consaquan	ca of):							
	nding use e	151		d										
Box	eath ce ettendi	clar	D. 11 Ott. 1 11											
P.O.	res that the de signed by the e	Physician/	Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. Hypothyroidism, Atrial fibrillation,							23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 ■ No 3 □ Probably 4 □ Unknow				
Records,	been should	leted by	Coronary arte	ery dis	ease,	Ce	rebr	ovascula	24e. Wes	s en eutopsy ormed?	comp	a autopsy findings ebla prior to plation of cause		
		Completed	Atherosclerotic	/						Yas 20 No	of da			
of Vital	certificate rector, pag	Be	25. Was case rafarred to madical axaminar?	Hospital:		/	0	26. Placa of Dea	th (Check only	ona)				
of	hys his idi	. To	1 Yas 2 No 27. Mennar of Death	1 L Inpatia	nt 2 ER/		JU DOA			Idence 6 Oth				
Division	al or Attending P setter death. I Director: After to d in by the funera	cation	1 □ Natural 5 □ Pending invastigation	28a. Date of Injur (Month, Day	Year) 260	o. Tima of Injury	28c. Inju Wo M 1 □	ork? Yes 2 No	28d. Dascribe how injury occurred □ No					
Divi	rs efter d rs efter d al Direct led in by	Certification:	3 Suicida 6 Could not ba 4 Homicida datarmined	28a. Placa of Injubulding, atc	iry - At homa, . (Specify)	farm, straet,	factory, office			(Street end Numb wn, Steta)	er or Rural F	Routa Numbar,		
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai	29a. Cartifiar (Check only one) Certifying Phy	sician: To the best o nar: On the basis of and manner ste	axamination a	ge, deeth oca and/or investi	curred at tha t igetion, In my	ime, date end place, opinion, daath occur	end dua to the red at the tima.	ceusa(s) end ma date and plece,	innar es state end due to th	ed. na causa(s)		
	within To the Comp	M	29b. Signature end title of cartifiar			/		sa number		29d. Data signe				
	11)		Jama h	Mu	y Br	1	-	18410			3-9			
	10		30. Nama and address of person who claura M. Mum 31. Deta filed (Month, Day, Yeer)	ford, M	D. 10	1) (Type, Prin	Falls	Roel,	Lather	rville, r	10	21093		
	Sta	ite	31. Deta filed (Month, Day, Yeer)	32. Registre	r's Signatura	la D.	d. 90			/				



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month LONESOME CLIFFORD 4 1998 0131AM JANUARY /Medical 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** BALTIMORE SINAI HOSPITAL NIA If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country)
 MD . 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Months Deys Hours 108 M 2□ F 212 07 1951 Director 78 Yrs Usuel Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itama 23a or 28a-f show traumatic evant, the Medical Examiner must be notified at 1∰Yes 2□No Director BALTIMORE N/A 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 3306 GLEN AVE. 21215 USA Funeral 11. Meritel Stetus 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 72 hours after 1 Never Merried 2 Married 1 Yes 2 No 2/44
WYes, Give
Yeer or Dates: 11/4 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 # No Specify: SpecifAFRO AMERICAN P 3 ☐ Widowed 4 ☐ Divorced 11/45 Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within. Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "n any injury or other traumatic event. Elementery/Secondary (0-12) College (1-4or 5+) PATUXENT SECURITY GUARD (RETIRED) 12 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be PERCY LONESOME GRACE 10 1 ONE SOME 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) VERNETTA LONESOME 3306 GLEN AVE. BALTO. MD. 21215 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from State BALTO. NATIONAL 1/7/98 BALTIMORE, MD. 21. Signature of Fundamervice Licensee 22. Name end Address of Fecility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD. 21217 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line Approximate Interval Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel SEPSIS diseese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner PNEUMONIA Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Box 68760. Physician/Medical Due to (or es e consequence of) P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown HYPERTENSION Records, Be Completed by 2 24b. Were eutopsy findings available prior to 24e. Wes an autopsy performed? CERERROYASCULAR ALLIDENT - 1994 completion of cause of deeth? page 2 2 No 1 ☐ Yes 2 No this certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, i 25. Was case referred to medical exeminer? 26. Plece of Death (Check only one) Hospitel: 1 patient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Deeth 28a. Date of Injury (Month, Dev Yeer) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending 1 Naturel 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 29a. Certifier 🔀 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the ceuse(s) and menner as steted. 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and pieca, and due to the cause(s) end manner stated. 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) JANUARY 4, 1998 Sowers WO MEDICAL RESIDENT AS2402321-2B-9338 BALTIMO RE, MD 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) U JAMELLE R. BOWERS, MD SINAL HOSPITAL 2401 WEST BELVEDERE AVENUE 31. Dete filed (Month, Day, Year) Registrer's Signeture State Durdson Registrar



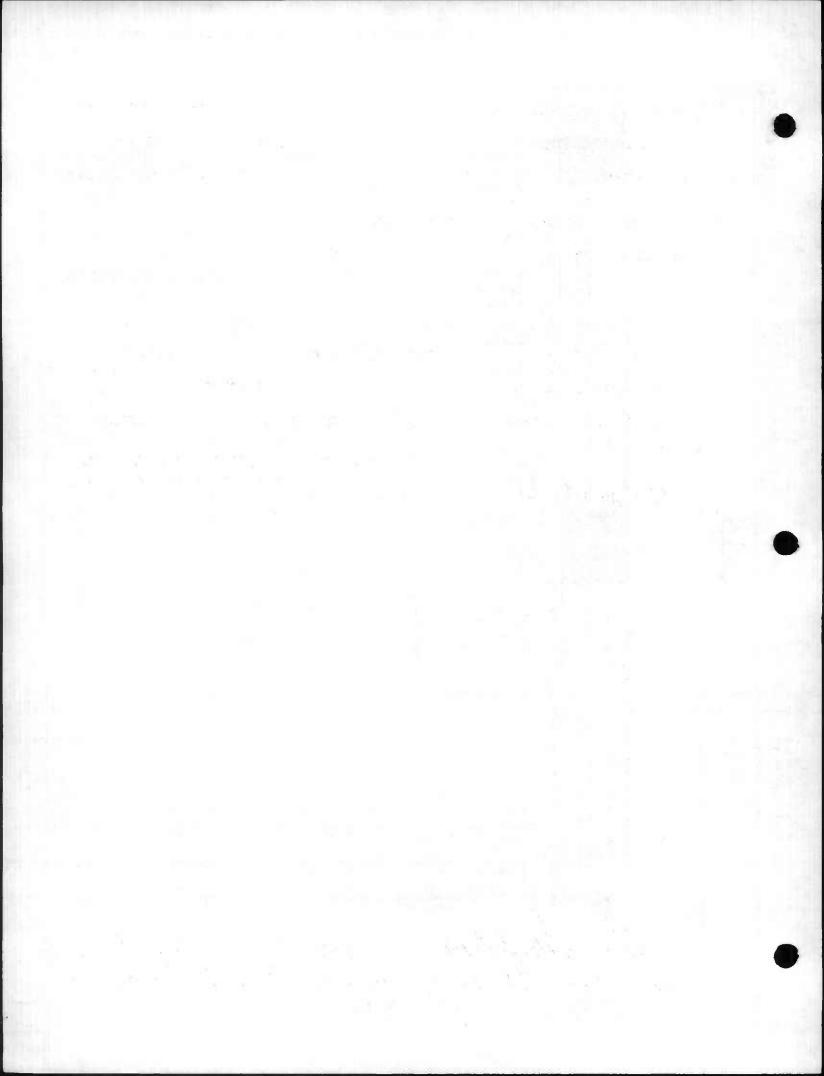
Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month **Physician** 1998 JANUARY 8, ANDREW JACKSON LLOYD, JR. 12:20PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 943 SOUTHRIDGE ROAD CATONSVILLE BALTIMORE 8. Sax If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) **Funeral** Days Yrs. Director 12, 215-10-0974 AUG. 1915 MARYLAND Usual Rasidance of Decedant the Marylend 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 X No Director MARYLAND BALTIMORE CATONSVILLE 10e, Street and Number 10f. Zip Coda 10g, Citizan of What Country? 8 234 943 SOUTHRIDGE ROAD 21228 U.S.A. death Funeral 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☑XYas 2 ☐ No If Yas, Giva Yaer or Dates: Heme 14. Race - American Indien, Black, Whita, atc. Wes Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mentel Hygiene. If them 27 is marked other than "natural", or then my miury or other treumatic event 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilege (1-4or 5+) 12 PURCHASING AGENT AUTOMOBILE PARTS 17. Fathar's Name (First, Middla, Last) 16. Mothar's Nema (First, Middla, Maidan Surnama) Be ANDREW JACKSON LLOYD, SR. IDA MAE CROWFOOT 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) ANDREA LANAHAN, DAUGHTER 1002 CRAFTSWOOD ROAD, CATONSVILLE, MARYLAND 21228 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 Burial 2 Crametion 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Spacify) 1/12/98 BALTIMORE, MARYLAND LOUDON PARK CEMETERY 22. Name and Address of Facility WITZKE FUNERAL HOMES, INC. 1630 EDMONDSON AVENUE, CATONSVILLE, MD 21228 complexions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inly one cause on each line. Enter the dige **Physician** /Medical Immediata Causa (Final mces disease or condition rasulting in daath) Examiner that the deeth certificate be executed Sequentially list conditions, if eny, laeding to Immadiate causa. Entar Undarlying Cause (Disaasa or injury thet initiated evants rasulting in daath) Last pig Dua to (or as a consequence of) Box 68760, Physician/Medical Dua to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t Yes 2 No 3 □ Probebly 4 □ Unknown Records. by 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed page 2 s 1 ☐ Yas 2 ☐ No 1 □ Yas 2 □ No certificate Division of Vital Hospital or Attending Physician: director. 25. Wes casa refarred to medical examinar?

1 Yas 2 No Be 26. Placa of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 □Other (Specify) Medicai Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? Affer 5 Pending Invastigation 1 Meturel 1 ☐ Yes 2 ☐ No after death. 2 Accident Director: / 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stata) 3 Suicida 6 Could not be datamined 28e. Piece of Injury - At home, ferm, straat, fectory, offica building, atc. (Spacify) 4 Homicida Funeral D hours Certifying Physician: To the bast of my knowledge, death occurred at the time, data and piece, and due to the cause(s) end mannar as stated.

Madical Examiner: On the basis of avamination and/or invastination in my original and piece, and due to the cause(s) end mannar as stated. To the Hosp within 24 hou To the Funer completely fil 29a. Certifier Madical Examine: On the basis of axamination and/or invastigation, in my opinion, death occurred et the time, date and place, and due to the causa(s) and manner stellad. 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) se of deeth (Itam 23a) (Type, Print) 30. Neme and address of person who compl 31. Data filed (Month, Day, Year) State JAN 1 Registrar 3



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

THE RESERVE		1. Dacedant's Nama (Firs	t, Middle, La	ist)	THE		rtificate of		2. Data of I			Vess	3. Tima of Deeth
ian ical	ronella remiz							JANY		g P	1998	0730A	
ner	1	ta. Facility Name (If not in Fallston				1		4b. City, Town, or Fallst				of Deeth	
ľ	100	5. Social Sacurity Number	6. 9	Sax		s. last birthday)		If Under 24 Hr	s. 8. Deta of I				aca (Stata or Forai
	-	215-84-7142		1□M 2ÅF	64	Yrs.	Months Days	Hours Mir	May 8	, 1933	3	Monkt	con, Md.
	-	Usual Rasidance of Dacar 10a. Stete 10b.	dant County		10c. 0	City, Town or Lo	ocation					10	d. Insida City Limit
tor		Maryland Ba	altimo	re	Fo	rk							1 ☐ Yes 2 💢 N
Director	1	10e. Street end Number					10f. Zip Code			10g. Citi	izan of V	Whet Countr	у?
eral		6801 Lewis	Road	12. Wes Dece	ednet Ever in	116 42	21051		C'4. W		S.A	e - Amarica	a tadiaa
by Funeral		1 Navar Married 2 3 Widowad 4 D		Armed Fo 1 ☐ Yas If Yas, Giv Yaar or D	rces? 2 🛣 No /a		Was Dacedent of If Yes, specify Cub 1 ☐ Yas 2 🔀 No		rto Ricen, atc.)	NO-		ck, Whita, at	ic.
Completed	_	15. D. (Specify only Elementary/Secondary 7th.		ducation ada complatad) Collega (1	-4or 5+)		dant's Usual Occu kind of work dona DO NOT use retire	pation during most of we	orking	16b. KI		usinass/Indu	
BeC	1	17. Fethar's Name (First, I	Middla, Last)			11003	CMIIC	18. Mothar's Na	ama (First, Midd			na)	
Jo T		Carrol Alm	-			,		Clare N	Miller				
		19a. informant's Neme/Ra lr. Edward F			(chand)		ing Addrass (Stree Lewis Ro				or Town,	Steta, Zip C	Coda)
		20a. Mathod of Disposition		5,01°. (HL			osition (Nama of matory or other pla		,Md. 21	1	ocation -	City or Tow	m, Stata
		1 ဩ Burial 2 □ Cran 4 □ Donatlon 5 □ O			Siele		odist Ch		1/10/98	Fork	Mai	rvland	21051
	1	21. Signature of Funeral S	Service Lices	1500	,	22	2. Nama and Addra	ass of Fecility			,,,,,,,	_ j _ unic	
		6.7	Xa	seak	N)	1 1	E. F. Las 11750 Bel	air Road	Kings	ville	e, Mo	d. 210	087
	1	23a. Part1. Entar tha disa shock, or heart failur	a. List only	plications that c ona causa on a	eused the da	ath. Do not ent	ter the moda of dyl	no such as cardle	o or recoireton	arrest			Approximata
	١,						•	ing, such es ceruie	ic or raspiratory	arroot,			nterval Batween
		Immediata Ceusa (Final		0.				ing, such es ceruie	e or raspiratory	arrost,			nterval Batween Onset and Deeth
	ľ	Immediata Ceusa (Final disaasa or condition resulting In daath)		a. PNEUM				ing, such es ceruie	or raspiratory				nterval Batween
liner	ľ	Immediata Ceusa (Final disaasa or condition resulting In daath)		a. PNEUM	ON A Dua to	Apika.	ticn quanca of):		to or raspiratory				nterval Batween
Examiner	1	esulting In daath)	s, f	a. Preum	ON A Dua to		ticn quanca of): Faile	YK E		a.1504,			nterval Batween
ical Examiner	i i	Sequentially list conditions f any, leading to immadia causa. Enter Underlying Causa (Diseesa or injury hat initiated evants	s,	a. PNEUM b. CONG	Dua to Due to Due to Due to	Apika: (or es a consec (or as a consec o CARU)	quanca of): + Fail quanca of): I I						nterval Batween
edical	in contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	resulting in daath) Sequentially list conditions f any, laading to immadia ausa. Enter Underlying ausa (Diseesa or Injury		o. A CUT	Dua to	Apina (or es a consec (or as a consec o C Arcd i	quanca of): The factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the	ure N farcti					nterval Batween
edical	in contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	Sequentially list conditions f any, leading to immadia causa. Enter Underlying Causa (Diseesa or injury hat initiated evants		a. PNEUM b. CONG c. A CUT d. CAK C	Dua to	Apina (or es a consec (or as a consec o C Arcd i	quanca of): + Failo quanca of): in I quanca of):	ure N farcti					nterval Batween
edical	in contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	Sequentially list conditions f any, leading to immadia causa. Enter Underlying Causa (Diseesa or injury hat initiated evants	ι	c. A CUT d. CAR Contributing to da	Dua to Due to Due to Due to Due to Due to Due to Due to to	Apika (or es a consec (or as a consec o CARD (or es e consec A O F	quanca of): + Fail quanca of): I I quanca of): Z UNG	ure n fareti	23b. DI	d tobacco		ntribute to t	nterval Batween onset and Deeth A PAYS PAYS PAYS he cause of dear
Physician/Medical	e in contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	resulting in daath) Sequentially list condition f any, leading to immadia ausa. Enter Underlying Causa (Diseesa or Injury hat initiated evants asulting in death) Last	onditions of	c. A CUT d. CAR Contributing to da	Due to Due to Due to Due to Due to Due to	Apika (or es a consec (or as a consec o CARD (or es e consec A O F	quanca of): + Fail quanca of): I I quanca of): Z UNG	ure n fareti	23b. DI			55	nterval Batween Onset and Deeth A Pays Pays Pays Pays Pays
Physician/Medical	e in contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	Sequentially list condition of any, laading to immadia ausa. Enter Underlying Causa (Diseesa or injury hat initiated evants asulting in death) Last	onditions of	c. A CUT d. CAR Contributing to da	Dua to Due to Due to Due to Due to Due to Due to Due to to	Apika (or es a consec (or as a consec o CARD (or es e consec A O F	quanca of): + Fail quanca of): I I quanca of): Z UNG	ure n fareti	23b. DI 1[24e. Wi	d tobacco	□ No	ntribute to t 3 Probe	The cause of dear
edical	e in contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	Sequentially list condition of any, laading to immadia ausa. Enter Underlying Causa (Diseesa or injury hat initiated evants asulting in death) Last	onditions of	c. A CUT d. CAR Contributing to da	Dua to Due to Due to Due to Due to Due to Due to Due to to	Apika (or es a consec (or as a consec o CARD (or es e consec A O F	quanca of): + Fail quanca of): I I quanca of): Z UNG	ure n fareti	23b. Di 1[24e. Wi	d tobacco	□ No	ntribute to t 3 Probe	The cause of death and prior to plation of cause lath?
Be Completed by Physician/Medical	P	Sequentially list condition of any, leading to immediate ausa. Enter Underlying Causa (Diseesa or Injury hat Initiated evants asulting in death) Last	onditions of	c. A CUT d. CAK (Contributing to da	Dua to Due to Due to Due to Due to Due to Due to Due to to	Apika (or es a consec (or as a consec o CARD (or es e consec A O F	quanca of): + Fail (quanca of): J	VRE N FARCTI van In Pert I.	23b. Di 1[24e. Wi	d tobacco Yes 2 as an autor formed?	□ No	ntribute to t 3 Probe 24b. Warn avail com of de	The cause of dear a sutopsy finding labia prior to plation of cause lath?
To Be Completed by Physician/Medical	P	Sequentially list conditions of any, leading to immedia ausa. Enter Underlying Causa (Diseesa or injury hat initiated evants asulting in death) Last Part II. Other eignificant c Part III. Other eignificant c	onditions of	c. A CUT d. CAK (contributing to da f Ska	Dua to Due to Due to Due to Due to Due to Due to Due to CiNOM	Apika (or es a consec (or as a consec o CARD (or es e consec A O F	quanca of):	van In Pert I.	23b. Di 1[24e. Wi pe	d tobacco Yes 2	□ No Dosy Mo Othe	ntribute to t 3 Proba 24b. Wara avail com com com de tar (Specify)	the cause of death ably 4 Monking labia prior to plation of cause lath?
To Be Completed by Physician/Medical	P	Sequentially list condition of any, leading to immedia causa. Enter Underlying Causa (Diseesa or injury hat initiated evants asulting in death) Last Part II. Other eignificant c CACC NOR PER NEM A 25. Wes casa rafarred to rexaminar? 1 Yes 2 No 7. Mannar of Death 1 Matural 5 1 2 Accidant 3 Sulcidan 6 6	nedical	c. A CUT d. CAK (contributing to da A S.C. Hospital: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dua to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or as a consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of t	quanca of):	van in Pert I. 26. Placa of De har: 4 \(\text{Nursing} \) 17 at 17 ft?	23b. Di 1[24e. Wi pe 1L bath (Check ont) Home 5 □ Ra 28f. Location	d tobacco Yes 2: as an autopriormed? Yes 2: y one) sidance 6 e how injur	No No Dsy No Other y occurred Number	ntribute to t 3 Probe 24b. Warr avail com of de	The cause of death and prior to plation of cause lath?
edical Certification: To Be Completed by Physician/Medical	P 2	Sequentially list conditions of any, leading to immedia ausa. Enter Underlying Causa (Diseesa or injury hat initiated evants asulting in death) Last Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part II. Other significant c Part I	nedical Panding Invastigation Could not be datarmined	d. CAK (contributing to de CAK) Hospital: 128a. Data contribution (Montribution) 28a. Piace buildir	Dua to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or as a consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of the consect of t	quanca of):	van in Pert I. 26. Placa of Dehar: 4 \(\text{Nursing} \) y at rk? 1 \(\text{Yas} \) 2 \(\text{No} \)	23b. Di 1[24e. Wy pe 15 28d. Dascrib 28f. Location City or 7	d tobacco Yes 2: Yes 2: Yes 2: Yes 2: Yone) Sidance (e how injur (Street an own, Stata	No Psy No Other Py occurred Number	ntribute to t 3 Probe 24b. Warravall common of de 1 Dred ar (Specify)	the cause of deal autopsy finding abia prior to plation of cause lath? Yas 2 No
Certification: To Be Completed by Physician/Medical	P 2 2	Sequentially list conditions of any, leading to immediate asset. Enter Underlying Causa (Diseesa or Injury hat initiated evants asulting in death) Last Part II. Other elignificant of the campinar? Part III. Other elignificant or examinar?	nedical Panding Invastigation Could not be datarmined partifying Physical Examples	d. CAK (ontributing to da A BAC Hospital: 1 28a. Data c (Monte) 28a. Place buildir yeliclan: To the and mann	Dua to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or as a consect (or as a consect (or as a consect (or as a consect A O F asulting In tha u BER/Outpatier 28b. Tima of Injury homa, farm, str	quanca of):	van in Pert I. 26. Placa of De har: 4 \(\text{Nursing} \) ry at rk? I) Yas 2 \(\text{No} \) me, data and plac opinion, deeth occ	23b. Di 1[24e. Wy pe 15 28d. Dascrib 28f. Location City or 7	d tobacco Yes 2 as an autor formed? Yes 2 y one) sidance (e how injur (Street an own, Stata e causa(s) a, data and	No psy No Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Othe	ar (Specify) ar (Specify) ar (Month, De	Interval Batween Onset and Deeth ASS PASS PASS PASS PASS PASS PASS PASS
edical Certification: To Be Completed by Physician/Medical	2 2 2 2	Sequentially list conditions of any, leading to immediate asset. Enter Underlying Causa (Diseesa or Injury hat initiated evants asulting in death) Last Part II. Other elignificant of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the campaign of the ca	nedical Panding Invastigation Could not be datarmined artifying Physical Exam certifiar	d. CAK (ontributing to da A BLO Hospital: 1 Du 28a. Data c (Monte) 28a. Piace buildir ysician: To the and mann	Dua to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or es a consection aculting in tha under the consection aculting in the under the consection aculting in the under the consection aculting in the under the consection aculting in the under the consection aculting in the under the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the	quanca of):	26. Place of De har: 4 Nursing 17 41 17 Yas 2 No	23b. DI 1[24e. Winder 16	d tobacco Yes 2 as an autordormed? Yes 2 yone) sidance (Street an own, Stata a, data and 29d. Dat	DNO DSSY NO DSSY OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR	ar (Specify) red ar (Month, Delay 8, 1	Interval Batween onset and Deeth ASS PASS PASS PASS PASS PASS PASS PASS
edical Certification: To Be Completed by Physician/Medical	2 2 2 2	Sequentially list conditions of any, leading to immadiate ausa. Enter Underlying Causa (Diseesa or Injury hat initiated evants asulting in death) Last Part II. Other elgnificant of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of the Carlot of th	nedical Panding Invastigation Could not be datarmined artifying Physical Exam certifiar	d. CAK (c. A CUT d. CAK (contributing to da f Ska. Hospital: 1 28a. Data completed cause completed cause	Dua to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Du	(or es a consection aculting in tha under the consection aculting in the under the consection aculting in the under the consection aculting in the under the consection aculting in the under the consection aculting in the under the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection aculting in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the consection acut in the	quanca of):	26. Place of De har: 4 Nursing 17 41 17 Yas 2 No	23b. Di 1[24e. Wy pe 15 28d. Dascrib 28f. Location City or 7	d tobacco Yes 2 as an autordormed? Yes 2 yone) sidance (Street an own, Stata a, data and 29d. Dat	DNO DSSY NO DSSY OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR OTHOR	ar (Specify) red ar (Month, Delay 8, 1	nterval Batween onset and Deeth ASS PASS PASS PASS PASS PASS PASS PASS

DHMH 16 Rev 6/95

S. J. Samery

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month JAN CATHERINE LOUISE 2:00 AM 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore If Under 24 Hrs. 8.1 4609 Linden Ave Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 8. Date of Birth (Month. Dey, Year) 2/9/1931 6. Sex Birthplace (State or Foreign Country) 10 M 25 F Months Days Hours Min 66 Yrs. Baltimore 217-26-1477 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☐ No 4609 Linden Ave Baltimore Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4609 Linden Ave; Baltimore United States 21227 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Race - American Indian, Biack, White, etc. 1 Yes 27 No
If Yes, Give
Year or Dates: 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 8 Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Louis E. Summers Emma R. Smallwood 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Joseph Mox, Jr Husband 4609 Linden Ave; Baltimore, MD 21227 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State X□ Buriai 2 □ Cremation 3 □ Removal from Stete 4 □ Donation 5 □ Other (Specify) Meadowridge 1/13/98 Dorsey, MD 21. Signeture of Funeral Service Licenses 22. Neme end Address of Facility Ambrose Funeral Home 23e. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. 21227 Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings evaileble prior to completion of cause of death? 24a. Wes an autopsy performed? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25 Was case referred to medical

Physician /Medical Examiner

> the tit attending physic for use as the ti

> bengis d be del

page 2 s

Be

10

Medical Certification:

certificate

this

s efter death.
I Director: After this od in by the funeral di

To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by

Attending

Physician

/Medical

Examiner

Funeral

Director

r then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Ag

Completed

Be

MD

the Maryland

filed within 72 hours efter

al Hygiene.

. Peges 1 and 2 should be fill ment of Health end Mental Hant: If item 27 is marked offillury or other traumatic even

permit. Pege Department of Important: If any injury or once.

Baltimore, Maryland 21215-0020

Box 68760

P.O. F

Records,

Division of Vital

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest þ Completed

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

	examiner?	-	10 111001001	
	1 Yes	30 No		
27.	Manner of	Deeth		

Neturai 2 Accident

28a. Date of Injury (Month, Day Year) 5 Pending investigation 6 Could not be determined

28b. Time of

Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 29e. Certifier 🗷 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29b. Signature and title of gardler

3 Suicide

4 Homicide

Certaining invalidant to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

BALTIMORES

seuch who completed cause of death (Item 23a) (Type, Print)

29d. Dete signed (Month, Day, Year)

State Registrar

JORNIC 32. Register Signaling 31. Dete filed (Month, Day, Year) JAN 1 3 1998

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygierie? Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Deeth 3. Tima of Death **Physician** Month Year January /Medical Marjorie 11 1998 5:45 PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Good Samaritan Nursing Home Baltimore N/A 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Hours Yrs. Director 82 212-05-1916 May 17, 1915 New York Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at 1 ☐ Yes 2 No Director MD. Harford Jarrettsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò Items 23a 3869 Colwyn Dr. 21084 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Year or Dates: Race - American Indian, Black, White, etc. 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours after 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 ☐ No Specify: by 3 Widowed 4 ☐ Divorced Specify: White Completed Verit, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Clerk John Hopkins University 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 1 and 2 should be end Mental marked Harry Schultz Alma Plinz 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) or other tra Mr. David L. Mason/Son 3869 Colwyn Dr. Jarrettsville, MD. 21084 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) Date 20c. Location - City or Town, State Pages 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Department of important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Moreland Cemetery
22. Name and Address of Facility 1-13-98 Parkville,MD. 21. Signature of Funeral Service Licenses Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, MD. 21204 er the mode of dying, such as cardiac or respiratory arrest. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Cerebno Vascular accident

Due to (or as a consequence of):

Multiple Cerebno Vascular accidents /Medical Immediate Cause (Final disease or condition resulting in deeth) 1/2/98 Examiner Examiner 1048. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Box 68760, 2040 Physician/Medicai prosclaratic Vascular disease. 2043 P.O. F Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the causa of death? been signed by the should be detach 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 1 Yes 257 No 1 Yes 2 No Division of Vital I or Attending Physician: after death. 25. Was case referred to medical examiner? Be 26. Plece of Death (Check only one) Hospitai: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) funeral 27. Mangel of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident Director: A 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral D completely filled it Hospital Medical to Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end manner as steted.

Under the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) 29a. Certifier and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Yeer)

State Registrar 5601 LOCKRAVEN sk. Register's Signature Fund Jay dison-Randell

D22652

BLVD

1/12/98

MD 21239

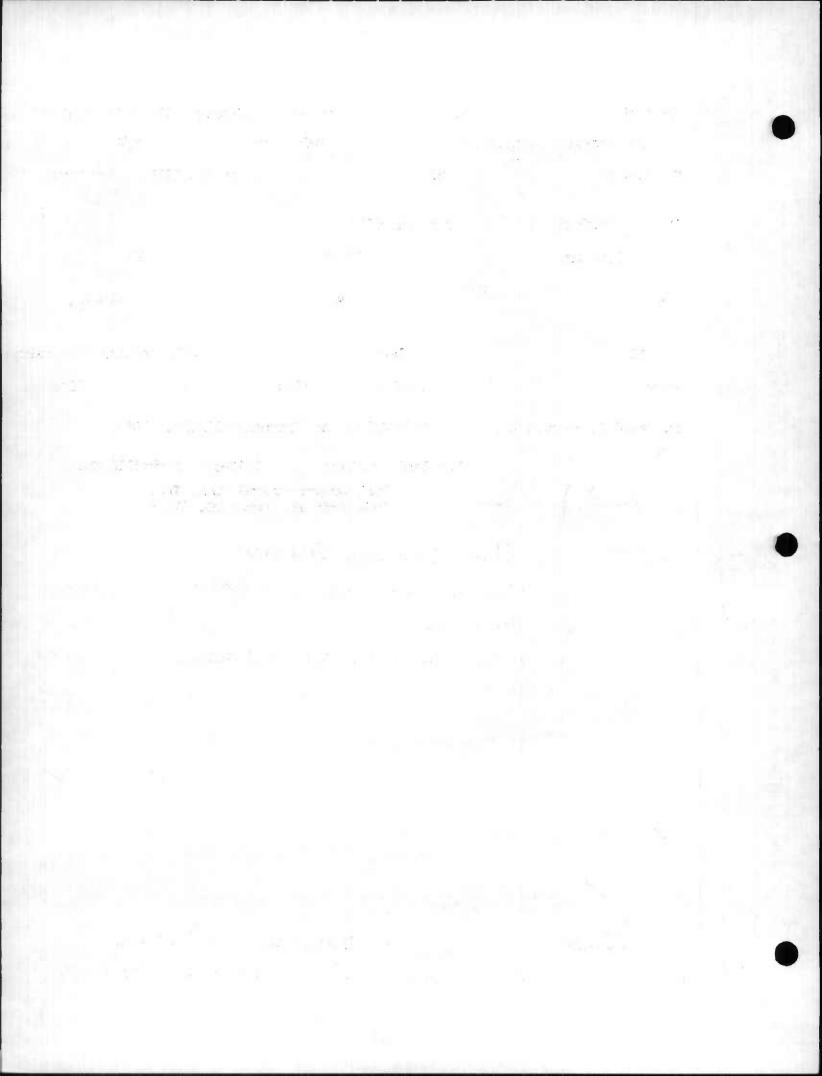
BALTIMORE

tunivos

DY.S. SRINIVAS

31. Date filed (Month, Day, Year) JAN 1 3 1998

30. Name end address of person who completed ceuse of death (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

te of Maryland / Department of Health and Mental	Hygiene	-	20	
Certificate of Death	Reg. Nor	8	00	

	1
Physician	
/Medical	_
Examiner	4

Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The law requires that the death certificate betweented physiciam and s the burial-magsit Division of Vital Records, P.O. Box 68760. Be Completed by Physician/Medica 80 950 for signed by the eld be detached f should 1 this certificate has ral director, page 2 within 24 hours effer death.

To the Funerel Director: After this certified completely filled in by the funeral director, Certification: To Medicai

CARL MAY	ZEF	?				y	Cer	tificat	e of L	Death			Reg. No.	0	0486	
Physicia /Medic		1. Decedent's New Carl	me (First, Middle	e, Last) May	er							2. Dete of D Month	Day	Year	3. Time of Death	
Examin		4a Facility Name		4b. City, Town, or U				ocation of Death 4c. County of Death			h					
Funeral Director		5. Social Security 217-28-2.	6. Sex				If Under Months	1 Year Days	If Under Hours			3irth 9. Bir		irthplace (State or Foreig Country)		
		Usual Residence	of Decedent													
Menylenc f show	or	10a. State MD	10b. County Baltime	re City			y, Town or Lo t imore								10d. Inside City Limits 1 → Yes 2 → No.	
death with the Merylend me 23e or 28e-f show cmust be notified at	Completed by Funeral Director	10e. Street and Number 3113 St. Paul Street, Apt 13						10f. Zip Code 21218					10g. Citizen of Whet Country?			
5 2 6		11. Marital Status 12. Was Decedent Eve Armed Forces?								of Hispanic Origin? (Specify Y Cuban, Mexican, Puerto Ricen,				ericen Indian, te, etc.		
72 hours aft naturel; or		1 Never Married 2 Married 1 Yes, 2 No If Yes, Give Yeer or Detes:					1 ☐ Yes Ž No Specify:						SpecifyWhite			
		15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+)					16a. Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired)									
d wil		Elementary/Secondary (0-12) College (1-4or 5+)					Master Painter					Blair Brothers				
ould be file Mental Hy arked othmatic event	To Be	17. Father's Name (First, Middle, Lest) Frank Mayer					18. Mother's Nem					e (First, Middle, Meiden Surneme) Unknown				
ss 1 and 2 should be filed with of Health and Mental Hygiene I frem 27 is marked other than r other traumatic event, man		19a. Informant's i		19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3809 Fenchurch Rd, Baltimore, MD 21218												
		20a. Method of Disposition 20b. 1 □ Burial 2 ☆ Cremetion 3 □ Removel from State					Date 20c. Location · City or Town, State cometery, cremetory or other piece) Metro Crematory Date 20c. Location · City or Town, State 20									
permit. Pag Department Important: I any Injury o		21. Signeture of Furneral Sorvice Licensee						22. Name and Address of Fecility Charlton Funeral Home 2007 Eastern Ave, Baltimore, MD 21231 Approximate Interval Between Onset end Death								
Physician /Medical Examiner		23a. Part1. Enter shock, or he Immediate Cause disease or condit resulting in death	sclen	she				or respiratory		2123 la	Approximate Interval Between Onset end Death					
Segmecuted clarification ourial trensit	Examiner	Sequentially list of	conditions,	b			or as a conseq		-	H.	4	-14				
of medial character	E	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury														

that Initiated events resulting in death) Last

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

4 Unknown 1 Yee 2 No 3 Probably 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24a. Was an autopsy performed? 7X No 1 Yes 1 Yes 2 No 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) XX Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Death

| Natural
| Accident 28c. injury at Work? 28b, Time of 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated.

295

29c. License number O.C.M.E

29d. Date signed (Month, Day, Year)

23b. Did tobacco use contribute to the cause of death?

JAN. 9, 1998

of deeth (ttem 23a) (Type, Print) address of person who completed cause 111 Penn Street, Baltimore, Maryland 21201

29a. Certiller (Creek a

ITEL

fii u

Lil Larges

. msi _

1_ y 3_

fire elemited

u = dicad a lu

Jine 12 1921 12

reyar

12 raternore orey laternore orey

S113 U. Prai Descept, De 18

21215

: 1

nice

Liscos: Panasa

n cninU

J. - 1

3 C. senchiron V, is sinore, in 21215

Leiro Grenatery Joylo 1535 Goldsville, L.

Jhe -1 ten linera dome

2007 England ve lelikore, Eur [201

Desa P Jarlion

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_						Certificate o	f Death	, ,	eg. No.	00487
	Physici	an	Decadent's Nama (First, Middle, La Thomas	Wayne		Mas	7 <u>0</u>	2. Data of Deet Month	Day Ya	3. Time of Death
d	/Media		4e. Facility Nama (If not institution, gir			nasi	4b. City, Town, or L	January	4c. County of E	
-1	Examir	ner	680 Shore Rd.	o on our aria riambory			Severna P			Arundel
	Funeral Director			Sax 1 √ M 2 □ F	ga (In yrs. last birti 51	nday) If Undar 1 Ye Months Day		8. Date of Birth (Month, Day, March 2	9. 3,1946 W	Birthplaca (Stata or Foraign Country) ashington DC
	yland wow		10a. Stata 10b. County		10c. City, Town	or Location				10d. Insida City Limits
	a-f sh	ctor	Maryland Anne A	runde1			Severna	Park		1 ☐ Yas 2 🛣 No
	23a or 28	Funeral Director	10a. Street and Numbar 680 Shore Rd.			10f. Zip Code	21146	1	Og. Citizan of What United	
21215-0020	iges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 Is marked other than "natural", or items 23s or 28s-f show or other treumstic event, the Medical Example must be notified at	by	11. Maritel Stetus 1 ▼Naver Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Was Decedent Armed Forces? 1 Yas 25 If Yas, Give Yaar or Datas:		13. Was Dacedant of If Yes, specify Control of Yes, specify Control of Yes 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas 2 1 □ Yas	f Hispanlc Orlgin? (Spuben, Maxican, Puerto Specify:	pecify Yas or No- Rican, atc.)		American Indien, Whita, atc. White
15-0	natu disal	etec	15. Dacedant's E (Specify only highast gr	ducation ada complatad)	16a.	Dacedent's Usual Occ (Giva kind of work do	na during most of work	kina	16b. Kind of Busine	
121	within ene. then	Completed	Elamantary/Sacondary (0-12)	Collaga (1-4or	5+)	life. DO NOT usa rati	rad)		Education Public Se	
9	2 should be filed with and Mental Hygiene. Is marked other than sumstic event, tre		17. Father's Name (First, Middla, Last)		Teacher	18. Mother's Nem	na (First, Middla, N		CHOOLS
Maryland	Ald be Aental rkad o	To Be	Phillip	T.	M	laske	Louise		Middle	eton
lan	2 should and Men la marka		19e. informant's Name/Relationship (Type, Print)	19b.	Meiling Addrass (Stra	et and Number or Rui	ral Routa Number	City or Town, Ster	ta, Zip Coda)
	1 and 2 Health em 27 I		Mary Ellen Blohm	/ Sister	-		., Gaither	sburg, M	D 2087	7–1913
Baltimore,	Parint		20a. Mathod of Disposition 1 ☐ Burial 2 【Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special	Ramoval from State by)	camatan	Disposition (Name of c, cramatory or other p Mount Cres		Data 12/98	20c. Location - City Baltimo:	
Ball	permit. Pa Departmen Important: eny Injury		21. Signature of Fugural Service Lice	77		22. Nama and Add	frass of Facility ohen D. Lo	hrmann P	.A.	
			23a Part 1 Finar the disease of Com	undications that caused	the death Do n	8717 Gree	en Pasture	s Dr., B	altimore	, MD 21286 Approximata
	Physician		23a. Part1. Envar tha disaase, of com shock, of haart failura. List only	ona causa on aach li	na.	of enter the mode of c	ying, such as cardiac	or raspiratory arra	151,	Interval Batween Onsat and Death
	/Medicai		Immediate Ceuse (Final disaasa or condition	\triangle	ID,	?				to VOLKS
	Examiner		rasulting In death)	a	Due to (or as a o	onsaguance of):		-	- 1-	10 16/010
V-	p is	Examiner	Maria India	LYN	18hoM	A				6 Months
	end end Il-tran	xam	Sequantially list conditions, if env. leading to Immediate		Due to (or as a co	onsaquance of):				
68760,	Sicial Surface	ä	Sequantially list conditions, if eny, leading to Immediate cause. Entar Underlying Ceusa (Disaase or Injury that Initiatad avents	C						
687	ne death certificete be executed the attending physicial and thed for use as the bunal-transit	ledicai	rasulting in death) Last		Dua to (or as a co	nsequenca of):				
Box	endin r use	an/M		d						
). B	deat death ed for	Physician/N	Part II. Other algnificant conditions of	ontributing to death b	ut not rasulting In	tha underlying causa	givan In Part I.	23b. Did to	bacco usa contrib	oute to the cause of deeth?
s, P.O	uires that the death cer signed by the attendir Id be detached for use	by Phy						1 🗆 Ye	98 25 No 3[Probably 4 Unknown
of Vital Records,	neen hou	Completed						24a. Wes en		4b. Wara autopsy findings eveilabla prior to complation of causa of daath?
Re	sician: The law certificete has b director, page 2 s	шо						1 □ Ya	s 200No	1 ☐ Yes 2 ☐ No
ita		Bec	25. Was casa rafarred to madical examinar?				26. Place of Dael	th (Chack only on	a)	
) t		To	1 Yas 25 No	Hospital: 1 Inpatie	ent 2 ER/Out	Datiant 3LI DOA	Othar: 4□ Nursing Ho	oma S Rasida	inca 6 □Othar (5	Specify)
ion	nding Plath. r: After ti e funera	ation:	27. Manner of Daath ↑ Netural 5 ☐ Pending 2 ☐ Accident Invastigatio	28e. Data of Inju (Month, Da		jury V	jury et ?ork? □ Yas 2 □ No	28d. Dascribe ho	w injury occurrad	
Division	al or Atta s after de il Directo ed in by th	Certification:	3 Suicide 6 Could not be datermined	a 28a. Place of Inj building, at	ury - At homa, far c. (Specify)	n, straat, factory, offic	е	28f. Location (St. City or Town	reet end Number o n, Stata)	r Rural Routa Number,
	To the Hospital or Attanding Phywithin 24 hours after death. To the Funeral Director After thi completely filled in by the funeral	edicai (29a. Cartifiar (Check only one) 1 CertifyIng Ph	ysician: To the best niner: On the basis of end mannar sta	examinetion and	daath occurred at tha for invastigation, in my	tima, data and placa, opinion, death occur	and due to the ce red et the time, da	euse(s) and manna ate and piece, and	r as stated. dua to tha causa(s)
	To the To the Comp	M	29b. Signatura and title of cartifiar	000		29c. Lice	nse number	29	9d. Date signed (M	Ionth, Day, Year)
			199H) M	wy	>	05	5217		011	12/98
	So		30. Nema and address of person who	complete cause of d	eeth (Item 23e) (1	ype, Print) With U	volf Bal	TIMURR	MD	
	Sta Registr		31. Data filed (Month, Day, Yaar) JAN 1 3	32. Ragistr	ar's Signature	n-Randolo				

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygierie 8

					Cer	tifica	te of	Death			Reg. No).			
Physicia	ın	1. Decedent's Name (First, Middle, La	MOOR	E						2. Dete of De Month	eath Da	y	Year 998	3. Time	
/Medic Examine		4a Facility Name (If not institution, give HARBOR HOSPIT		VTE	R					ocation of Dee		: County	of Death	03	30
Funeral Director		5. Sociel Security Number 6. S 220 36 1298	Sex 7. Ag		st birthday) Yrs.	If Under	or 1 Year Days	-	24 Hrs. Min.	8. Date of Bi (Month, D 7/4/4	irth ay, Year,		9. Birthp	lace (State try) MD .	or Foreign
and w	1	Usual Residence of Decedent 10a. State 10b. County		10c. City,	Town or Lo	cation							1	0d. Inside	City Limits
Manyl 4 eho	5	MD. N/	A		BALTIN	10RE								₩ Ye	s 2 No
the rotti	Director	10e. Sfreef end Number				,	p Code				10g. Ci	tizen of V	Vhet Cour	nfry?	
3a ol		935 BETH	UNE RD.					21225					USA		
urs a	by Funeral	11. Marital Status 1 □ Never Married 2 ∰ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 If Yes, Give Year or Dates:				edent of ecity Cub		gin? (Sp	ecify Yes or N Rican, etc.)	0-	Blac	k, White,	an Indian, etc. AMER	ICAN
Z1Z15-00Z0 d within 72 hours af giene. rr than "naturel", or rh Wedeal Exam	Completed	15. Decedent's E	ducation		16a. Deced	ent's Us	ual Occu	pation during mos	t of work	ina	16b. F	(ind of Bu	d of Business/Industry		120
within 7	ple	(Specify only highest gra Elementary/Secondary (0-12)	Coilege (1-4or :	5+)	life. L	OO NOT	use retire	od)	t of work	uig					
	S	12	0		-	HOME	MAKE					IOME			
	Be	17. Father's Name (First, Middle, Last						18. Mothe		Name (First, Middle, Maiden					
should and Men of marks	2		DUKES												
Mar 12 sh and 1 and reun		19e. Informant's Name/Reletionship (e <i>i Rou</i> te Numi				Code)	
2 2 2 2	-	LUDENE BRYANT 20e. Method of Disposition	DAUGHTER		Z/U.		LES ome of	KU.	SALI.	IMORE,	1	212		wn State	
0 80 2		1 Burlal 2 Cremation 3 € 4 Donation 5 Other (Special	(y)	Ce	ING, S	PA	other pla			/8/98					
pemit. Par Department Important: eny Injury		21. Signature of Funeral Service Lice	i del	est	22	Name & ES	DO E	ess of Eacili BROTHE UTAW F	RS I	FUNERAL BALTO.	HOM MD.	ΪΕ P. 212	A.		
		23a. Part1. Enter the disease, or comshock, or heert failure. List only	plicetions that caused one cause on each li	the death.	Do not ente	er the mo	de of dy	ing, such as	cardiec	or respiratory	arrest,			Approxim Intervat B	ate etween
Physician /Medical Examiner		tmmediate Ceuse (Finat disease or condition resulting in death)	a. MY0	CAR	DIAL		INF	ARC	TIC	N				Onset and	UR
	10	resulting at death)	11120		as a conseq									1	
nsit ted	Examiner		b. HYP		ENS									757	EARS
Sien and burial-tran	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	DIA		as a conseq	uence of):						i	F 11	- 100
		Cause (Disease or Injury that initiated events	c. DIA		ES								1	3 4	EARS
F .50	/Medical	resulting in death) Lest	d. CHRO		es e consequ			FA	140	RE					
eath ce attend after us	clai	Ded # Other significant conditions	and the stine to don't be	ud not consi	bin in the co			han in Dard		22h Dic	1 tobaca		ndelburke de	the course	a of death
F 5 5 5	Phy	Part II. Other significant conditions of	Commoding to death o	at not lesui	iling in the di	idenying	cause g	ven in rait			Yee :				Unknow
	Completed by									24e. Wa	s an euto iormed?	opsy	av	ere autops allable prio mpletion of deeth?	r fo
The lev ate has	E O									1□	Yes 2	No	11	Yes 2	No No
Iclan: The certificate rector, pag	Bec	25. Was case referred to medical						26. Place	of Deat	h (Check only	one)				
Physician: this certific	2	examiner? 1 Yes 2 No	Hospital:	ent 2 E	ER/Outpatien	t 3 🗆 C	OA OI	her: 4 🗆 Nu	ursing Ho	ome 5 Res	sidence	6 □Oth	er (Speci	(y)	
nding Ph nth. r: After th e funeral		27. Menner of Death 1 Natural 2 Accident 5 Pending investigation	28a. Date of Inju (Month, De	y Year)	28b. Time of Injury	М	28c. Inju Wo	ny at ork?]Yes 2□	No	28d. Describe	how inju	ury occur	red		
To the Hospital or Attending Pt within 24 hours after death. To the Funeral Director: After it completely filled in by the funera	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	256. Piece of In	ury - At hor c. (Specify)	me, ferm, str	eef, facfo	ry, office			28f. Location City or To			er or Run	al Route Nu	imber,
Ne Hospi n 24 hour Ne Funer Sletely fill	edical		yalcian: To the best miner: On the basis o and manner st	f examineti											e(s)
withir To th	M	29b. Signature and title of certifier						se number						Day, Year)	
		I digno themas.	RESIDEN	VT M	EDICII	VE +	15 2	24416	14-	38	JAN	VARY	1,200	1, 190	18
3	1	30. Name and address of person who LIZY THOMAS,	completed cause of c	Hospi	23e) (Type, I	Print)	ENT	ER,	BA	LTIMO	RE.	M	0		
Stat	е	31. Date filed (Month, Day, Year)	32. Registr	ar's Signati	ure							44.7	46	nii, n	

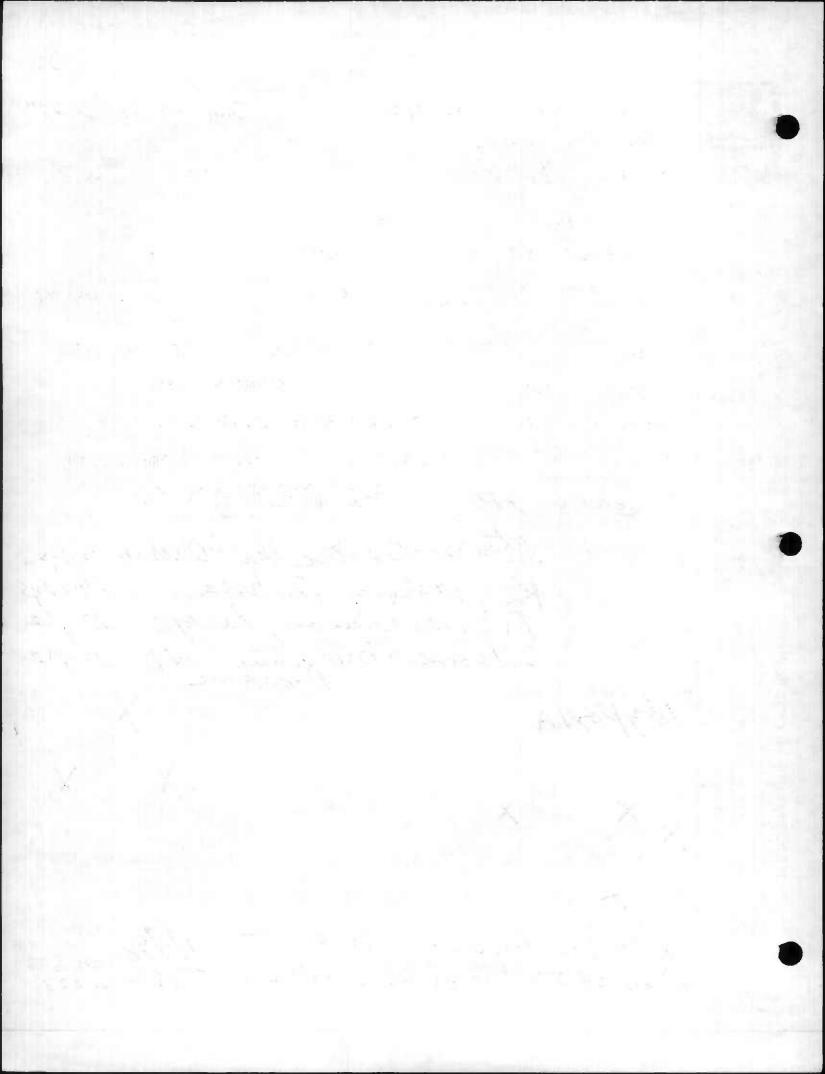
DHMH 16 Rav 6/95

בטטב.

Toul a totey

State of Maryland / Department of Health and Mental Hygiene 98 00489

Physician Medical Examiner 4e. Feolity Nerte (if not installar), glar afferted and numbers BON SECOUR HOSPITAL Funeral Blue Secoul Secoul Hospital (if not installar), glar afferted and numbers 10c. Clary Town of Location of Death BALTIMORE 10c. State 10c. County (if not installar), glar afferted and numbers 10c. Clary Town of Location (if Death BALTIMORE) 10c. State 10c. County (if not installar), glar afferted and numbers 10c. Clary Town of Location (if Death BALTIMORE) 10c. State 10c. County (if not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and numbers 10c. Clary Town of Location (if Not installar), glar afferted and							C	ertifica	e of	Deam		F	Reg. No.		00403	
Examiner BON SECOUR HOSPITAL 5. Social Security Number (if not institution, gain a street and number) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 5. Social Security Number (if not institution) 6. Security Number (if not institution) 6. Security Number (if not institution) 6. Security Number (if not institution) 7. App (if not institution) 8. Social Security Number (if not institution) 8. Social Security Number (if not institution) 8. Social Security Number (if not institution) 8. Social Security Number (if not institution) 8. Social Security Number (if not institution) 8. Social Security Number (if not institution) 8. Social Security Number (if not institution) 8. Social Security Number (if not institution) 9. Social Security Number (if not institution) 9. Social Security Number (if not institution) 9. Social Security Number (if not institution) 10. Site of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the institution of the insti	husisian		1. Decedent's Name	First, Middle, La	st)							2. Dete of Dec	eth	Van	3. Time of D	
## Specific Committed Companies and Processing Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies Companies	•	ı l				m	94	S						-		
Social Security Number 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220 0 19085 1 Very 220		_				bar)				4b. City, To	wn, or Loc	~~~		-		
20 1 908 1 15M 2 F 77 Vrs. Worths Oby's Hours Min. (Mortin Oby's April 100. College of Decident 100. Speak 100. County MD. N/A BALTIMORE 100. Speak 100. County MD. N/A BALTIMORE 2115 WEST FAYETTE ST. 21223 2123 213 Wiscowed 4 1Divorced Vision of Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In U.S. (1) West Decident County In														N/A		
To a. Steels 106. County MD. N/A BALTIMORE 106. Street and Number 2115 WEST FAYETTE ST. 21223 USA 11. Marttel Status 11 Nover Harried 2 ## Married 3 ## Married 3 ## Married 1 ## Married 2 ## Married 1 ## Married 1 ## Married 2 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Married 1 ## Marrie	-		220 01 908	35		7. Age (In yrs					Min.	8. Dete of Birti (Month, De) 7/10/2	h y, Year) 20	9. B	irthpleca (Stete or F Country) MD.	
Toe. Street and Number 2115 WEST FAYETTE ST. 21223 100, Citizen of Whist Country? 2116 West Dependent Ever in U.S. Amy of cross of the country of the country? 2116 West Dependent Four in U.S. Amy of cross of the country of the country? 2128 West Dependent Four in U.S. Amy of cross of the country of the country? 2128 West Dependent Four in U.S. Amy of cross of the country of the country? 2128 West Dependent Four in U.S. Amy of cross of the country of the country? 2128 West Dependent Four in U.S. Amy of cross of the country of the country? 215 New of the country of the country? 216 Dependent Status for Country 217 Fether's Name (First, Mickle, Last) 218 Country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country	M III					10c. C	ity, Town or	Location							10d, inside City	
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	Ta of	ğ	MD.	N/A			BALT	IMORE							Yas 2	
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	r 288	9	10e. Street and Number	er .				10f. Zi	Code				10g. Citize	n of Whet (Country?	
11. Martiel Status 1 New Properties 12 New Decedent Ever in U.S. Amped Forces?* 13 New Properties 14 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Properties 15 New Propertie			2115	WEST	FAYETTE	ST.			212	223				ısa		
Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security Security	Ter la	ner	11. Maritel Status		12. Wes Dece	dent Ever in U	J,S. 13	. Was Dece	dent of H	fispenic Original	gin? (Spec	Ify Yes or No-	14			
Elemantary/Secondary (0-12) College (1-4or 5+) WELDER (RETIRED) BETHLEHEM STATES and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	P	2		11	1 #Yes If Yes, Give	2 No			10		, ruello N	roari, arc.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the passage of the pa	of call	erec	(Specify	. Decedent's Ed	ducation ade completed)		16a. Dec	edent's Usu	el Occup	ation during most	of working	2	16b. Kind	of Busines	s/Industry	
The plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the p	le lo	d	Elemantary/Saconde		Coilege (1-	- /										
GEORGE MAYS GEORGE MAYS GEORGE MAYS GEORGE MAYS GEORGE MAYS 19e. Informent's Name/Reletionship (Type, Print) MARGIE MAYS WIFE 2115 WEST FAYETTE ST. BALTO. MD. 212.23 22e. Method of Disposition 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Informent's Name/Reletionship (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Information (Type, Print) 19e Inf	C T	3			-			WELDER	()							
19e. Informent's Name/Reletionship (Type, Print) MARGIE MAYS WIFE 2115 WEST FAYETTE ST. BALTO. MD. 212.23 220b. Place of Disposition (Nema of cemberly, cremetory or other place) 1		GEORGE MAYS														
MARGIE MAYS WIFE 2115 WEST FAYETTE ST. BALTO. MD. 21223 20c. Location - City or Town, state of Committee, carefully committee, carefully committee, carefully committee, carefully committee, carefully committee, carefully committee, carefully committee, carefully committee, carefully committee, carefully carefully committee, carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefully carefull	To	17. Fether's Neme (First, Middle, Last) GEORGE MAYS 18. Mother's Neme (First, Middle, Meide CATHERINE														
20. Place of Disposition The Burial 2 Cremetion 3 Removel from Stete 20. Place of Disposition (Mema of cemerlery, cremetary or order place) 1/9/98 CATONSVILLE,	tra.		19e. Informent's Name/Reletionship (Type, Print) MARGIE MAYS WIFE 19b. Melling Address (Street end Number or 2115 WEST FAYETTE													
1 Burial 2 Cremetion 3 Removel from Stete METRO CREMATORY 1/9/98 CATONSVILLE,	the	+			MILE	20b.				VIEIIE	31,					
23e. Pert II. Other, significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23e. Pert II. Other, significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23e. Pert II. Other, significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23e. Place of Deeth (Check only one)	= ō		1 ∰ Buriai 2 □ C	remetion 3		tete	cemetery, cr	emetory or	other plea	,	1/					
23e. Pert I. Eiter-tris disease, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiratory errast, interest of the cause of the death. Do not enter the mode of dying, such as cardiac or respiratory errast, in the cause of the death. Do not enter the mode of dying, such as cardiac or respiratory errast, in the cause of the death of the death. Do not enter the mode of dying, such as cardiac or respiratory errast, in the cause of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death of the death	Importan any injur once.		21. Signeture of Funer	Service Licer	nsee			22. Neme er	P RR	ss of Fecility	S FIIN	VERAL H	IOME I	Δ		
Shock, or heert failure. List only one cause on each line. Due to (or es e consequence of): e to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequen			le	ul l	1	ter		130	0 EU	TAW P	L. BA	LTO. M	ID. 2	21217		
Pert II. Other, significant conditions contributing to death but not resulting in the underlying cause given in Part 23b. Did tobacco use contribute to the 1 Yes 2 No 3 Probably 24e. Wes en eutopsy performad? 24e. Wes en eutopsy performad? 1 Yes 2 No 1 Yes 25. Wes case referred to medical exeminer?	s the bu	resulting In deeth) Sequentielly list conditions, if eny, leeding to Immediate ceuse. Entar Undarlying Cause (Disease or injury to the Initiated events resulting In deeth) Lest		ions, diate ng	A	Due to (c	or es e conse	equence of):	str	FA EVI	In	Lun	190	5	20 y	
245. Wes case referred to medical exeminer? 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one)	E 0 8		LA KONTE DOSKOCK									ease.				
245. Wes case referred to medical exeminer? 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one)	been signed by the ettending should be detached for use a should be detached for use leted by Physician/M	200	Pert II. Other significan	nt conditions o	ontributing to dea	th but not res	sulting in the	underlying	ause gl	en in Part I.		23b. Did to	obacco us	e contribu	to to the cause of	
245. Wes case referred to medical exeminer? 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one)			LIGH	2201	Λ							101	/as 2	No 3	Probably 4 Un	
245. Wes case referred to medical exeminer? 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one)		2	11	0/1	4											
25. Wes case referred to medical exeminer?														240	aveileble prior to completion of cau	
25. Wes case referred to medical exeminer?		2											1	1	of deeth?	
25. Wes case referred to medical exeminer?	C. pa											1 Y	es 2001	Vo	1 ☐ Yes 2 No	
I Vac 2 M No I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I Toophie. M. I T	irecto	25. Wes case referred to medical exeminer?														
	63	Inpatient 2L ER/Outpatient 3L DOA 4 Nursin										ecity)				
28d. Describe how injury occurred injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et injury et in	e fun	2			(Month	, Dey Year)										
Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero Zero	al Director: After the in by the funers Certification:	2	3 ☐ Suicide 6	Could not be determined	3 Suicide 6 Could not be determined 28a. Plece of Injury - At home, farm, straet, factory, office building, atc. (Specify)								28f. Location (Street and Number or Rural Route Number,			
29a. Certifier Check only Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, daeth occurred at the time, data and place, and due to the cause(s) and menner as stated.	0 0	5											d place, and due to the cause(s) and manner as stated			
end menner steted.	itely filled i		CHOCK DITY 2	Certifying Ph	niner: On the bas	ils of examine	wiedge, dee stion and/or i	th occurred	et the tin	ne, dete end pinion, daet	d plece, en h occurred	d due to the c	euse(s) ar	id menner e ace, end du	es steted. ua to tha causa(s)	
29c 1 icense number 29c 1 icense number 29c 1 icense number	Ampletely filled i	בפונים	one)	Medicai Exam	niner: On the bas	ils of examine	wiedge, dee ation and/or i	nvestigetion	, in my o _l	pinion, daet	d plece, en h occurred	et the time, o	iata and pl	ace, end du	ua to tha causa(s)	
29c. License number 29d. Data signed (Month, Day)	pletely fill edical	בפונים	one)	Medicai Exam	niner: On the bas	ils of examine	owledge, dee etion and/or i	nvestigetion	. Licens	e number	h occurred	et the time, o	data and pl	ace, end du	es steted. ua to tha causa(s)	
29b. Signeture and title of certifiar 29c. License number 29d. Daty signed (Month, Day) 29d. Daty signed (Month, Day) 29d. Daty signed (Month, Day) 29d. Daty signed (Month, Day) 29d. Daty signed (Month, Day) 29d. Daty signed (Month, Day) 29d. Daty signed (Month, Day)	completely filled i	בפונים	29b. Signature and title	of certifiar	end menne	or steted.	etion and/or i	nvestigetion	. Licens	e number	h occurred	et the time, o	data and pl	ace, end du	ua to tha causa(s)	



		1. Decedent's Nama (First, Midd	la (aet)		Ce	ertificate o	r Death	2. Data of Deet	eg. No.	_	3. Tima of Death
Physici								January 7	Day -	Yaar	9:00 p.m.
/Medic		Gloria Jean 4a. Facility Neme (If not institution					4b. City, Town, or		4c. County	of Deeth	0.00 p.m.
Examin	er	100 Fidelity Drive		,			Fallston		Harfor		
Funeral		5. Social Security Number	6. Sax	7. Age (In	yrs. lest birthday	If Under 1 Yes	If Under 24 Hrs	8. Date of Birth (Month, Day,			placa (Stete or Foreign
Director		216-20-6348 Usuel Residence of Decedent	1□ M 2⊠ F	73	Yrs.	Months Dey	s Hours Min.	Nov. 2, 1	924		imore,Md.
ylang		10e. Stete 10b. County		100	c. City, Town or I	ocation				1	0d. Inside City Limits
Mary Mary	ctor	Maryland Harfo	rd		Fallstor)					1 ☐ Yes 2 💢 No
or 28	Director	10e. Street end Number				10f. Zip Code		1	0g. Citizen of V	Whet Cour	ntry?
238 v		100 Fidelity D	rive			21047			U.S.A.		
5-0020 72 hours after death with the Maryland "neturel", or items 23s or 28s-f show ocal Examiner man be notified a	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☒ Mar 3 ☐ Widowed 4 ☐ Divorced	If Yas, G	orces? 2 No ive	in U,S. 13	. Was Decedent of If Yes, specify Control of Yes, specify Control of Yes 2 No. 1 □ Yes 2 □ No.	f Hispenic Orlgin? (Suban, Mexican, Puer Specify:	specify Yas or No- to Rican, etc.)		ck, White,	
	Be Completed	15. Decader (Specify only highs Elementary/Secondary (0-12) 12th.) (1-4or 5+)			upation le during most of wo red)		16b. Kind of B		dustry
d 2 d 2 Hilled v Hygie ther int, tr	CO	17. Fether's Name (First, Middle,	n/a		HOU	sewife	18 Mother's Na	me (First, Middle, M	lomekee		
Maryland 212 Maryland 212 nd 2 should be filed with! the and Marylane. The marked other then treumetic event, the in-	To Be	John Gotlieb S	,					Weilbrene		10)	
Shoul Me Mark	F	19e. Informent's Name/Reletions			19b. Mai	iing Address (Stre	et and Number or Ri			State. Zic	Code)
Mand 2 alth e alth e r trau		Mr.Earl F.Malw	itz (Husba	and)		Fidelity		allston,M			,
Baltimore, Maryland 2121 Bealtimore, Maryland 2121 permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, the tempore.		20e. Method of Disposition		2	Ob. Piace of Disc	position (Name of ametory or other p			20c. Location -		wn, State
Page Nemt M		1 X Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S	3 □Ramoval from pecify)			Cemeter		1/12/98 E	altimo:	re Mo	
Baltimore permit. Pages 14 Department of He important: If New any injury or oth		21. Signeture of Funarei Service	Licenses		2	22. Neme end Add	lress of Fecility		G Z O Z III O	20,110	
D @ \$9E\$8		15.4	Kann	ha)	.F. Lassah	n Funeral H r Road King	ome. P.A.	vland 21	087 <u>_</u> 11	251
		23a. Pert1. Enter the disease, or shock, or heart failure. List	omplications that	caused the	death. Do not er	nter the mode of d	ying, such es cardie	or raspiretory erre	est,		Approximata Intervei Between
Physician					1	0				1	Onsat and Death
/Medical Examiner		Immediate Ceuse (Final disaesa or condition resulting in deeth)	θ		Lu	ng U	meer			1	year
	- La	rooming in doorn		Due	to (or es a conse	equence of):					0
	Examiner		b								
1		Sequentielly list conditions, if eny, leading to immadiata cause. Enter Underlying Cause (Disease or injury		Due	to (or es e conse	equence or):				- [
68760 filicete be g physicient as the burst	edicai	that initiated events	C	Due	to (or es e conse	equence of):					
Box 68 eath certifice attending ph		resulting in deeth) Lest	d							i	
Box leath cert	Physician/M	Port II. Other clanificant conditi		44b b			Section 1	001 0144			
o the god	hys	Pert II. Other eignificant condition	ons contributing to d	leath but no	t resulting in the	underlying ceuse	given in Pert I.		bacco use co s 2□ No	11	the cause of death?
s that s med the det	by P							1010	98 2LINO	30,10	Sabry 4 Olikilow
Division of Vital Records, P.O. Box 687 Hospital or Attending Physician: The law requires that the death certificate 42 hours after deeth. Funeral Director, their this certificate has been signed by the attending physicial in by the funeral director, page 2 should be detached for use as the	Completed t							24a. Was en	n eutopsy ned?	av	ere autopsy findings ailable prior to mpletion of cause deeth?
The la	шо							1 □ Ye	s 200 No	10] Yas 2□ No
f Vital Reystelen: The lav	Be C	25. Was case referred to medica	i				26. Piace of De	ath (Check only on			
of V Physici this certail direc	To	exeminer?	Hospital:	Inpatient	2 ☐ ER/Outpetie	ent 3 DOA	Other: 4 Nursing H	lome S Reside	nce 6 Oth	er (Specif	y)
On O ding Ph h. After th funeral		27. Manner of Death Natural 5 ☐ Pendir		of Injury oth, Day Yes	er) 28b. Time Injury	N.	jury at ork?	28d. Describe ho	w Injury occur	red	
SiO Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Sidesth Si	Certification:	2 Accident Investi	not be				☐ Yes 2 ☐ No	201 1			
or A garden	ertif	4 ☐ Homicide determ	ined 286. Pleci	e of injury - ling, etc. (S)	At nome, term, s pecify)	treet, factory, offic	е	28f. Location (St. City or Town	, Stete)	er or Hura	il Houre Number,
Division O To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	Medical C	29a. Certifier (Check only one) Cartifyir	Examinar: On the b	e best of my besis of examinar stated.	mination end/or i	th occurred at the nvestigetion, in my	time, dete end plece ropinion, death occu	o, end due to the ca arred et the time, de	use(s) and ma ete end pleca,	inner as s end due to	tated. o the cause(s)
Within 2 To the	Me	29b. Signeture end in of certifie		viatovi		29c. Lice	nse number	25	9d. Date signe	d (Month,	Dey, Year)
FSFO		Hund	11 MOS 1	m		0	21920		1/8/	98	
		30. Neme and address of person	who completed ceu	se of death	(Item 23a) (Type	p, Print)	20127		,01		
		PAIL COM	M CM CL	,569	N. C	lails S	T. RAGO	more m	0 21	204	
\//	J						1 1714 -		-		

DHMH 16 Rev 6/95

Co. A. Samara

73

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Day Elizabeth Jean Martin January 10,1998 7:30 AM 4b. City, Town, or Location of Death 4e Facility Neme (If not institution, give street and number) 4c. County of Death Dundalk Baltimore 428 Mirabile Lane If Under 24 Hrs. 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) 1□ M 2√2 F Months Days Hours 235-32-5378 72 Yrs. Dec. 19,1925 West Virginia Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 🏋 No Dundalk Baltimore Maryland 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 21224 United States 428 Mirabile Lane Raca - American Indian, Bleck, White, etc. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2℃No Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done do life. DO NOT use retired) during most of working Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12 Years 18. Mother's Name (First, Middle, Melden Sumeme) 17. Fether's Name (First, Middle, Last) Anna Cross Ray Miller 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 428 Mirabile Lane Baltimore, Maryland Mr. Garland Martin/Husband 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 1/13/1998 Baltimore, Maryland Oak Lawn Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lici 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Part1. Enter the disease, or complications that caused me shock, or heert feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth bith. Do not enter the mode of dying, such es cardiac or respiratory arrest, Immediate Ceuse (Final disease or condition resulting In death) CARDIAL CACHEXIA 4 mintes Due to (or as e consequence of): OMIC INSUFFICIENCY 10 YEARS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Lest Due to (or es a consequence of): 4 LANS STORGE MIT DICATATION Due to (or es a consequenca of) 2. 46105 MYPEMENTON 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown ABDIMINA NORTIL: MESENTEMC 24e. Was en eutopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? INSUFFICIENCY 1 Yes 2NNo 1 Tyes 2 No 26. Place of Death (Check only one)

Physician /Medical **Examiner**

Examiner

Physician/Medical

þ

Completed

Be

10

Certification:

edicai

Physician

/Medical

Directo

Funeral

by

Completed

Examiner

Funeral

Director

the Maryland

d 2 should be filed within 72 hours after death with the Marylan th and Mental Hygiene. 7 is marked other than "hatural", or items 23s or 28s-f show traumatic avent, the Medical Exactions must be inclified as

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any hijury or other treumetic svent, once.

Maryland 21215-0020

2 2 94 signed by the 0 Records, peed Mali has The certificate Division of Vital Physician: 2

Attec

Attending

after death Director:

24 hours a

To the P within 2 To the F complet

10

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t.

AMEMAL INSUFFICIENCY: MALARSOMION DUE TO MACENEMIC 25. Wes case referred to medical examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Deeth 28b. Time of Injury 28c. injury et Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) and manner stated.

29b. Signeture and title of certifier

5 Pending

Investigation

6 ☐ Could not be

1 Yes 2 No

29d. Date signed (Month, Dey, Year) JAN. 12, 1558

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

AMAMENT PHILA. RD. RALT MQ 21277 MD

31. Date filed (Month, Dey; Year) Registrar

Neturai

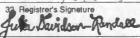
2 Accident

3 Suicide

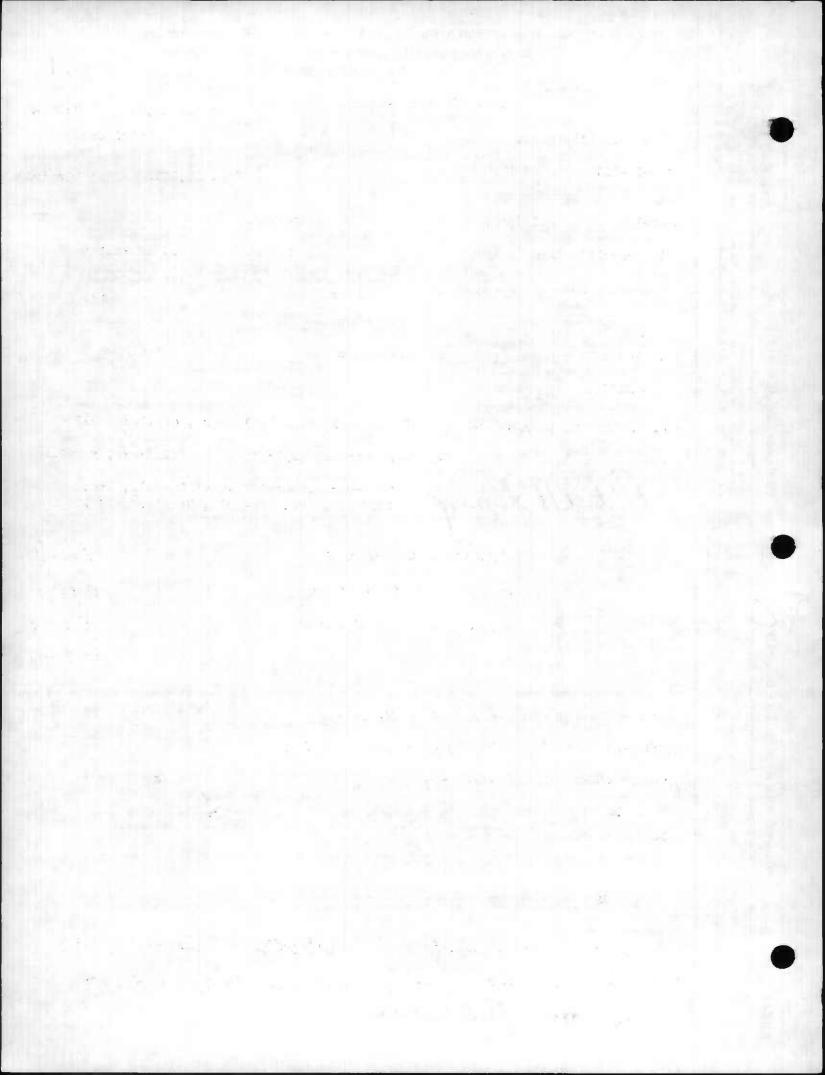
29a. Certifier

4 Homicide

(Check only



28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)



Walk Naef

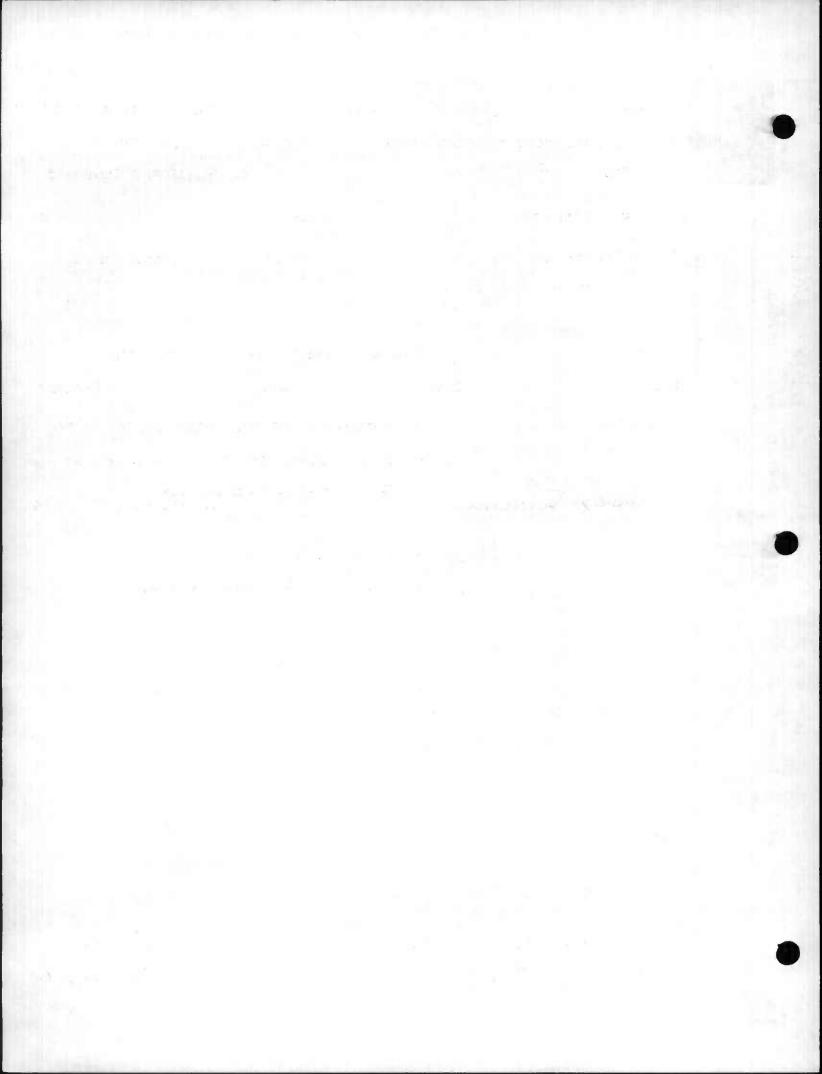
							ertificate c			giene	00492		
hysic /Medi		1. Decedent's Nam Walter	na (First, Middle	Last)			Naef,	Sr.	2. Deta of De Month JANUA	Day	3. Time of Deeth Yaer 1998 12:15 2		
Exami		4e. Fecility Neme (If not institution,	give street end n	umber)			4b. City, Town, o	r Location of Deeth	4c. County	of Deeth		
		GREATER			_		TER	TOWSOI			IMORE		
ineral rector		5. Social Security N 067 24 31 Usuel Residence o	103	6. Sex		yrs. last birtho	Months Day	ys Hours Mi	8. Dete of Bir (Month, Da May 31,	ly, Year)	9. Birthplece (State or Forei Country) Switzerland		
M m		10a. Stete	10b. County		100	c. City, Town o	r Location				10d. Inside City Limi		
He He	to	Maryland	Balti	more			Т	'owson			1 □ Yes 2▼11		
28 10 10 10 10 10 10 10 10 10 10 10 10 10	Director	10e. Street and Nu	mber				10f. Zip Cod	θ		10g. Citizen of Whet Co			
23a (105 keni	lworth	Park Dr.				21204		d States			
Examiner must be notified at	by Funerai	11. Marital Stetus 1 Never Merr 3 Widowed	ried 2 Marrie	12. Wes Dec Armed F od 1 Tyes If Yes, G Year or I	orces? 2 X No	In U,S.	13. Was Decedent of If Yas, specify C	of Hispenic Origin? (luban, Mexican, Pue No Specify:	Specify Yas or No orto Rican, atc.)		e - American Indien, ck, Whita, atc. w: White		
edical Ex	Pa		15. Decedent's			16a. D	ecedent's Usuei Oc	cupation		16b. Kind of Bu	usiness/Industry		
he Med	Completed	(Spec		grade completed	(1-4or 5+)	- (C	Give kind of work do fe. DO NOT use ret	ne during most of w tired)	orking				
E .	COM	12				Je	weler /	Wattch Mak	er	Own O	ffice		
atic ever	To Be	17. Fethar's Nema Emil	(First, Middle, L	ast)	N	aef		18. Mother's N	ame <i>(First, Middle,</i>	, Meiden Sumem	Mueller		
aur.		19e. Informent's N	ame/Reietionsh	ip (Type, Print)		19b. N	lailing Address (Stre	eet end Number or F	Rural Route Numb	er, City or Town,	Stete, Zip Code)		
4 F		Jeanne Naef / Wife 20e. Method of Disposition 1				10	Kenilwo	rth Park			MD 21204		
- 2		_	3 Ramovel from		Ob. Piaca of D cemetery,	isposition (Neme of cremetory or othar p	olace)	Dete	20c. Location -	City or Town, State			
any injury c		4 Donation	ecify)		Green 1	Mount Cre	-	/13/97	Balt:	imore, MD			
any ir		23e. Pert1. Entel t	he diseese, or d	omplications that	caused the	death. Do not	CAFA Ste	dress of Facility phen D. I en Pastur dying, such as cardi	es Dr.,	Baltimo:	Approximete		
cian dical		23e. Penti. Entel t shock, or hea Immediete Ceuse disesse or condition resulting in death)	rt fellure. List o	niy one ceuse on	eech line.		CAFA Ste 8717 Gre enter the mode of o	phen D. I en Pastur dying, such as cardi	es Dr., ac or respiretory e	Baltimon	Approximete Interval Between		
lcian dical mineral se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principa	an/Medical Examiner	Immediate Cause disease or condition	(Fine) anditions, and all all all all all all all all all al	niy one ceuse on	Pes Due		CAFA Ste 8717 Gre enter the mode of or asequence of):	phen D. I en Pastur	es Dr., ac or respiretory e	Baltimon	Approximete Interval Between		
lcian dical mineral se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principal se principa	Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list confirm, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death) in the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation	(Fine) anditions, namediate prhyling Injury s Last	b. c. d	Due Due	to (or es e conto (or es e conto to resulting in the	CAFA Ste 8717 Gre enter the mode of of sequence of): sequence of):	phen D. I en Pastur dying, such as cardi	es Dr., ac or respiretory e	Baltimol	Approximete Interval Between Onset end Deeth Onset end Deeth Intribute to the cause of dea		
should be detached for use as the burishtracsit	by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list confirm, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death) in the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation	(Fine) anditions, namediate prhyling Injury s Last	e	Due Due	to (or es e conto (or es e conto to resulting in the	CAFA Ste 8717 Gre enter the mode of of sequence of): sequence of):	phen D. I en Pastur dying, such as cardi	23b. Did	Baltimol	Approximete Interval Between Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Deeth Onset end Deeth Deeth Deeth Deeth Dee		
ocar of the anatoming priyancial and in ocar of the anatoming priyancial and ocar ocar ocar ocar ocar ocar ocar ocar	by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list confirm, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death) in the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation of the confirmation	(Fine) anditions, namediate prhyling Injury s Last	b. c. d	Due Due	to (or es e conto (or es e conto to resulting in the	CAFA Ste 8717 Gre enter the mode of of sequence of): sequence of):	phen D. I en Pastur dying, such as cardi	23b. Did	tobacco use con Yes 22 No an eutopsymmed?	Interval Between Onset and Death Intribute to the cause of deat 3 Probably 4 Unknown of the prior to completion of cause		
page 2 should be datached for use as the burial-transit	Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list confirm, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death) in the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the confirm of the co	(Fine) Inditions, namediate prlying injury stast	b. c. d	Due Due	to (or es e conto (or es e conto to resulting in the	CAFA Ste 8717 Gre enter the mode of of sequence of): sequence of):	phen D. I en Pastur dying, such as cardi	23b. Did	Baltimol rrest. tobacco use cod Yes 2 No an autopsy mmed?	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death D		
director, page 2 should be detached for use as the burial-tylnsit	by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list condition of eny, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death) in the condition of the end of the condition of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end of the end	(Fine) Anditions, namediate priying Injury Stast Ficant condition Fine in the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the interprise of the int	b. c. d. Hospitei:	Due Due	to (or es e conto (or es e conto to resulting in the	CAFA Ste 8717 Gre enter the mode of of sequence of): sequence of): sequenca of):	phen D. I en Pastur dying, such as carding the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena of the phenomena	23b. Did	tobacco use con Yes 2 No an eutopsy med? Yas 2 No	Approximate Interval Between Onset and Death Onset and Death Onset and Death 3 Probably 4 Unknown United United States of death?		
funeral director, page 2 should be datached for use as the bural-transit	To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list condition from the cause of ending to incause. Enter Under Cause (Disease or that initiated events resulting in death) in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of th	(Fine) Inditions, namediate prhylog Injury stast Ideant condition Tred to medical To h	b. c. d. Hospitei: 128e. Dete	Due Due Due Mpatient	to (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or	CAFA Ste 8717 Gre enter the mode of consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of	phen D. I en Pastur dying, such as cardi Ca. / C given in Pert I.	23b. Did 1 24e. Was perfo	tobacco use con Yes 2 No an eutopsy med? Yas 2 No	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset (Specify)		
Unector: After this certificate has been signed by the attending physician and in principle in by the funeral director, page 2 should be detached for use as the burish-trifficial principle.	Certification: To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentielty list confirm, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death) in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau	(Fine) Inditions, namediate prhying Injury stast Ilicant condition Tred to medical	b. c. d. Hospitei: 128e. Dete	Due Due Due Due Due death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but no death but n	to (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or	CAFA Ste 8717 Gre enter the mode of consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of	phen D. I en Pastur tying, such as cardi Ca (/c) given in Pert I. 26. Plece of D. Other: 4 Nursing hipry et Vork? Yes 2 No	23b. Did 1 24e. Was perfo thome 5 Resid	tobacco use cod Yes 2 No an eutopsy med? Yas 2 No one) denca 6 Oth how injury occurr Street and Numb	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset (Specify)		
Unector: After this certificate has been signed by the attending physician and in principle in by the funeral director, page 2 should be detached for use as the burish-trifficial principle.	Certification: To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list condition for the cause of eny, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death) in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	red to medical for pending investige of Could no determin	b. c. d. Hospitei: 28e. Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Due Due Due Due Due Due Due Due	to (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or	CAFA Ste 8717 Gre enter the mode of consequence of the sequence phen D. I en Pastur lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, suc	23b. Did 23b. Did 1 24e. Was perfo thome 5 Resid 28d. Describe 1 28f. Location (: City or Townsee, and due to the	tobacco use con Yes 2 No an eutopsymmed? Yas 2 No one) Idenca 6 Oth how injury occurred. Street end Numbern, Stete)	Approximete Interval Between Onset and Death Onset and Death Onset and Death 3 Probably 4 Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unknown Unkn			
Arter mis cermicate has been signed by the arterfound physician and the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the pr	To Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Pert II. Other signification resulting in death) Pert II. Other signification resulting in death) 25. Wes case reference warminer? 1 Yes 2 2 27. Menner of Death 1 2 2 Accident 3 Suicida 4 Homicide 29a. Certifier (Check only)	(Fine) Inditions, nonediate orlying linjury stast It cant condition Tred to medical investige 6 Could no determine	b. c. d. Hospitei: 28e. Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Mornito banded ed Dete (Due Due Due Due Due Due Due Due	to (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or es e conto (or	CAFA Ste 8717 Gre enter the mode of consequence of the sequence phen D. I en Pastur lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, such as cardinal lying, suc	23b. Did 23b. Did 1 24e. Was perfo 28d. Describe I 28f. Location (: City or To: ce, end due to the coursed at the time,	tobacco use con Yes 2 No an eutopsy med? Yas 2 No one) denca 6 Oth how injury occur Street end Numb wn, Stete) ceuse(s) end me dete end piece, of	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset of death? 1 Yes 2 No Dear (Specify) Tend Onset and Pour			

32. Registress Signeture

Julia Davidson-Rondall

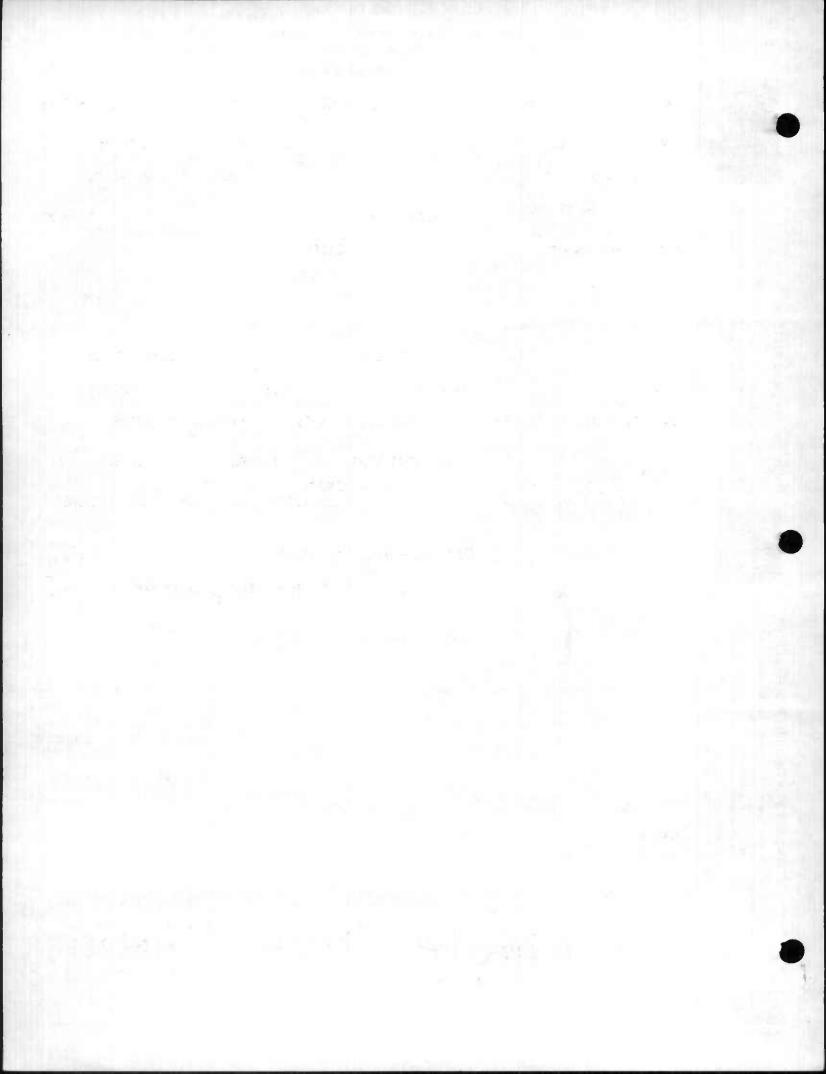
State Registrar

31. Dete filed (Month, Day, Year) 32.



State of Maryland / Department of Health and Mental Hygiene 98

HENRY LOUIS NAIDITCH 45. City, Town, or Location of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country of Death 45. Country o				1 10		Certi	ificate o	f Death		Reg. No.	י ט	049	J
46. CRy, Town, or Location of Death 46. County of Death 46. Cry, Town, or Location of Death 46. County of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, or Location of Death 46. Cry, Town, Cry, Town, Cry, Town, Cry, Town, Cry, Town, Cry, Town, Cry, Morth 177, Morth 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178, Death 178,	ysician		irst, Middle, La				NATOTO	Cu			17880	3. Time (
Social Security Number 6. Sex Sex 7. Age (fir yrs. lead brinday) F. Under 1 Year F. Date of Bash Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Series of Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9. Sex 9.	ledical		d inatitution oil				NAIDIT			_		6:50	AI
S. Social Security Number S. Sex 2 7. Age (is yrs. least birthology) Unided 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Year 1 Under 1 Yea	miner		10										
213-28-8469 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number 150 State and Number or Airal Route Number. City or Town. State and Number or Raral Route Number. City or Town. State and State and Number or Raral Route Number. City or Town. State and State and Number or Raral Route Number. City or Town. State and State and Number or Raral Route Number. City or Town. State and State and State and Number or Raral Route Number. City or Town. State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and State and Sta					e (In vrs. lest	birthday)	If Under 1 Yes						or Fo
MD BALTIMORE Street and Number 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code 100 Zep Code	ai or	213-28-84	69				Months Day	s Hours Mi					0176
11. Married Status	tor	MD		ORE							10	od. Inside (-
Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Spec				·						_		try?	
17. Fether's Name (First, Middle, Last) PHILIP NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH N	by	3 ☐ Widowed 4 ☐		Armed Forces? 1 Ves 2 1 If Yes, Give					(Specify Yes or No erto Rican, etc.)		lack, White, e	etc.	
17. Fether's Name (First, Middle, Last) PHILIP NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH N	peted	15 (Specify			1	6a. Deceder	nt's Usual Occ	upetion	and in a	16b. Kind of	Business/Ind	ustry	
17. Fether's Name (First, Middle, Last) PHILIP NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH NAIDITCH N	npie	Elementary/Seconda			5+)	life. DC	NOT use reti	red)	ronking				
PHILIP NAIDITCH MOLLY KARP 19a. Informent's NemerReletionship (Type, Print) BARBARA NAIDITCH (WIFE) 20a. Method of Disposition 10b. Busing Address (Street and Number or Flural Route Number, Chy or Town, State, Zip Code) 20a. Method of Disposition 10b. Busing 2 Cremation 3 Removal from State 4 Conetion 5 Other (Specify) 21. Signatin of Funeral Service-Licensee 22. Name and Address of Fecility 23. Name and Address of Fecility 23. Part Enterphen brisease or computer large that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, if enty, leading to formediate cause. Enter Underlying 23a. Part Enterphen brisease or computer large that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, if enty, leading to formediate cause. Enter Underlying 24a. Was an europsy performed? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 27. Was case referred to medical examiner? 28. Place of Death (Check only one) 28. Place of Death (Check only one) 29. Was case referred to medical examiner? 26. Place of Death (Check only one) 27. Was case referred to medical examiner? 28. Place of Death (Check only one)	So			1		REA	LTOR	-		REA	L ESTA	TE	
198. Informent's NemeReletionship (Type, Print) BARBARA NAIDITCH (WIFE) 200. Method of Disposition (Wife of Disposition (Neme of Cameling), cremetory or other place) 201. Method of Disposition (Neme of Cameling), cremetory or other place) 202. Levinson \$\(\) Date 202. Location - City or Town, State 4 \(\) Donotion \$\(\) Dother (Specify) 21. Signature of Funeral Services Locase 22. Name and Address of Feelity SOL LEVINSON & BROS. , INC. 8900 REISTERSTOWN RD. , PIKESVILLE, MD 212 238. Plant Enter Index of Funeral Services Locase on each line. 239. Plant Cause (Final disease or compite place) 240. Population of Funeral Services Locase 250. Levinson & BROS. , INC. 261. Sport of Cause (Final disease or conditions feel cause on each line. 262. Plant Cause (Final disease or conditions resulting in death) 263. Plant (Cause (Final disease or conditions resulting in death) 264. Was en europsy performed? 275. Was case referred to medical examiner? 276. Place of Death (Check only one) 276. Place of Death (Check only one) 276. Place of Death (Check only one) 276. Place of Death (Check only one) 276. Place of Death (Check only one) 277. Probably 40 one) 278. Was case referred to medical examiner? 288. Place of Death (Check only one) 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case referred to medical examiner? 289. Was case			it, Middle, Last,)				18. Mofher's N	ame (First, Middle,	Meiden Sume	9m <i>e)</i>		
BARBARA NAIDITCH (WIFE) 20a. Method of Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a Disposition 10a	10												
20a. Method of Disposition 10a Burial 2 Gremation 3 Removal from State 20b. Place of Disposition (Neme of charlefly), crematory or other place) 20a. Location - City or Town, State 2 Coremetory or other place) 2 2 2 2 2 2 2 2 2	To											Code)	
Burial 2 Cremation 3 Removal from State				(WIFE)	20h Place			CK CT.				Ctata	
21. Signature of Funeral Servicos Licensee 22. Name and Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 212 23a. Part Enterth of the state of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval onseine. Immediate Ceuse (Final disease or conflictions from the cause of the country fine ceuse on each line. Immediate Ceuse (Final disease or conflictions from the cause of the cause)		1 Burial 2 □C	remation 3 [Removal from State	came	etery, creme	tory or other p		1	20G. LOCATION	1 - City of To	wn, State	
SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 212 23a. Part I Enterther mease or completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Appropriate indicate Ceuse (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, fary, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobecco use contribute to the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	once.				BALT				/8/98	REI	STERST	OWN,	M
24a. Was en eutopsy performed? 24b. Were eutopsy performed? 24b. Were eutopsy eveileble pri completion of deeth? 1	use as the bur	resulting In death) Last		C				3 (167	negos	sia(°		7'	
24a. Was en eutopsy performed? 24b. Were eutopsy performed? 24b. Were eutopsy eveileble pri completion of deeth? 1	Physicial	Pert II. Other significan	nt conditions c	ontributing to death h	ut not recultin	a In the unde	arhvina cause /	iven in Pert I	23h Didi	obecco use c	ontribute to	the cause	of
24a. Was en eutopsy performed? 24b. Were eutope eveileble pri completion of deeth? 1				ombung to death b	at not resultin	g in the dilde	snying cause (JVOIT III P OIL I.					
25. Was case referred to medical examiner? 1 Yes 2 No 1 Inpalient 2 ER/Outpatlent 3 DOA 26. Place of Death (Check only one) 10 Other: 4 Nursing Home 5 Residence 6 Other (Specify)											con	ileble prior	to
1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)	o Be Com								101	res 25 No	1□	Yes 2	Ne
1 Inpatient 2 ER/Outpatlent 3 DOA Nursing Home 5 Residence 6 Other (Specify)		examiner?	o medical	t to amit als			10		eath (Check only o	ne)			
27. Metriple of Death 1. Neturel 1. Neturel 2 Accident 3 Sulcide 4 Homloide 28a. Date of Injury (Month, Dey Year) 28b. Time of Death Work? 1 Yes 2 No 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred				1 L Inpafie			3LI DON	4 Nursing	1		1-7)	
	tification	1 Neturel 5 2 Accident 3 Sulcide 6	investigation Could not be	(Month, De)	y Year) ury - At home	Injury	M 1[☐Yes 2☐No	28f. Location (S	Street end Nun		Route Nur	n <i>be</i>
29e. Certifier (Check only one) 29e. Certifier (Check only one) 1 Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date end placa, and due to the ceuse(s) end manner as steted. 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, end due to the ceuse and manner stated.	lical Cer	(Check only 2	Certifying Ph Medical Exer	yalclan: To the best onliner: On the basis of	of my knowled	dge, deeth oo and/or inves	ccurred et the tigation, in my	time, dete end pla opinion, death oc	ca, and due to the	ceuse(s) end r	nanner as st	eled. the ceuse((s)
29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year 29d. Date signed (Month, Dey, Year 29d. Date signed (Month, Dey, Year	2 8	one)											_
		Oriej	of cartifier	Mille-	gus	0	29c. Lice	0 7 4 2	-(29d. Date sign	(Month, L	Dey, Year)	



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? 0494 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day Month 5:32 am NELSON January 11, 1998 Bertha Mae 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street end number) Franklin Square Hospital Center Baltimore Rosedale If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Social Security Number 9. Birthplace (Steta or Foreign 7. Age (In yrs. lest birthdey) 1□M 20 F Months Days Yrs. September 17,1924 Mill Creek, W.Va. 235-30-0893 Usual Residence of Decedent 10a State 10b County 10c. City. Town or Location 10d. inside City Limits 1 ☐ Yes 2 🕅 No Maryland Baltimore Perry Hall 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21128 9918 Pepper Hill Road USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indian. Black, White, etc. 1 Never Married 28 Married 1 ☐ Yes 2 ☒ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Housewife Housekeeping-Own Home 18. Mother's Name (First, Middla, Maidan Surname) 17. Father's Name (First, Middle, Last) Warren Walter McElwee Reita Geraldine Welch 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) 19a. Informant's Nama/Ralationship (Type, Print) 9918 Pepper Hill Road Perry Hall, Maryland 21128 Leo J. Nelson (Husband) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1XXBurial 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial Park January 14,1998 Baltimore, Maryland 22. Name and Addrass of Facility E.F. Lassahn Funeral Home, P.A. 21. Signature of Funerel Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 11750 Belair Road Kingsville, Maryland 21087-1351 Approximate Intarvel Between Onset and Death Immediate Cause (Final disease or condition resulting In death) a. Myocardial Infarction 7 hours Dua to (or as a consaquance of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated evants resulting in death) Last Due to (or as a consequence ot): Due to (or as a consequence of): 23b. Did tobacco uss contributa to the causs of death? Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an sutopsy 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical axaminar? 26. Place of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 □ Nursing Home 5 □ Residenca 6 □ Other (Specify) 1 Yas 2 No 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Tima of 28d. Describe how injury occurred 28c. injury at Work? 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street end Number or Rurel Route Number, City or Town, Stata) 3 Suicide

Physiclan /Medical Examiner Box 68760 # 995 signed by Division of Vital Records, 8 The law page 2 풽

carificate 君 After or Attending Bat. Direc To the Hospital within 24 hours To the Funeral completely lilled Hospital

Physician

/Medical

Directo

Funeral

þ

Completed

Be

Examine

Physician/Medical

by

Completed

Be

0

Certification:

edical

Examiner

Funeral

Director

r than "natural", or items 23s or the Wedical Examiner must be

Pages 1 end 2 should be filed within 72 hours after of health and Mentel Hygiene.
ant: if item 27 is marked other than "natural", or ites into yor other traumatte event, its Mentel at Eventness in yor other traumatte event, its Mentel at Eventness.

permit. Page Department of Important: If any Injury or once.

altimore, Maryland 21215-0020

with the Meryland r 28a-f show a notified at

death

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homiclde To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and manner as stated.

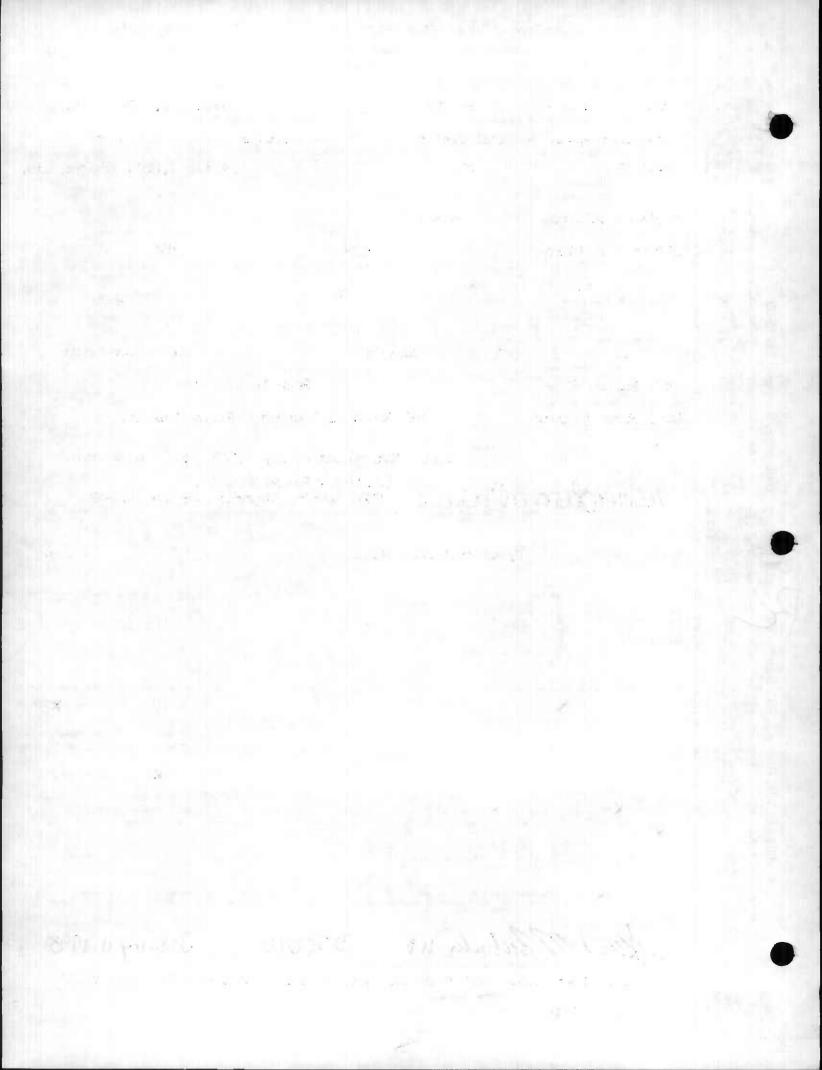
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29a. Certifier 29c. License number 29b. Signeture/and title of certifier 30. Name and addrass of person who completed cause of daath (Itam 23a) (Type, Print)

29d. Date signed (Month. Dev. Year)

9000 Franklin Square Drive Stuart Lubinski M.D. Baltimore, Maryland 21237

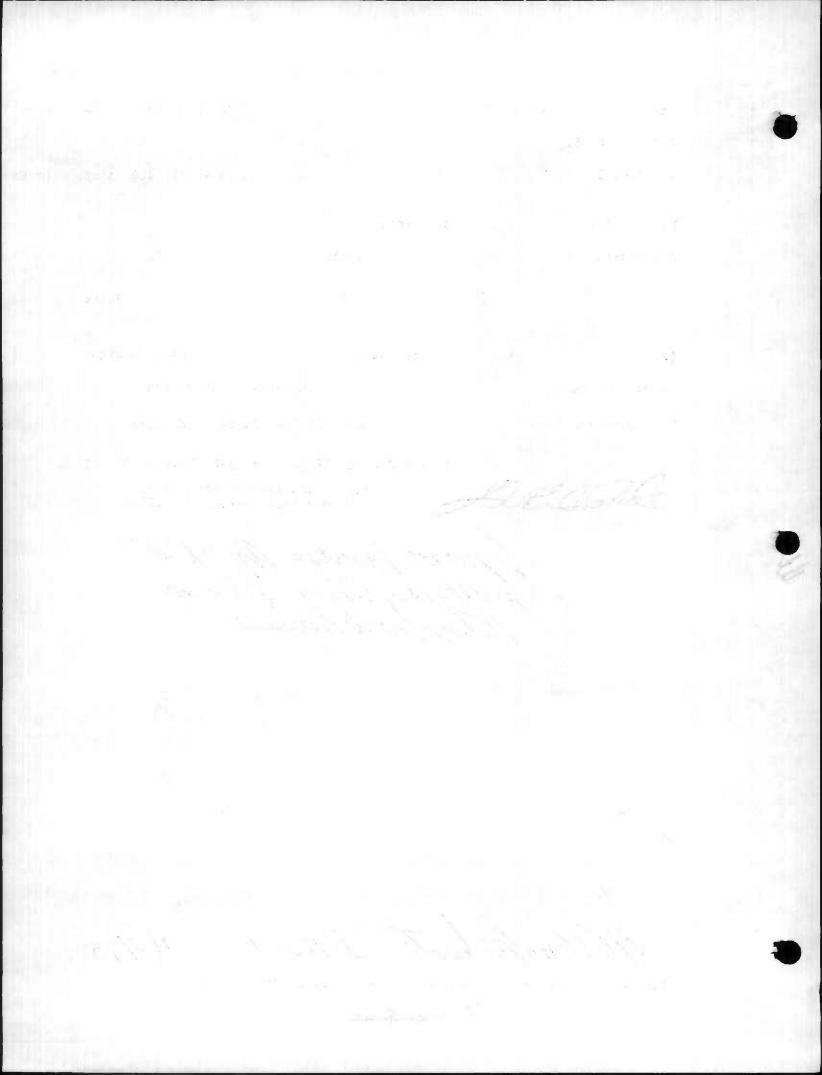
31. Date filed (Month, Day, Year) State Registrar





State of Maryland / Department of Health and Mental Hygiene

Physician	, I	Decedent's Name (First, Middle, La.	st)		- 5			2. Date of D Month	eath Day	Year	3. Time of Death	
/Medical	-	Zanis	Petersons	5				Januar		8	11:30 a.m	
Examiner	r	4e. Fecility Name (If not institution, give	e street end number	7)			4b. City, Town, o	r Location of Dea	th 4c. County	of Deeth		
	Ш	318 Broxton Rd.					Baltime	ore	n	/a		
uneral	1	Social Security Number 6. S		ge (In yrs. la		If Under 1 Year Months Days			rth	9. Birthp	lace (State or Foreign	
rector		067-28-5815	⊠ M 2□ F	83	Yrs.			Octobe	r 31,191	4 A1	Lzpute, Laty	
3	H	Usual Residence of Decedent 10e. State 10b. County		10c City	, Town or Local	ition				14	Od Inside Obs. Linds	
al, or items 23a or 28a-f show Examiner must be notified at by Funeral Director	5									'	0d. Inside City Limits 1 Yes 2 No	
be notified Director	5	Md. n/a		Ba:	ltimore							
20 20	5	10e. Street and Number				10f. Zip Code			10g. Citizen of \	What Coun	itry?	
r tems 23a	0	318 Broxton Rd.				21212		U.S.A. n? (Specify Yes or No- 14. Race - American Indian,				
nu ser		11. Maritel Status	12. Wes Decedent Armed Forces	?	5. 13. Wa	as Decedent of I res, specify Cub	Hispenic Orlgin? an, Mexican, Pue	Specify Yes or N rto Rican, etc.)	0- 14. Rad Blad	e - Americ ck, White,		
by F		1 Never Merried 2 Married	1 ☐ Yes 2 🔀		10	Yes 2⊠No	Specify:		Specif	w Whi	Ite	
edical Exp		3 Widowed 4 Divorced	Yeer or Detes:		/3/							
Completed	200	15. Decedent's Ed (Specify only highest gra	de com <i>pleted)</i>	1.1	16a. Deceden	nt's Usual Occup nd of work done	pation during most of w d)	orking	16b. Kind of B	usiness/Ind	dustry	
omp	=	Elementary/Secondery (0-12)	College (1-4or	5+)			ia)		_	-		
vent, tr		12 17. Father's Name (First, Middle, Last)	4		Toolma	aker	40 14-45-4-11	(Fine selected	Power		gns	
traumatic event,	Ď								, Maiden Suman			
To	2				1	Barbara Skarewics ing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)						
raumatice											Code)	
other tr	-		son	001 01			111 Rd.,					
5		20e. Method of Disposition 1 ☐ Burial 2 🎛 Cremation 3 ☐	Removal from State	0.01	ace of Dispositi metery, cremet	tory or other pla	ice)	Dete	20c. Location -	City or To	wn, State	
		4 ☐ Donation 5 ☐ Other (Specify	Hilltop Service Corp.				1/3/98	Towson,	Md.	21204		
any Injury once.		21. Signature of Euneral Service Licen	000		22. N	Name and Addre	ess of Facility					
any Injury or		Add Ma	EV D						me, Inc. Md. 212			
edical miner ভূট	5	Immediate Cause (Finel disease or condition resulting in deeth)	a. 60	Due to (or	as a conseque	pour	ng, such es cardi	door respiratory	Aint	_	Approximate Interval Between Onset end Death	
as the bunal-transit	To a second	disease or condition	a. 60	Due to (or	st /	pour	ng, such es cardi	down Disse	idint		Interval Between	
ior use as the bunal-transit and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a s	To a second	disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events	a. 60	Due to (or	as a consequence	ACCAMA	my v	Acon Pise	Sint		Interval Between Onset end Death	
be detected for use as the burial-transit by Physician/Medical Examiner	a) injoinmentalism	disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last	a. 60	Due to (or	as a consequence	ACCAMA	my v	Acon Pise	Sint	ntribute to	Interval Between Onset end Death	
be detached for use as the burial-transit by Physician/Medical Examiner	a) injoinmentalism	disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last	a. 60	Due to (or	as a consequence	ACCAMA	my v	23b. Did	Sint	3 Prot	Interval Between Onset end Death the cause of death the cause of death at Unknown	
be detached for use as the burial-transit by Physician/Medical Examiner	a) injoinmentalism	disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last	a. 60	Due to (or	as a consequence	ACCAMA	my v	23b. Did	tobacco use co	3 Prot	o the cause of death	
be detached for use as the bunal-transit by Physician/Medical Examiner	a) injoinmentalism	disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last	a. 60	Due to (or	as a consequence	ACCAMA	my v	23b. Did	tobacco use co	3 Prot	Interval Between Onset end Death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death	
page 2 should be deteched for use as the bunial-transit		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other alignificant conditions or	a. 60	Due to (or	as a consequence	ACCAMA	ven in Part I.	23b. Did 1 = 24a. Wa:	tobacco use co Yes 27 Wo san autopsy ormed?	3 Prot	o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death	
director, paga 2 should be detached for use as the buriat-transit of Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions or examiner?	a	Due to (or	as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conseque	ertying ceuse gin	ven in Part I.	23b. Did 1 24a. Wa: peri	tobacco use cover 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 Prob	o the cause of death the the cause of death the the the the the the the the the the	
at director, page 2 should be detached for use as the burial-transit To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions or conditions or conditions or conditions. The conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the	a. A death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death to death t	Due to (or Due to tolk)	as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequen	ertying ceuse gin	ven in Part I. 26. Place of D	23b. Did 1 24a. Wa: peri	tobacco use co Yes 27 Wo san autopsy ormed?	3 Prob	o the cause of death the the cause of death the the the the the the the the the the	
To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate couse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificant conditions or examiner? 1	a. Hospital: 1 Inpatial: 28a. Date of Inju	Due to (or Due to tolk)	as a consequent of the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the under the und	ance of): erlying ceuse ging a population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of th	ven in Part I. 26. Place of D	23b. Did 1 24a. Wa: peri	tobacco use cover 2000 omed? Yes 2000 one) Idence 6 Oth	3 Prob	o the cause of death the the cause of death the the the the the the the the the the	
y the funeral director, page 2 should be detached for use as the burial-transit filcation: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions or examiner? 1	a. Hospital: 1 Inpatie 28a. Date of Inju (Month, Da	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	as a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a c	ance of): ertying ceuse gives a line of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	ven in Part I. 26. Place of Diner: 4 \(\triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \triangle \tria	23b. Did 1 24a. Wa: perf Home Sar Res 28d. Describe	tobacco use cover 2000 omed? Yes 2000 one) Idence 6 Oth	3 Prot	Interval Between Onset end Death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death	
y the funeral director, page 2 should be detached for use as the burial-transit		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate couse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions or examiner? 1 Yes No 27. Manner of Death	A. Hospital: 1 Inpati 28a. Date of Inju (Month, Da) 28e. Place of in building, el	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to	as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequen	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	ven in Part I. 26. Place of D ner: 4 Nursing ny at nk? I Yes 2 No	23b. Did 1 24a. Wa: perf 24a. Wa: perf 1 25c. And due to the 28d. Describe	tobacco use con Yes 2 1 No san autopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur (Street and Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Nu	3 Protein Specify red	Interval Between Onset end Death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death	
y the tuneral director, page 2 should be detached for use as the bunia-transit and the formal and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate couse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions or examiner? 1 Yes No 27. Manner of Death	a. Hospital: 1 Inpatie 28a. Date of Inju (Month, Da	Due to (or but not result to the large of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my kno	as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequen	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	ven in Part I. 26. Place of D ner: 4 Nursing ny at nk? I Yes 2 No	23b. Did 1 24a. Wa: perf 24a. Wa: perf 1 25c. And due to the 28d. Describe	tobacco use con Yes 2 1 No san autopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur (Street and Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Nu	3 Protein Specify red	Interval Between Onset end Death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of death The cause of	
y the tuneral director, page 2 should be detached for use as the bunial-transit floation: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions of examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending investigation 3 Suicide 4 Homicide 1 Could not be determined 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 Cartifying Physics 1 C	Hospital: 28a. Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuff	Due to (or but not result to the large of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my kno	as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequen	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	ven in Part I. 26. Place of D ner: 4 \(\text{Nursing} \) ry at rk? IYes 2 \(\text{No} \) me, date and place of pinlon, death occ	23b. Did 1 24a. Wa: perf 24a. Wa: perf 1 25c. And due to the 28d. Describe	tobacco use con Yes 2 1 No san autopsy ormed? Yes 2 No one) Idence 6 Oth how injury occur (Street and Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Number of Nu	3 Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Spec	Interval Between Onset end Death o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death or autopsy findings eliable prior to mpletion of cause death? I Yes 2 No of Route Number, othe cause(s)	
y the funeral director, page 2 should be detached for use as the burial-transit		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate couse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions or examiner? 1	Hospital: 28a. Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuffmenth, Date of Injuff	Due to (or but not result to the large of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my knowl of examination of my kno	as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequen	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	ven in Part I. 26. Place of D ner: 4 \(\text{Nursing} \) ry at rk? IYes 2 \(\text{No} \) me, date and place of pinlon, death occ	23b. Did 1 24a. Wa: perf 24a. Wa: perf 1 25c. And due to the 28d. Describe	tobacco use converted to the san autopsy ormed? Yes 2 No one) Idence 6 Oth how Injury occur (Street and Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number	3 Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Spec	Interval Between Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Dea	
y the funeral director, page 2 should be detached for use as the bunia-transit and filedalon: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions or examiner? 1 Yes 2 No 27. Manner of Death 1 Natural investigation 3 Suicide 4 Homicide Could not be determined 29a. Certifier (Check only one) Medicat Examiner Check only one) Medicat Examiner Check only one)	Hospital: 28a. Date of Injumonth, Date of Injumonth, Date of Injumonth, Date of Injumonth, Date of Injumonth, Date of Injumonth, Date of Injumonth, Date of Injumonth Date of Injumonth Date of Injumonth Date of Injumonth	Due to (or but not result to the land to the land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to land to l	as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequen	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	ven in Part I. 26. Place of D ner: 4 \(\text{Nursing} \) ry at rk? IYes 2 \(\text{No} \) me, date and place of pinlon, death occ	23b. Did 1 24a. Wa: perf 24a. Wa: perf 1 25c. And due to the 28d. Describe	tobacco use converted to the san autopsy ormed? Yes 2 No one) Idence 6 Oth how Injury occur (Street and Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number with Number	3 Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Spec	Interval Between Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Death Onset end Dea	
The Furnarial Director: Attar this certificate has been signed by the attending physician and pletaly filled in by the funeral director, paga 2 should be detached for use as the burial-transit an edical Certification: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate couse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Part II. Other algnificant conditions or examiner? 1	Hospital: 28a. Date of Injuffment, Date of Injuffment, Date of Injuffment, Date of Injuffment on the basis of and manner state.	Due to (or but not result to the large of my knowl of examination tated.	as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequent as a consequen	ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of): ance of):	ven in Part I. 26. Place of D ner: 4 \(\text{Nursing} \) Nursing ry at rk? Yes 2 \(\text{No} \) me, date and pla- opinion, death occ- as number	23b. Did 1 24a. Wa: perf 24a. Wa: perf 1 25c. And due to the 28d. Describe	tobacco use cover an autopsy ormed? Yes 27 No one) Idence 6 Oth how injury occur (Street and Number, State) ceuse(s) and me date and place, 29d. Date signe	3 Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Specify Protein Spec	o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death o the cause of death or autopsy findings eliable prior to mpletion of cause death? O Yes 2 No of Route Number, teated. o the cause(s)	



State of Maryland / Department of Health and Mental Hygiene 8 001 96

CZ	ARL PITT		otato of mary	Ce	rtificate of	Death	R	eg. No.	00	7 50
	Physician /Medical	Call Andiony File					2. Data of Daat Month JAN. 7		Year	3. Tima of Death 2150 PM
	Examiner	An English, blama /// not institution at-				4b. City, Town, or BALTIM		4c. County o	of Death	
	Funeral Director	5. Social Security Number 220-80-0213 Usual Rasidance of Decedant		yrs. last birthday, 23 Yrs.	Months Days		(Month, Day,	Year) 3, 1974	9. Birthplac Country Md.	ce (Stata or Foraign
	Maryland at above the at	10a. State 10b. County		City, Town or L Balti			87.3	5.7	100	i. Insida City Limits 1XXes 2 □ No
	iffer death with the Mar r frems 23e or 28e-fail riner must be mutilled. Funeral Director	10e. Street and Number 1912 N. Payson S	treet		10f. Zip Coda 21217		1	0g. Citizen of WI USA	het Country	п
020	by	3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Ever Armed Forcas? 1 ☐ Yas 2XXNo If Yas, Giva Yaar or Datas:	in U,S. 13.	Was Decedant of I If Yas, specify Cub 1 ☐ Yas 2☐No		pecify Yas or No- o Rican, etc.)	Black	- American K, White, at Blac	c.
21215-0020	within 72 ene. then "net he Medic	15. Decadant's Elementary/Secondary (0-12) 9th Grade		16a. Dece (Giva lifa.	edent's Usual Occu a kind of work done DO NOT usa ratire	pation during most of world ad)		16b. Kind of Bus		stry ken Corp.
	ad other ed other event, is	17. Fethar's Nama (First, Middla, Last, Charles F. Smith		COOK		18. Mother's Nar Ella Ki	na (First, Middla, I			
Maryland	12 should be and Menter Is marked Iraumatic e	19a. Informant's Name/Ralationship (Ella Gainous	Type, Print) mother		ing Addrass (Stree	t and Number or Ru	ıral Routa Number			
ore,	Pages 1 and nant of Health nt: if item 27 iry or other tu	20a. Mathod of Disposition 1 Burlal 2 Cremation 3 4 Donetion 5 Wether (Specif	Removal from Stata	b. Placa of Disp camatary, cra	osition (Nama of amatory or other pla	aca)		20c. Location - C	City or Town	n, Stata
Balti	permit. Page Department of Important: if any Injury of phos.	21. Signature of Funeral Sarvice Light		2	2. Name and Address	ess of Facility	Nutter F	uneral :	Homes	, Inc.
	Physician /Medical Examiner	23a. Part1. Entar tha disease, or com shock, or heart failura. List only Immediala Causa (Final disaasa or condition rasulting in daath)	. K	beeth. Do not en	nter the mode of dyl	ing, such as cardian		ast,	li li	Approximate ntervel Between Onset and Daath
200/89	ing physician policy of as the burnal Examiner	Cause (Disaasa or Injury that initiated avants rasulting in death) Last	c	to (or as a conse						
, P.O. Box	r requires that the death cent been signed by the attending should be detached for use leted by Physician/N			t rasulting in tha	undarlying cause gi	iven in Pert I.	23b. Did to	~		he cause of death?
9	The law requires the sate has been signed page 2 should be d						24a. Was a perform	mad?	compoi de	a autopsy findings able prior to plation of causa aath?
	ysiclen: The law is cartificate has t director, page 2 s				ath (Check only or			785 ZU110		
-	× 50 F		Hospital: 1 Inpatiant 28a. Date of Injury	28b. Time of	ent 3LI DOA		lome 5 Rasida	ance 6 Otha		
DIVISION	eath. or: After the fune cation	1 Natural 5 Panding 2 Accidant invastigation 3 Suicida 6 Could not b	Monte, Day Yas		Wo	Yas 2/1 No	Driver	infut	o oc	
2	To the Hospital or Attending Physician 24 hours after death. To the Funeral Director: After the completely filled in by the funeral Medical Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida datarmined		At homa, farm, \$1	traat, factory, offica		7900 Blk	treat and Numbern, State	ARO/	Alder B
	the Hospit thin 24 hour the Funeri mpletaly fill		ysician: To the best of my ninar: On the basis of exer and manner stated.							
	To the comple	29b. Signature and title of certifier	1	Λ	29c. Lican	sa number	2	9d. Data signad	(Month, D	ay, Year)

Registrar

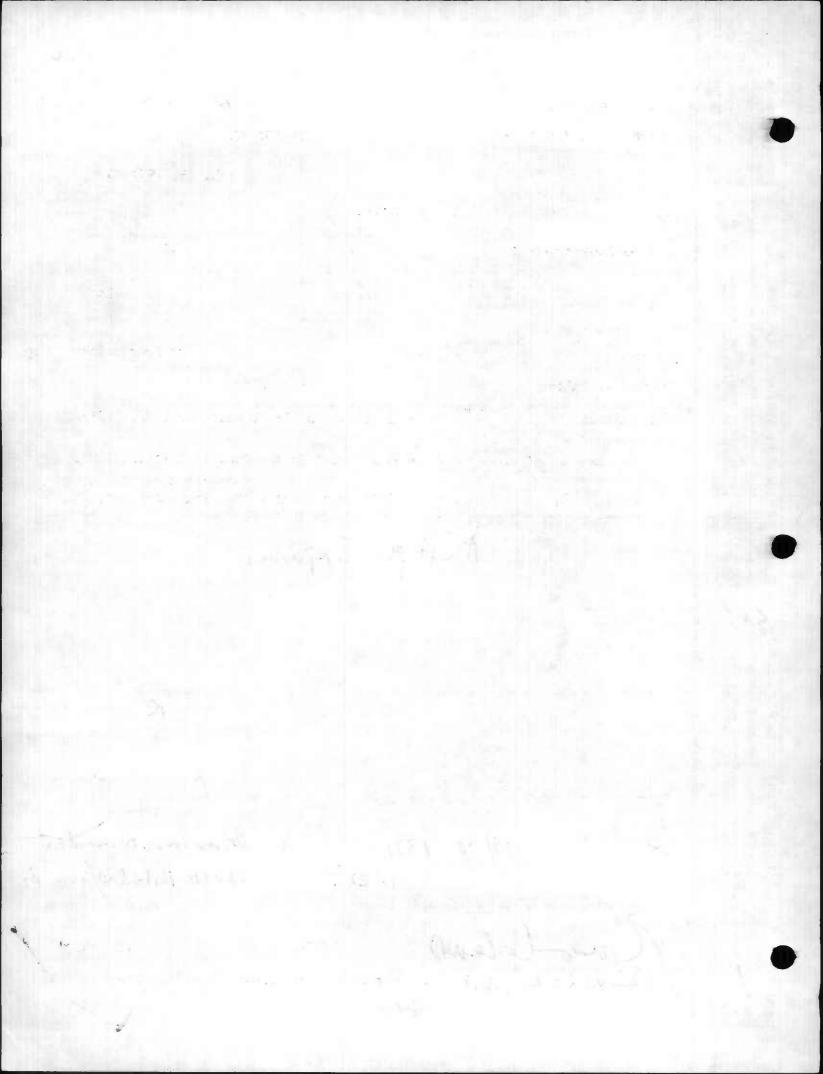
nth, Day, Year) 3 1998 32. Registrar's Signature June Jaurdson handes 111 Penn Street, Baltimore, Maryland 21201

rson who completed causa of daath (Itam 23e) (Type, Print)

29c. Licansa number O.C.M.E

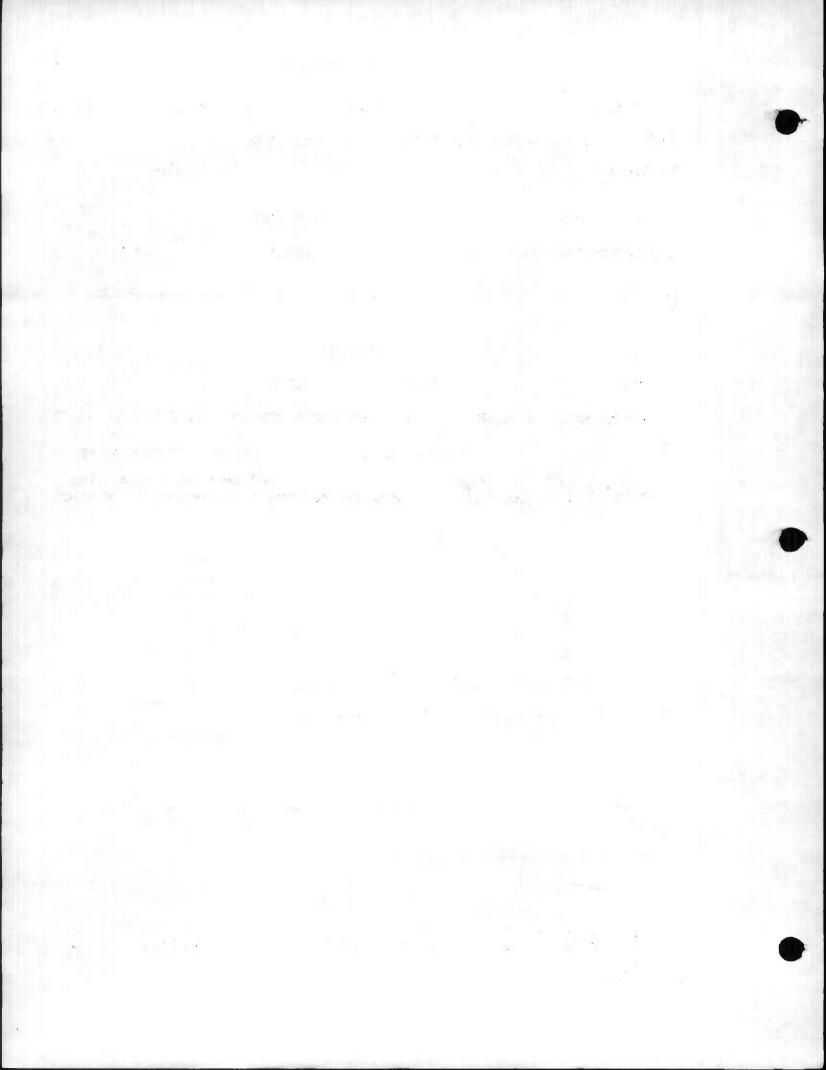
DHMH 16 Rev 6/95

JAN. 9, 1998



State of Maryland / Department of Health and Mental Hygiene 8

		helm of the All			Ce	rtificat	e of	Death		Reg. No.	U	0491	
Physicia	_	1. Decedent's Name (First, Middle, Lo	est)						2. Dete of D	eeth Dey	Yeer	3. Time of De	
/Medica	_	SOPHIE				PUSH	KIN		JAN.			5:45 A	
Examine	er	4e. Fecility Neme (If not institution, gi						4b. City, Town, o	or Location of Dee	th 4c. County	of Deeth		
1000		GENESIS HOMEWOO				. Killeda	1 1/1	BALTIM				N/A	
Funeral Director			Sex 1□ M 2X F	7. Age (In yr.	s. lest birthday)	Months	Deys	If Under 24 H Hours M	in. 8. Date of Bi (Month, D	B, 1914	9. Birthi	place (Stete or Fo	
28a-f show	٥	10e. Stete 10b. County		10c. C	City, Town or Le	ocation						10d. Inside City L	
28a-f	Director	MD N/A 10e. Street end Number				10f. Zip		BALTIMO	RE	10g. Citizen of	Mhot Cou		
8 8		1814 GREENBERRY						21209		U.	S.A.	nuy r	
al', or ite	by Funeral	11. Maritel Stetus 1 Never Married 2 Married Widowed 4 Divorcad	12. Wes Dece Armed For 1 Yes If Yes, Give Yeer or Da	ces? 2 💢 No e				dispanic Origin? en, Mexican, Pu Specify:	(Specify Yes or N erto Rican, etc.)		ce - Americk, White,		
natural dical Ex	etec	15. Decedent's E (Specify only highest gr	ducation ede completed)		16e. Dece	dent's Usue	el Occup	etion during most of w	working 16b. Kind of Business/Industry				
Hygiene.	Completed	Elementary/Secondery (0-12)	College (1-	-4or 5+)	life.	HOUSI	se retire	d)			OWN HOME		
= 0 % 13	0	17. Fether's Neme (First, Middle, Las	t)					1	lame (First, Middle	e, Maiden Sumer			
0 0 0	0	JACOB		S	PIZLER			LENA		UN	KNOWN	J	
DEE		19a. Informent's Name/Reletionship	(Type, Print)		19b. Maili	ing Address	(Street	end Number or	Rural Route Numi	ber, City or Town	State, Zij	Code)	
- N -		ARTHUR KAPLA	AN / NEP	HEW	11	E. M.	r. R	OYAL TE	RRACE B	ALTIMORE	, MD	21202	
nent of H		20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Speci		State	Pleca of Dispo cemetery, cred EBREW	metory or o	ther ple		Dete 1/11/98	20c. Location BALTI			
Departi Importa any inju		21. Signeture of Juneral Service Lice	nsee City	then					Sol Levin				
/Medical xaminer	Je.	Immediate Cause (Finel diseese or condition resulting in deeth)	e. <u> </u>	Due to	(or es e conse	quenca of):							
	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	b	Due to	(or es e conse	quence of):					 		
ding physician	Medic	thet Initiated events resulting in death) Lest	d.	Due to (or es e consec	quence of):							
ettending for use e	Clar												
igned by the	2	Pert II. Other significant conditions of	contributing to dea					ven in Pert t.		Yes 2 No			
hes been sign ge 2 should be	Completed by			hall s					24a. Wes	s en eutopsy ormed?	av	fere eutopsy findi reileble prior to empletion of caus deeth?	
ate he	0								10	Yes 2 No	11	☐ Yes 2☐ No	
s certificate director, pag	e D	25. Wes case referred to medical examiner?						26. Place of D	eath (Check only	one)			
\$ 5 P	0	1 ☐ Yes 2 ☐ No			☐ ER/Outpetier		/A		Home 5 ☐ Res	idenca 6 □Ott	er (Specia	fy)	
octor: After the by the funeral	ation:	27. Menner of Death 1 ☐ Naturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete o (Month	f Injury n, Day Year)	28b. Time o Injury	of 2	8c. Injui Woi 1 □	y et rk? Yes 2 □ No	28d. Describe how Injury occurred				
within 24 hours effer death. To the Funeral Director: Affert completely filled in by the funeral Madical Certification.	Certific	3 Sulcide 6 Could not be determined	256. Pieca	of Injury - At I g, etc. <i>(Sp</i> ec	home, farm, str	reet, factory	, offica		28f. Location City or To	(Street end Numi own, State)	ber or Run	al Route Number	
Ne Funer Sietely fill	edicai	29e. Certifier 1 Certifying Pt (Check only one) 2 Medical Exer	Certifying Physicien: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and Medical Exeminer: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and plean and menner stated.						ceuse(s) end m , date end pleca,	enner es s end due t	steted. o the ceuse(s)		
withir comp	-	29b. Signature end title of certifier	and menner steted.					d (Month,	Day, Yeer)				
2		> Jule	_Nk	n	トラ		05.	7123		119/98	í		
5		30. Name and adjress of person who			em 23e) (Type,	Print)	Re	as ten Loin	· · · · · · ·	2(1)			
State	9	31. Dete filed (Month, Dey, Year)	_	gistrar's Sign		N-Hand	120	es the doing	······	2(17(9	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 0 1///mare 10 ANC 5. Social Security Number 8. Date of Birth (Month, Day, 7-20" 6. Sex last birthda 9. Birthplace Country) **Funeral** (State or Foreign 10M 20 F Deys Director filed within 72 hours efter death with the Manyland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Items 23a or 28a-f show 1E Yes 2□No Director 10e. Street and Number 10g. Citizen of What Country?/ 3700 11. Marital Status Funeral e Was Decadent Ever in U,S Armed Forces? American Indien, traumatic event, the Medical Examiner Bleck, Whiter etc. 1 Never Married 2 Married 20 No 1 ☐ Yes 21215-0020 9 by 1 ☐ Yes 2 ☑ No Specify: American 3 ☐ Widowed 4 ☐ Divorced natural'. Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/See is marked other than ondary (0-12) College (1-4or 5+) Bull Line Steamship Co eman Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle Maiden Sumame) Be Pages 1 and 2 should be 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 0 19a. Informant's Name/Relationship (Type Print) Lwite nt of Heelth a 700 other 1 20a. Method of Disposition 20b. Plece of Disposit 20c. Location City or Town, State 0 1 Buriai 2 Cremation 3 Removal from State Depertment of Important: If any injury or Donation 5 Other (Specify) fundature of Funerei Servica Licensee 05 20 nt. Enter e disease, or complications that caused the death. Do not ock, or heart feilure. List only one cause on each line. Approximete Intervat Between Onset and Death the mode of dying, such as cardiac or respiratory Physician /Medical Immediate Cause (Final diseese or condition resulting in deeth) Due to (or es e consequenca of): Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initioted events resulting in death) Last pue Due to (or as a consequence of) The law requires that the death certife and a second P.O. Box 68760 Physician/Medical Due to (or as a consequence of): ettending Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. detached 23b. Did tobacco use contribute to the cause of death? n signed by ta 1 Tyes 2 No 3 Probably 4 Onknown Records, by Completed 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? been this certificate has 1 Yes 20 No Division of Vital Attending Physician: director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residenca 6 ☐ Other (Specify) in by the funeral 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Naturel 5 Pending death. 1 Yes Investigation 2 No 2 Accident after death 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurat Route Number, City or Town, Stete) 4 Homleide 29a. Certifier

Hospital or A 24 hours after To the Hospital within 24 hours a To the Funeral D 1 Cortifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) Vanvay MUS 13,1928 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Salt, war MW 4000 old Cont 25 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State who Davidson Registrar DHMH 16 Rev 6/95

16.30 mote

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth Month Dey 11, 1998 6:48PM **Physician** ROSE CLYMER RUMFORD /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE Birthplace (State or Foreign Country) if Under 24 Hrs. If Under 1 Yeer 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** 1□ MX2X F Deys Months Hours 216-46-2417 85 07-13-1912 TENNESSEE Director Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show treumstic event, the Medical Examiner number notified at MD. BALTIMORE COCKEYSVILLE 1 Yes X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 13801 YORK ROAD 21030 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ※XXNo If Yes, Give Yeer or Detes: Raca - American Indien, Bleck, White, etc. 11 Marital Stetus 13. Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ Navar Marriad 2 ☐ Married 1 Yes XXNo Specify: Specify: WHITE by XXWidowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Hygiene. HOUSEWIFE OWN HOME PLUS 17. Fether's Neme (First, Middle, Last) 18. Mother'a Neme (First, Middle, Meiden Sumame) and Mental Pages 1 and 2 should be FREDERICK HEISTER CLYMER ELLEN ELLSWORTH BACHMAN 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Department of Health e Important: If Item 27 is any Injury or other tra LEWIS RUMFORD III, (SON) 5020 MACOMB STREET, N.W., WASH., D.C., 20016 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition Date GREEN MOUNT CREMATORY 1-13-98 BALTO., MD., 21202 4 Donation 5 Other (Specify) 22. Name and Address of Facility
HENRY W. JENKINS AND SONS COMPANY 21. Signeture of Funeral Service Licenses Bull 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximata Intervel Between Onset and Deeth **Physician** tmmediate Ceuse (Finel disease or condition resulting in death) /Medicai PNEUMONIA unknown **Examiner** Due to (or es e consequence of): Physician/Medical Examiner Sequentielly list conditions, if eny, leeding to immadiate ceuse. Enter Undarlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760 that the death certificate Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? the 1 Yae 2 No 3 ☐ Probably 4 ☐ Unknown signed by Polycy Themia Vera by The law requires 24b. Were autopsy findings available prior to completion of causa of death? 24e. Was en autopsy performed? Completed Breast CAACET 0000 certificate has 25. Wes cese referred to medical examiner? 2 0 No 1 Yas 20 No 1 Yes Physician: 26. Place of Deeth (Check only one) Be Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 12 Inpatient 2 ER/Outpatient 3 DOA this 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: After or Attending 1. Neturel 5 Panding investigation thin 24 hours after death.

the Funeral Director: All
mpletaly filled in by the fu 1 ☐ Yes 2 ☐ No death. 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medicat Examinar: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end manner stated. 29e. Certifier edical (Check only one) To the I within 2

29c. License number

000232

29d. Date signed (Month, Dey, Year)

18

Humford, Hos

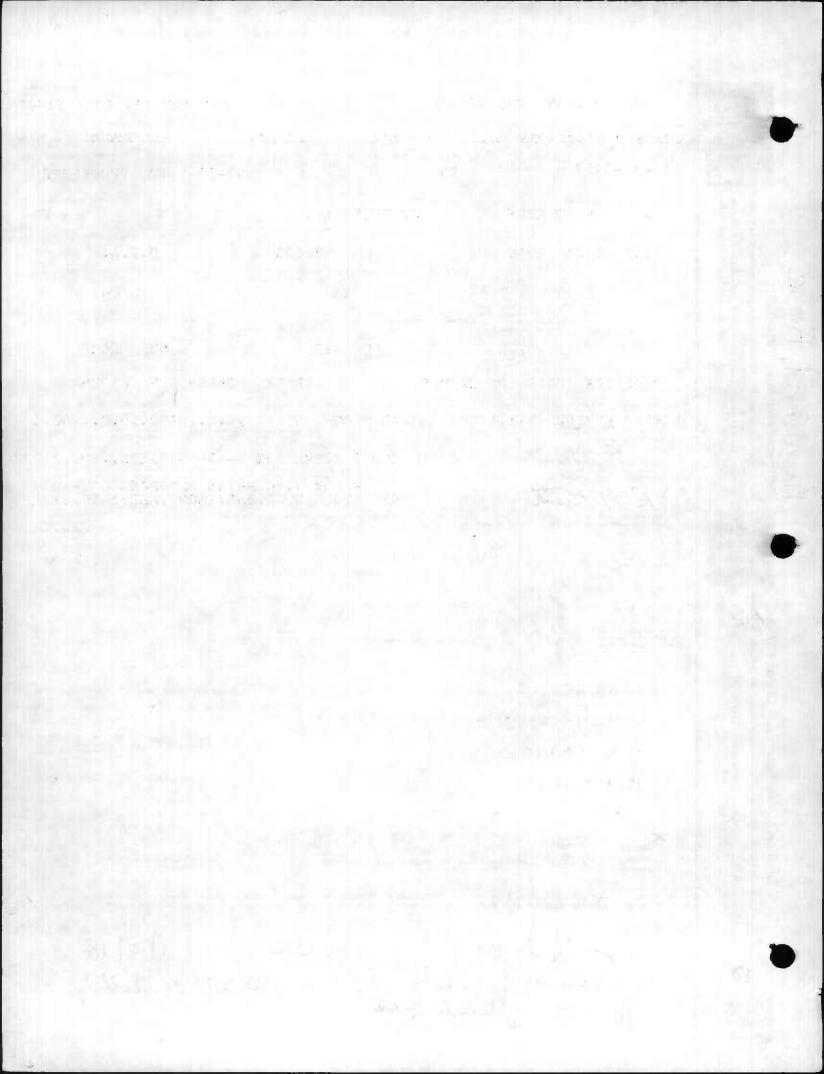
State Registrar

29b. Signeture and title of certifier

CHAPLES ST BALTIMORE M BMCle 700 MAMIDI, MD. 31. Date filed (Month, Dey, Year) 39. Begistrar's Signeture 1 3 1998

30. Neme and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

MO



State of Maryland / Department of Health and Mental Hygiene 8 0500

						C	erti	ficate of	Death	7	F	leg. No.	0	0000	
Physician		1. Decedent's Name (Fil			OIX						2. Date of Dea Month	th Day	Year	3. Time of	
Medical	ı.	BEVERLY la. Fecility Neme (If not			CH				4h City T	our orl	JANUA ocation of Death		1,199		P.M
kaminer			AYWOOI							JXTO			unty of Death ALTIM		
eral	- 47	S. Social Security Number	3.0		7. Age (In yrs	. last birtho		f Under 1 Year fonths Days	If Unde	r 24 Hrs.	8. Date of Birtl	1		plece (State or	Foreign
ector		217-20-33	,,,	X M 2□ F	73	Yrs	i. 1v	ionins Days	nouis	IVIIII.	05-28-	1924		AWARE	
	- 1-	Jsuai Residenca of Dec 10a. State 10b	edent c. County		10c. C	ity, Town o	r Locat	ion						10d. Inside Cit	v Llmits
Director	-	MD . B	BALTIM	ORE		R	רצט							1 ☐ Yes	1000
rai Director			YWOOD	AVE	NUE			10f. Zip Code 21	204			U.S	of What Cou	intry?	
y Funeral		 Marital Status Never Married X 	20 Married	Armed F	edent Ever in I orces? 2 No						ecify Yes or No- Rican, etc.)		Rece - Amer Biack, White	, etc.	
d by		3 ☐ Widowed 4 ☐	Divorced	Yeer or I	KOREA	N &		Yes X X No				Spe	ecify: W	IITE	
Completed		(Specify or		ducation de completed)		16a. De	ive kin	t's Usual Occu d of work done NOT use retire	petion during mos	st of work	ing	16b. Kind o	of Business/Ir	ndustry	
E O		Elementary/Secondary		Coilege ((1-4or 5+)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		EXECUT				WIRE	FABR	RICATI	NG
BeC	-	7. Father's Neme (First				-			18. Moth	er's Nam	e (First, Middle,	Maiden Sur	mame)		
2			ALBER		CH				AL	ICE	MARGA	RET	OLIV	ER	
To		19a. Informant's Neme/F			(as						a <i>l Rou</i> te Numbe				0.4
		toa. Method of Disposition	on		20b.	Piace of Di	sposition	on (Name of		BNOI	Date				04
5 April		1 Burial XXCremation 3 Removal from State 4 Donation 5 Other (Specify)						f Disposition (Name of ny, crematory or other place) Date 20c. Location - City or Town, State 20c. Baltro., MD., 2 22. Name end Address of Facility						1202	
ODCE.		. 0	Reutl					HENRY	Y W.	JEN	KINS A BALTIM				
H.		23a. Pert1. Enter the dis shock, or heart feile	sease, or compute. List only	plicetions thet	caused the dee	th. Do not								Approximete Interval Betw	reen
an al	1	Immediate Cause (Final		0.								- 4-		Onset end D	eath
ner		diseese or condition resulting In death)		. 110					L	Inc	CAN	CER	7	6 m	52
je Ja	I				Due to (or as a con	sequer	nce of):					4		
Examiner		Sequentially list conditio	ns.	b. ———	Due to (or as a con	sequer	nca of):							
		Sequentially list condition from the sequential sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of th	late										i		
edical		het initiated events esulting in death) Lest		0.	Due to (or as a con	sequen	ice of):					i		
3				d									i		
y Physician	F	Pert II. Other significant	conditions or	ontributing to d	eath but not re-	sulting in th	e unde	dvina cause ai	ven la Part		23h Did to	phecco use	contribute	to the cause o	I doubh?
Physician			oondidons of	Simbating to a	eath but not re-	suiding in th	o unue	riying cause gi	veir iii Feit	1.	1 🗆 ነ			bably 4 🗆 t	
by	-					-									
Completed	-										24a. Was a perfor	in autopsy med?	e	Vere eutopsy find vailable prior to completion of ca death?	
Com											1 U Y	es XXN	lo 1	□Yes 2□!	No
To Be	2	5. Wes case referred to exeminer?							26. Plac	e of Deet	h (Check only or	10)			
		1 ☐ Yes X2X No				ER/Outpa	_	3LI DUA			me XXResid			ify)	
tion:	2		Pending		of Injury th, Day Year)	28b. Tim Inju	ry		ryat ork?]Yes 2□		28d. Describe h	ow injury oc	ccurred		
led in by the funera Certification:			investigation Could not be determined		a of Injury - At h	ome farm.				ING	28f. Location (S	treet and N	um <i>ber</i> o <i>r R</i> u	a / Route Numb	007.
d in b		4 Homicide	determined		ing, etc. (Speci	fy)		radioly, omido			City or Tow				
completely filled in by the Medical Certifical	2	29a. Certifier (Check only one)	Certifying Phy Medical Exam	iner: On the b	best of my kno esls of examina ner stated.	owledge, de etion end/o	eath oc	curred at the ti	me, dete er opinion, dec	nd pleca, eth occurr	and due to the cred at the time, o	euse(s) end ete end pla	d menner as a	stated. to the cause(s)	
completely filled in by the fu	2	9b. Signature and title o	d gertifier	()				29c. Licen	se number		2	9d. Date si	gned (Month,	Day, Year)	
		1	VC.	X	m m	2		01	06	70		JANUA	ARY 1	2,1998	3
	3	0. Nama and address of	person who	completed	of death (Ite	m 23e) (Ty	pe, Prin	nt)	- 0	10					-
		DANIEL	G. S	SAPIR					ROAT	, ,,,,,	THERVI	LLE . N	MARVT.	AND . 21	003
State	3	1. Date filed (Month, Da	y, Year)		egistreu's Sign	ature	1.00		- VIII	- , 110	TAILUR V.L.	ani (I	ACAIN I IJ	IND / Z.	.093
egistrar		JAN 1	3 1338	0	an maniato	Man Park	-								

